

Federal Response Team Playbook: Community Activation in a National Public Health Emergency

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Glossary and Acronyms

Acronym/Term	Definition
A/B Testing	A/B testing is a method to compare two versions of a single variable, typically by testing a subject's response to version A against version B and determining which of the two versions is more effective.
Audience Analysis	Audience analysis allows the team to understand the individuals in communities of focus, and their uniqueness within specific geographical areas or environments to gain a more robust comprehension of the factors that motivate and contribute to health behaviors.
Bot	A bot is an autonomous program on the internet or another network that can interact with systems or users.
Campaign	An organized course of action to achieve a goal.
Campaign Management Team (CMT)	The CMT is the entity responsible for leading the overall campaign strategy and direct execution of the campaign operations as well as day-to-day activities.
CCP	COVID-19 Convalescent Plasma
CDC	Centers for Disease Control and Prevention
Click Through Rate (CTR)	Click Through Rate is the percentage of people visiting a web page who access a hypertext link to a particular activity or advertisement.
Cost Per Click (CPC)	Cost per click (CPC) is an online advertising revenue model that websites use to bill advertisers based on the number of times visitors click on a display ad attached to their sites.
Coalition of Partners	Private and/or public entities that contribute expertise and resources toward a common goal.
Communication Hub/ Landing Page	Communication Hubs/Landing Pages are owned media tools used to disseminate campaign information, either nationally or for various geographic locations.
Community Activation	Community activation involves motivating a group or community towards supporting a common goal.
Community Activation Team	The Community Activation Team includes individuals responsible for reaching out to community organizations and influencers to help amplify a message and motivate a community towards a goal.
Community Partners	Community partners are organizations and influencers within various communities who help the CMT spread the message(s) of the campaign.
Creative Assets	Creative assets define the materials developed for community activation, including brochures, graphics, videos, stickers, and other campaign information.

Acronym/Term	Definition
Data Use Agreement (DUA)	A Data Use Agreement is a formal document that codifies permissions for the use and receipt of a limited data set, and the permitted uses and disclosures of such information by the recipient. It provides that the recipient will not use or disclose the information other than as permitted by the DUA or as otherwise required by law, use appropriate safeguards to prevent uses or disclosures of the information that are inconsistent with the DUA, report to the covered entity uses or disclosures that are in violation of the DUA, of which it becomes aware ensure that any agents to whom it provides the limited data set agree to the same restrictions and conditions that apply to the limited data set recipient, with respect to such information, and not re-identify the information or contact the individual.
Disinformation	Disinformation describes false information deliberately and often covertly spread (as by the planting of rumors) to influence public opinion or obscure the truth.
DoD	U.S. Department of Defense
Earned Media	Earned media describes media activity that discusses or disseminates campaign messages or other content but is not directly generated by the campaign (e.g., news coverage).
Environmental Scan	An environmental scan is the systematic surveying and interpretation of relevant data to identify external opportunities and threats that could influence future decisions.
Epidemic	An epidemic is the outbreak of disease that spreads quickly and affects many individuals at the same time.
Equity Lens	An equity lens is a process for analyzing or diagnosing the impact of the design and implementation of policies/practices on under-served and marginalized individuals and groups, and to identify and potentially eliminate barriers.
FAQs	Frequently Asked Questions
FCR	Federal COVID-19 Response
FDA	U.S. Food and Drug Administration
Freedom of Information Act (FOIA)	The Freedom of Information Act provides the public the right to request access to records from any federal agency. Federal agencies are required to disclose any information requested under the FOIA unless it falls under one of nine exemptions which protect interests such as personal privacy, national security, and law enforcement.
HHS	U.S. Department of Health and Human Services
Incident Response	An incident response is the organized approach to addressing and managing the aftermath of a significant event a way that limits damage and reduces recovery time.
Metropolitan Statistical Area (MSA)	An MSA is the formal definition of a region that consists of a city and surrounding communities that are linked by social and economic factors. MSAs are established and designated by the U.S. Office of Management and Budget.

Acronym/Term	Definition
Misinformation	Misinformation describes false information that is spread without the intent to mislead.
Mission	A mission is the goal of the campaign effort, community activation, and what is being driven towards (i.e., solving the public health emergency).
Oversight Team	The oversight team works with executive stakeholders to set or adjudicate priorities for the response.
Paid Media	Paid media involves the purchase of ad inventory for messaging to reach a target audience.
Pandemic	A pandemic is an outbreak of a disease that occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population.
PMO	Program Management Office
Public Health Emergency (PHE)	The Secretary of the Department of Health and Human Services (HHS) may, under Section 319 of the Public Health Service (PHS) Act, determine that: a) a disease or disorder presents a public health emergency (PHE); or b) that a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists.
Randomized Controlled Trials (RCT)	A RCT is a study to evaluate the safety and efficacy of new treatments.
Real-World Data	Real-world data includes observational data obtained outside the context of randomized controlled trials (RCTs) and generated during routine clinical practice.
Real-World Evidence	Real-world evidence is obtained from real-world data, which are observational data obtained outside the context of randomized controlled trials (RCTs) and generated during routine clinical practice.
Road Testing	A road test is an iterative, rapid prototyping approach used to refine the design and implementation of a program strategy or intervention.
Search Engine Optimization (SEO)	SEO is the process of employing any number of specific tactics to strategically maximize the number of visitors to a particular website by improving its relevance and thus its visibility in search engine results pages (i.e., the site appears high on the list of results returned by a search engine).
Sentiment Analysis	Sentiment analysis involves the use of automated tools to detect subjective information such as opinions, attitudes, and feelings expressed in text. It is especially used to determine whether the writer's attitude towards a particular topic is positive, negative, or neutral.
Serious Adverse Event (SAE)	A SAE is any undesirable experience associated with the use of a medical product.
SOAR	Strengths, Opportunities, Aspirations, and Results
Social Listening	The process of tracking mentions of certain words, phrases, or complex queries across social media and the web, followed by an analysis of the data.

Acronym/Term	Definition
SWOT	Strengths, Weaknesses, Opportunities, and Threats
Syndemic	A set of linked health problems involving two or more afflictions, interacting synergistically, and contributing to excess burden of disease in a population. Syndemics occur when health-related problems cluster by person, place, or time.
System Uptime	The percentage of time a website is available to viewers.
The Fight Is In Us (TFIIU)	<p>The Fight Is in Us is a united effort bringing together several coalitions and organizations, including academic medical institutions like the MAYO clinic and Johns Hopkins University, blood and plasma companies, health benefits and healthcare diagnostic companies, community and non-profit leaders, and marketing and media companies.</p> <p>The Fight Is In Us is also the brand that was leveraged by FCR for the CCP donor activation program campaign activities.</p>
User Experience (UX)	User Experience is the overall experience of a person using a product such as a website or computer application, especially in terms of how easy or pleasing it is to use.
User Interface (UI)	User Interface is how the user and a computer system interact, in particular the use of input devices and software.

1 Introduction

Effectively addressing a public health emergency (PHE) requires a broad array of methods, expertise, and authorities. One often overlooked tool is educating the public about the PHE and encouraging them to engage in behaviors that can help control it.

Several government agencies have developed playbooks to guide decision-making and specific plans of action to manage certain types of responses to a declared PHE or other critical event. To date, a playbook aimed at specifically facilitating the development and management of a campaign to motivate behavior change and influence public sentiment during a PHE has not existed. The purpose of this Playbook is to fill that gap.

Community activation, defined as raising awareness and inspiring the public to take a particular action, should be a material component of the incident response ecosystem. This *Federal Response Team Playbook: Community Activation in a National Public Health Emergency* (Playbook) is designed to be a resource for federal officials intending to create and manage a community activation campaign during a PHE. During a PHE, community activation requires targeted messaging based on the evolving science; rapid analysis and translation of data to operations; unity of effort within the National Response Framework/National Incident Management System (Federal Emergency Management Agency, 2020); and a nimble infrastructure that can rapidly expand, contract, and disseminate knowledge during the response phases. Having a clear plan for creating an effective campaign increases the likelihood that it will successfully navigate these challenges.

1.1 Background

This Playbook is a product of lessons learned during the U.S. Government's response to the COVID-19 pandemic of 2020-2021. The response included a mission-based partnership among components of the U.S. Departments of Health and Human Services (HHS) and Defense (DoD), originally called Operation Warp Speed (OWS) and later renamed the Federal COVID-19 Response (FCR) team. In June 2020, COVID-19 Convalescent Plasma (CCP) availability was critical for real-time patient treatment and ongoing COVID-19 therapy research. Realizing the need for coordinated public outreach and action, the COVID-19 therapeutics team within OWS established a cooperative partnership with The Fight Is in Us (TFIIU) coalition to amplify CCP collection progress and platforms currently in the public domain. The FCR team developed and executed a successful campaign to engage and mobilize individuals who recovered from COVID-19 to donate CCP at their local donor centers.

1.2 Playbook Audience and Application

The Playbook is intended to support federal officials responsible for rapidly standing up a community activation campaign within the larger response to a public health emergency (PHE). Its information ranges from the strategic to the tactical or operational level, enabling decision-making by individuals and teams to manage their campaign responsibilities and track progress towards varied objectives.

The Playbook approach centers on principles of flexibility and scientific understanding, where decisions and actions are continually informed by the evolving PHE. Many concepts and tactics discussed in the following sections may be executed in tandem and/or repeated in cycles as more information regarding the PHE and its impacts are understood. Federal officials and their partners are encouraged to regularly revisit this information and adjust so strategic action plans and processes are implemented, tested, and refined throughout the duration of the PHE.

Recognizing that a PHE response will be mission-specific, based on federal agency and department missions and campaign team assignments, this Playbook aims to be applicable to any objective that requires an “ask” or specific request of the public, inspiration for action, or motivation for behavior change.

It is important to understand the Playbook’s foundational assumptions:

- The overarching goal for a PHE response is to protect health and save lives.
- The community activation campaign is part of the broader PHE response framework.
- The PHE requires rapid decisions based on the best available data at the time a decision is being made.
- Evolving science must be integrated in real time.
- The scope and scale of a PHE may rapidly expand and contract before ending.
- Knowledge transfer and practice-sharing are needed to support leadership and staff transitions during the response.
- The principles of risk communication, crisis communication, and health communication are foundational to the execution of the Playbook content during a PHE.
- Planning for recovery, transition, and close-out is integral to response.
- Campaign funding and administration will be audited after the PHE ends.

1.3 How to Use the Playbook

This comprehensive resource is meant to be consulted periodically throughout the campaign lifecycle.

It is not expected that the federal team accountable for executing the campaign will peruse the document in its entirety before initiating its work. However, federal officials reading the Playbook can review sections to gain familiarity with its components and disseminate it to team members responsible for campaign goals, objectives, and varying levels of management and governance.

Playbook Structure

To facilitate content navigation to support the various components of the community activation campaign, the Playbook is organized by the phases necessary to manage continually evolving public health emergency (PHE) situations so teams can act with informed awareness in the process: **PREPARE, RESPOND, MONITOR & EVALUATE, REFINE, and CLOSE & TRANSITION.**

As the phases are sequential and regularly refreshed, depending on changing information, teams may wish to revisit sections throughout the campaign to inform decision-making and oversight.

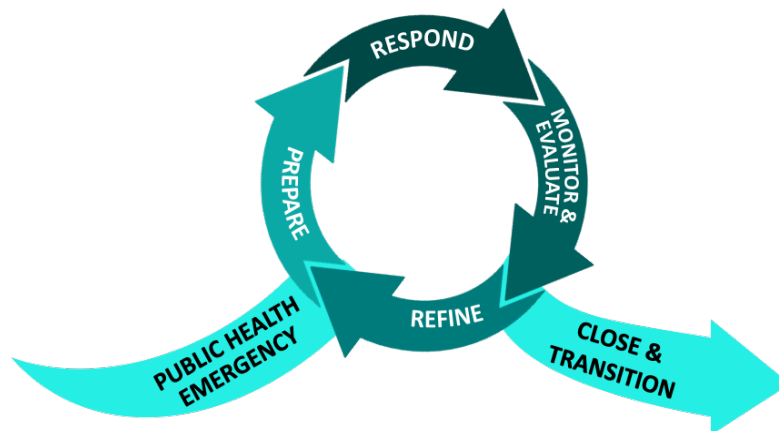


Figure 1. Campaign Development Lifecycle

Navigating sections: each section focuses on a specific phase as indicated in *Figure 1*. The specific key decisions, activities, and considerations are presented in the context of that phase of the campaign lifecycle.

- **Section 2 - PREPARE:**
 - Guides executive leaders with goals and outcomes that explain how the campaign will support an overall PHE response.
 - Highlights executive and oversight team priorities for the campaign's first days and weeks.
 - Outlines the strategic planning, governance, and team-building steps necessary to initiate and lead a successful campaign- including standing up a campaign management team.
- **Section 3 - RESPOND:**
 - Guides campaign leaders responsible for planning, launching, and managing the operations of the campaign and the team members charged with executing the work and:
 - Explains the critical steps for campaign response.
 - Describes how to gain a nuanced understanding of the focus community to establish foundations and facilitate outreach efforts.
 - Provides tools and guidance for applying foundational understanding to outcome-driven operational plan development and execution that delivers messages to selected communities.

- **Section 4 - MONITOR & EVALUATE:**
 - Guides campaign leaders responsible for monitoring and evaluating the PHE through the processes for tracking campaign operational progress toward the strategic goals and outcomes.
 - Describes the monitoring and evaluation activities to be performed while the campaign is operational.
 - Includes tools and guidance to manage continuous outputs that facilitate data-driven campaign refinements.
- **Section 5 - REFINE:**
 - Guides campaign leaders through the processes to continually adjust campaign efforts and apply knowledge gained from monitoring and evaluation activities and scientific discoveries during the evolving PHE.
 - Includes examples and tools for planning campaign refinements and counter-messaging.
- **Section 6 - CLOSE & TRANSITION:**
 - Guides campaign leaders as they shift active campaign efforts to close and transition the campaign toward non-emergency operations and outlines key processes.
 - Discusses approaches to assess campaign impact, thank the community, and prepare final reports.
 - Includes tools and guidance to collect lessons learned and record transition activities.

Navigating the Content: Each section highlights recommendations and other content with icons to direct attention to specific types of information for additional context or resources. These icons are represented below in *Figure 2*.

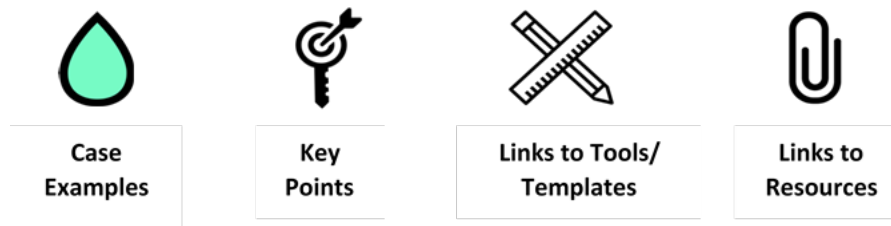


Figure 2. Playbook Content Icons

Case Examples: In addition to recommendations to prepare for and execute community activation campaigns, real-world examples or specific learnings from the Federal COVID-19 Response COVID-19 Convalescent Plasma donor activation program are featured throughout the Playbook and flagged by a plasma droplet icon.

Appendices: The appendices provide additional tools and templates, examples, context, and resources that may be useful to future community activation teams responding to a PHE. Links to appendices are embedded throughout the Playbook and flagged by icons.

Glossary: The Playbook uses industry- or practice-specific concepts, terms, and acronyms that may be unfamiliar to some readers. A [glossary of terms and acronyms](#) is provided at the beginning of this document.

2 PREPARE for the Community Activation Campaign

This section guides executive leaders with priority actions to accomplish within the community activation campaign's first days and weeks. It describes the strategic planning, governance, and team-building steps necessary to lead a successful campaign.

2.1 Clarify Mission, Define Scope and Approach

A critical first step is to clarify the mission and define the scope of the campaign and points of coordination in the public health emergency (PHE) response. This drives important decisions regarding who should be involved in campaign decision-making and implementation, the data needed to drive an effective campaign, and the implementation approach. Executive leaders can confirm the mission is clear, with a specific purpose, and ensure the campaign scope aligns to the mission and does not get diluted in tangential actions. As one component of the overall PHE response, the executive leaders confer regularly with other PHE action leaders to report on the campaign progress and ensure the campaign approach is on track to achieve larger PHE response goals.

A tightly constructed campaign scope enhances executive-level decisions and serves as a guidepost for the campaign strategy.

In conjunction with a well-defined mission, it is necessary to conduct the following activities as soon as feasible, ideally within the first week:

- **Identify the affected population.**
 - Understanding who may be affected by the PHE will be a major determinant of the scope of the campaign.
 - What is the scale? Is it a localized, regional, national, or international emergency?
 - Are some populations impacted more than others? Identifying the impacted population(s) will determine the scope and authorities for the approach.
- **Examine and classify the ideal targeting approach.**
 - One effective method for this task is to examine the issue from a social-ecological context, as illustrated in *Figure 3* (adapted from Dahlberg and Krug, 2002). See [Appendix A](#) for information regarding applying the social-ecological model.

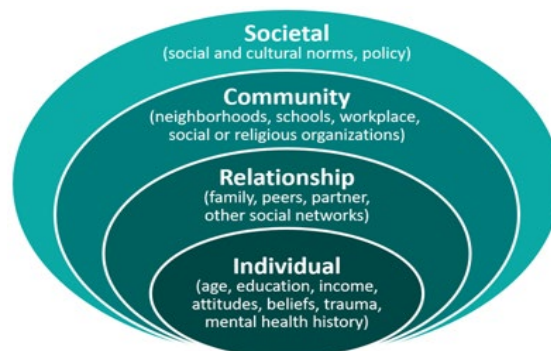


Figure 3. Social-Ecological Model



**Appendix A:
Applying the
Social
Ecological
Model of
Health
Behavior to a
Community
Activation
Campaign
Worksheet**

- **Determine at what level the campaign approach will be most effective in accomplishing the mission.** The scope can address the following questions:
 - Based on available resources and the public health need, where are the anticipated targeting efforts needed?
 - What is feasible given the time and resources at hand?
- **Inventory existing and potential stakeholder relationships and map engagement levels.**
 - Identify existing advisory groups, education and outreach channels, and partner outreach programs across federal agencies or in the private sector (especially within the science and clinical communities) and determine the level of engagement required for each. See [Appendix E](#) for sample tools for analyzing stakeholder engagement.
 - As part of the overall PHE response, consider whether there are any requirements for the campaign to include any groups or program representatives as part of its oversight team or as advisors.
 - Depending on the nature of the emergency, and the scope of the response, a coalition of external partners who contribute expertise and resources toward a common goal may be necessary.
 - It may be the case that the partner organization has existing relationships to leverage for this effort; in other cases, the oversight team will need to pursue new strategic advisory relationships as well as more localized engagements.
- **Determine and plan to obtain the best available data.**
 - Identify the types of data most helpful to determining (or altering) the scope of the campaign and how outcomes are measured.
 - Consider how scientific discovery (clinical and research-based) regarding the PHE will affect the overall campaign's goals, tactics, and resources. See [Appendix F](#) for a reference sheet on understanding science during a PHE. Especially during time-sensitive responses to PHEs, emerging scientific real-world data presents both challenges and opportunities for action as it is discovered.
 - What processes can be integrated into the campaign to embrace available data while pursuing more evidence through research studies and randomized control trial results as they become available?
 - Identify the required processes for handling proprietary data sets to avoid missteps or overpromises.
- **Clarify the response approach.**
 - Consider how the effort will be administered. Is a singular national voice and effort anticipated? Or should the effort be coordinated nationally, but implemented at the state or local level?



Appendix E:
Sample tools for
analyzing
stakeholder
engagement



Appendix F:
Understanding
Science during
a PHE reference
sheet



Leverage available data sources such as the OPEN Government Data Act (2019) and determine if they will be sufficient over the long term, or whether additional data sources are needed, some of which may need to be developed or require data use agreements to access (Office of Management and Budget, 2013).

- Should campaign materials or spokespeople communicate in languages other than English? Are there linguistic nuances to consider within communities affected by the PHE (e.g., regional terminology or dialects) that could impact oral or written comprehension?
- Should the response be led by a “.gov” or a “.org” voice?
- Should community partners be funded or otherwise financially supported?
- **Assess the risk appetite for public-private partnerships.**
 - Many benefits can be gained through partnerships with private sector (non-profit and commercial) entities, including expertise, resources, and existing partner relationships.
 - Consider sensitivities in how the public may interpret partnerships as selective endorsement of a corporation or other entity, or public expectations that the campaign will achieve an unspoken goal because of a partner’s involvement.
 - Consider methods to be as transparent as possible regarding the nature of public-private partnership roles and contributions, and how the team may prepare for unforeseen events that affect partner contributions to the campaign.

2.2 Establish an Oversight Team

A well-run oversight team accountable for the campaign and its contributions to the government’s public health emergency (PHE) response is key for campaign success. Campaign scope and mission will influence the decision to establish a separate group with highly specialized skills and expertise to maximize effective campaign response, or to bring those roles into the oversight team.

A high-functioning oversight team relies on each member’s contributions. As leaders and team members are selected, the oversight team should establish clearly defined roles and responsibilities. See [Appendix C](#) for example oversight team roles, responsibilities and attributes of leaders suited to each role.



Appendix C:
Example
oversight team
roles,
responsibilities
and attributes
of leaders
suited to each
role

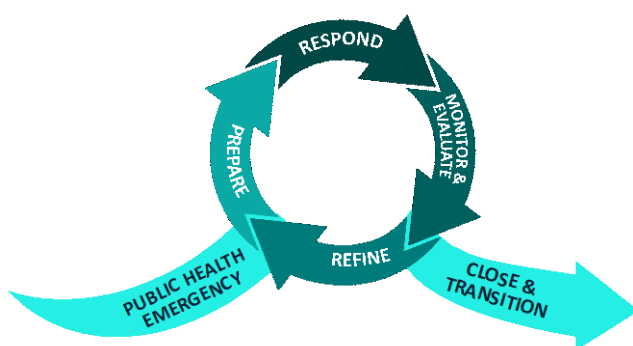


Figure 1. Campaign Development Lifecycle

In conjunction with selecting team members, establishing a governance system sets the tenets for effective and efficient public services and defines expectations during the campaign. The governance system provides the processes to guide the “oversight function that is aligned with the organization’s governance model and encompasses the [campaign] lifecycle” (Project Management Institute, 2013).

The oversight team establishes the campaign development lifecycle (see *Figure 1*), as their approach for campaign operations and assigns to the team various functional responsibilities for each phase. Specific oversight team responsibilities for each phase are described below.

Prepare: During this phase, the oversight team typically has limited information and is focused on quickly learning about the PHE and its effect on populations. Its central purpose initially is to equip the campaign for success. When indicated, the oversight team should:

- Rapidly stand up a campaign management team (CMT) with a clearly defined leader and distinct campaign responsibilities as soon as feasible after mission assignment ([Section 2.2.1](#)).
 - The decision to stand up a CMT is dependent upon the range, dynamics, as well as the expected duration of the PHE.
- Work with the CMT (if established) to determine the campaign's desired outcomes ([Section 2.3](#)), potential impact factors ([Section 2.4](#)), close-out strategy ([Section 2.5](#)), and monitoring and evaluation framework ([Section 2.6](#)).

Respond: During this phase, the oversight team focuses on the development of operational plans. The oversight team is accountable for formally launching the campaign and approving execution plans that conform to the campaign strategy and goals. If a CMT or management working group is not established, they are also responsible for the day-to-day campaign operations. During this phase, the oversight team should:

- Determine how the federal government will seek community support to meet the mission.
- Identify, track, and mitigate risks to ensure mission success.
- Make decisions to ensure that the overall strategy is followed.

Monitor & Evaluate: During this phase, the oversight team reviews insights obtained by monitoring the evolving PHE, how scientific discovery influences population health guidelines, and the effect of the campaign's operational activities on the PHE. Using this information, the oversight team makes data-driven decisions on how to apply the campaign resources. During this phase, the oversight team should:

- Review insights and follow the decision-making framework to ensure all decisions are data-driven and tracked.
- Make decisions to adjust the strategy and operations to ensure campaign goals and desired outcomes are on track to be achieved.
- Report to executive-level senior officials.

Refine: During this phase, the oversight team and the CMT (if established) co-manage decision-making to adjust the campaign based on the evolving PHE and insights gleaned from monitoring and evaluating campaign operations. This includes the responsibility to:

- Record all changes and track progress. If large changes are sanctioned, action plans for specific campaign actions, such as communication or outreach, should be developed and approved for implementation by the CMT.

Close & Transition: During this phase, the oversight team determines when and how to close and transition the campaign. Transparent action plans and lines of responsibility can secure

campaign materials and allow the campaign to reinforce objectives and facilitate a smooth adjustment to new leadership or oversight. During this phase, the oversight team should:

- Develop and execute the close-out and transition plan.
- Analyze and report on the campaign's overall impact on the PHE.

With effective planning, preparation, and delineation of roles and responsibilities, the campaign PHE response helps leaders manage uncertainty and ensure the campaign remains an effective component of the overall PHE response.

2.2.1 Establish a Campaign Management Team

A CMT is charged with implementing the overall campaign strategy, direct execution of the campaign operations, and day-to-day activities (see Appendix B). Ideally, the CMT - with a designated leader - should be stood up within two weeks of mission assignment. See [Appendix B for the campaign management team stand up worksheet](#).

The oversight team should identify a single individual to speak on behalf of the CMT who reports regularly on campaign progress. The oversight team should empower the CMT to make decisions on tactical and operational risks that affect campaign implementation objectives to ensure responsiveness to timely developments and opportunities. Decisions on matters that pose significant risk to the campaign's strategic outcomes should be elevated to the oversight team.

Additional CMT responsibilities include:

- Coordination
- Communication
- Performance tracking and progress reporting to the oversight team
- Staffing and training
- Knowledge sharing and transfer
- Budget audits
- Risk management

Like a program management office model, the CMT model also establishes, improves, and communicates processes that support the mission and align the team governance structures. Often, many activities occur simultaneously, such as the development of the CMT structure and development of the campaign response and close-out strategy.

In preparing for the community activation campaign, the oversight team should assess how best to structure the CMT, and budget accordingly to support its work throughout the duration of the PHE.

The oversight team can evaluate several structural considerations when deciding the CMT's scope of operations. These are listed below:



Figure 4. Oversight and CMT Relationship



Appendix B:
Campaign
Management
Team Stand
Up Worksheet

- **Identify which functions are required to execute the campaign response strategy.**
 - This should include risk management, cost management, staffing models, communication models, and budget management.
 - Staffing models could include experts in the medical field, health communication science, media, digital services, community engagement, project management, and risk management.
- **Rapidly assess external contracting or grant needs to enable CMT operations.**
 - Determine if internal federal staff (within or across agencies and departments) have sufficient expertise across multiple necessary disciplines (e.g., knowledge management, performance management, schedule management, quality management, and change management) to support the CMT’s work.
 - Allocate budget, contracting, or staffing agreements for contract support or detail requisitions for the duration of the PHE.
- **Develop an organizational structure that aligns with the CMT functions.** Include CMT leadership and definition of roles, responsibilities, and key stakeholder groups. See [Appendix C](#) for an example CMT Structure with Roles & Responsibilities.
 - See *Figure 5* for an example of organizational structure based on functions. Some of these functions could be managed together (e.g., media, communication), provided the team members’ expertise and time allocations are sufficient to effectively manage activities.
- **Identify the tools and systems needed to support CMT structure and functions.**
 - Confirm whether new software is required, or if existing resources can be reallocated. Determine if open source or proprietary services are appropriate, and whether the technology adequately protects privacy and security. Decide whether the oversight team also needs access to the CMT’s tools and systems for decision-making.
 - Develop processes to manage all activities, communications, and outputs. Determine reporting, data, and information requirements, and ensure data use agreements are completed.
- **Determine budget requirements and constraints.**
 - Resources are finite, even during an emergency.
 - How much funding is available to support the efforts? What are the budget allocation requirements, authorization requirements, timelines, and funding mechanisms?
 - Determining this up front will impact decisions about how to allocate resources on priority actions to reach campaign goals.
 - Budget limitations may also influence the extent to which partners and/or state and local staff may be asked to contribute in-kind support.



*Appendix C:
Example
CMT
Structure
with Roles
& Responsibilities*



Figure 5. Example Campaign Management Team Organizational Structure

2.3 Define Desired Outcomes

Based on its mission and scope, the oversight team must define appropriate strategic outcomes and goals and establish metrics and data sources to assess the community activation campaign's progress and its ultimate success. See [Appendix F](#) for example outcomes and metrics.



Behavioral change will likely not occur quickly or suddenly, and any observable change is the accumulation of small, unseen changes over the course of time that will eventually reach a threshold that can be measured.

When defining outcomes for the campaign, be sure to identify incremental thresholds that can be observed and recorded at each of the four stages of community activation: social awareness; community education; community understanding; and community activation (see *Figure 6 below*).

These data should be shared with all members of the campaign team to support the multiple actions

necessary to accomplish strategic goals and subsequent action plans. Transparency and inclusion will allow the entire campaign team to adjust and appropriately adapt their work.



Figure 6. Stages of Community Activation



Social science research advises that people must **hear a message a minimum of 10 times** to remember and act on it. To change a behavior, people must first be aware of the desired behavior (**social awareness**), they then will need to know why this behavior is important and how to do it (**community education**). At this point, individuals will begin to understand the desired behavior and make a commitment to act, potentially taking a small step such as completing an online questionnaire (**community understanding and commitment**). Behavior change is achieved when an individual understands the behavior and is confident in their ability to perform it (**community activation**). Repetition in messaging is key for each of these stages (Cacioppo & Petty, 1979).

2.4 Identify Factors that May Impact Campaign Success

Foundational to effective campaign strategic planning, the oversight team must be grounded in a collective understanding of the opportunities, threats, potential blind spots, or key factors that may impact the campaign.

While other steps in the preparatory stage should be completed as quickly as possible, performing foundational scans and resilience plans can be initiated concurrently as the oversight team addresses other priority items. These initial scans are necessarily incomplete and require additional research and analyses for deeper insights to design, launch, and execute the campaign ([Section 3](#)).



Appendix F:
Example
Outcomes
and Metrics

Several techniques, strategies, and frameworks may be helpful to inform strategic plan development and implementation of action plans:

- **Environmental scan:** An environmental scan allows for evaluation of existing resources, relationships, and capacity within and across federal agencies to develop and manage the campaign.
 - The environmental scan may also identify areas where external support would augment federal engagement to expedite or enhance campaign activities and achieve specific goals or milestones, such as when working with federally recognized Tribes or in communities that emphasize guidance from religious leaders.
- **Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis:** Conducting a SWOT analysis helps the campaign anticipate how it may be received by stakeholders and prepare for potential criticism. It also identifies the campaign federal sponsors' strengths and opportunities that can be leveraged as part of the strategy.
- **Strengths, Opportunities, Aspirations, and Results (SOAR) analysis:** An alternative to SWOT, the SOAR is more future-oriented than SWOT and addresses accountability through outlining results.
- **Road Testing:** A road test is an iterative, rapid prototyping approach used to refine the design and implementation of a program strategy or intervention (U.S. Department of Health and Human Services, 2018).



Road Testing

*In August 2020, the Federal COVID-19 Response (FCR) successfully executed a **road test** of its COVID-19 Convalescent Plasma Donor Activation Program as it launched in the Houston, Texas Metropolitan Statistical Area (MSA). FCR conducted an environmental scan to identify appropriate avenues of dissemination and released digital campaign materials to promote convalescent plasma donations. FCR used the road test in the Houston MSA to refine the SWOT Analysis and inform additional successful launches throughout the country, which eventually helped the campaign contribute to the collection of more than **600,000 units of plasma**.*

2.5 Develop the Campaign Response and Close-Out Strategy

A strategic plan is the source documentation to craft the campaign design and implementation plans. It drives how success is evaluated and, judgements on whether the campaign has reached the point of closure or transition, and states how activities will be executed to achieve the campaign's mission. It should communicate the campaign's intended impact, outcomes, and goals along with the tactics and timeline.

This planning effort requires a significant amount of oversight team collaboration to align the strategy with concurrent public health emergency (PHE) response efforts.

Consider a strategic planning tool, such as a logic model (Centers for Disease Control and Prevention, 2018) to help illustrate the shared relationships among inputs from resources, activities, activity outputs, outcomes, and impact for the campaign. This will provide transparency to the thinking behind campaign design and show how specific campaign activities will lead to the desired results. See [Appendix D](#) for an example logic model and a template.



*Appendix D:
Example
logic model
and a
template*

Key Elements of the Response and Close-Out Strategic Plan

- Campaign Desired Outcomes ([Section 2.3](#))
 - Determine what the campaign aims to achieve.
- Campaign Priorities and Timeline
 - Identify campaign priorities.
- Create a timeline for how and when the campaign will initiate activities.
 - Assess how campaign priorities will be met in the near and longer term.
 - Establish criteria for campaign launch.
 - Develop milestones the campaign will meet as it progresses toward the desired outcomes.
- Campaign Audience
 - Declare who the message recipients will be and if these may change over time.
- Campaign Message(s)
 - Identify what the audience will be asked to do, how they can do it, and whether that request will change over time.
- Campaign Messengers
 - Provide guidance and conditions for the types of groups the campaign will recruit to deliver and amplify the messages.
- Message Delivery: Strategy and Tactics
 - Specify how the campaign will maximize message impact with the audience.
- Campaign Resources and Strengths
 - Document the consequential factors the campaign can leverage now and over time. Use the campaign management team budget and relevant analyses ([Section 2.4](#)).
- Campaign Risks, Challenges and Gaps
 - Plan for how the campaign will mitigate and reduce barriers caused by internal and external factors.

- Campaign Road Testing ([Section 2.4](#))
 - Create methods so the campaign can know if its approach and actions are working as intended. Consider what plans need to be in place to test, adjust, and redeliver messages or methodologies.
- Campaign Transition and Close-Out Strategy
 - Identify triggers or signals that will indicate the campaign can end or transition. Assign team members to prepare plans to transition or close the campaign.

2.6 Establish the Monitoring and Evaluation Framework

A data-driven monitoring and evaluation framework is essential to determine whether the current activities are adequately calibrated to achieve the intended mission outcomes or whether adjustments are needed.

It is important to develop and finalize the framework and supporting infrastructure early in the campaign planning stage. Framework decisions also influence budget considerations, data availability, and tools design. Establishing and corroborating the framework early allows the



Understanding the **landscape of existing data available** to support metric measurement is essential to developing a sound analytic strategy that can support ongoing decisions.

campaign work to initiate quickly and will begin to inform leaders whether the overall strategy is sound.

The framework provides information so the campaign team can focus efforts on activities that successfully achieve the mission.

- Regular monitoring and evaluation as a campaign process norm supports the teams' ability to act decisively on changing data and scientific discovery.
- Monitoring and evaluation are continual processes that allow the oversight team and campaign management team (CMT) to track decisions' effects on campaign results.

Campaign execution requires iterative adjustments, collaboration, and communication with other team members. The framework provides guidelines for transparent decision-making and methods to for implementing and communicating changes required to the strategic, tactical, or operational plans. See [Appendix G](#) for an example monitoring and evaluation framework template.



Appendix G:
Monitoring
and
Evaluation
Framework

Key Decisions and Activities to Establish the Monitoring and Evaluation Framework

- Define the performance indicators and metrics and align data to campaign decision points.
 - The framework must be structured to correlate data and metrics to the desired outcomes, which are tracked at the strategic and operational levels.
 - The framework should also include explicit requirements for review. See [Appendix H](#) for example outcomes and metrics.
- Determine if existing data is sufficient or if influential data gaps should be addressed.
 - Identify required data sources (current and yet-to-be measured).
 - Create proxy measures if they are not available or do not yet exist.
 - Determine whether data use agreements and/or data disclosures are required. The Department of Health and Human Services (HHS) and several divisions



Appendix H:
Example
Outcomes
and Metrics

have developed guidance for data access and use (HHS, 2017; Centers for Medicare & Medicaid Services, 2021).

- Create a streamlined data collection and coordination plan that focuses on essential information.
- Develop and standardize methods for data analytics and visualization to streamline decision-making.
 - Monitoring progress on strategic, tactical, or operational goals likely requires designing separate but integrated visualization tools, such as dashboards or other resources.
 - Each team member may rely on different data sources to track fluctuations in campaign effectiveness and appropriate data communication to support consensus understanding for decision makers.
- Develop reporting structures and cadence.
 - Clarity between the oversight team and the CMT regarding what will be reported, its frequency, and methods is critical. Decisions also should address how more detailed reporting to other entities, including the overall public health emergency response leadership, will be managed if it becomes warranted later.
- Draft a stakeholder reporting plan.
 - In addition to internal reporting, determine whether, when, and how progress and outcomes will be reported to the public and other stakeholders.
- Develop a decision framework that will formulate campaign response options and track decisions.
 - A decision framework for response options can assist implementers to identify options and potential differences in outcomes depending on the chosen option.
 - Include a decision tracker that records data availability and under what conditions decisions were made. The tracker should follow governance principles established earlier between the oversight team and CMT.
- Begin planning for overall campaign outcome and impact evaluation efforts ([Section 6](#)).
 - Determine if pre-test measures are needed for campaign impact evaluation.

3 RESPOND: Develop and Execute the Community Activation Campaign

This section provides guidance to the oversight team, the campaign management team (CMT), and other team members to plan, develop, and execute the community activation campaign through a foundational understanding of the community that informs the strategic approach to development and dissemination of campaign content.

Campaign development and execution are cornerstone actions that require the oversight team and CMT to coordinate closely on strategic and tactical decisions - including determining readiness for initial launch. Leaders should remain agile and responsive throughout the campaign execution, continuously monitoring, evaluating, and refining activities based on data collected throughout the campaign (Sections [4](#) and [5](#)).

3.1 Understand Communities

To build a successful campaign, it is paramount to first understand the community or communities of focus. Who is the target audience for the message(s), what do they care about, and what are they being asked to do? These questions are the basis for foundational research, which, combined with various other techniques, provide a baseline understanding of the community. For example, research efforts could include community environmental scans and social media analyses.

In conjunction with developing a comprehensive awareness about the communities the campaign intends to reach, it is essential for campaign team members to understand the status of clinical science and regulatory activity, their potential impact on the community, and public sentiment regarding government regulations and clinical science. Grounding the CMT in an understanding of how federal or local regulatory decision-making and policies play into the evidentiary science, and vice versa, is central to building effective outreach materials, talking points, and frequently asked questions (FAQs).

3.1.1 Assess the Emergency's Impact Upon Communities

A public health emergency (PHE) can impact different segments of the population in distinct ways. Systemic factors, such as discrimination, poverty, lack of transportation and energy sources, access to healthcare and education, and housing issues are intertwined and have a significant impact on an individual's health and quality-of-life (Watson et al., 2020).



PHEs can affect under-resourced and underserved communities more than other communities and exacerbate existing negative health outcomes.

Whereas one community may appear resilient and relatively untouched by a crisis, other communities may suffer a disproportionate burden. Health insurance access and coverage, access to technology (e.g., smart phones, internet), employment status, immigration status, language skills, access to healthcare facilities, and feelings of being left behind may compound these existing inequities.

Community and individual social norms, values, politics, and health beliefs will also influence behavior during an emergency. These collective cultural aspects impact where community members seek information and whom they trust as messengers. They generally have deep roots in a community and can sometimes be related to historical injustices. Continuously bearing the brunt of crises can lead to collective trauma that can persist across generations and shape behavioral patterns (Saul, 2013).

Key Decisions and Activities to Assess the Emergency's Impact

- Identify populations impacted (e.g., by geography and demographics) as well as any existing and potential disproportionate impacts.
- Determine population segments and focus communities based on campaign objectives, noting that resource constraints may necessitate difficult decisions to prioritize certain segments in the response.
- Develop a framework to continually monitor and assess the emergency's ongoing impact on communities as part of the monitoring and evaluation framework ([Section 2.6](#)). Consider incorporating data from vulnerability indices like Center for Disease Control and Prevention's (CDC) Social Vulnerability Index (CDC, 2021).

3.1.2 Conduct an Audience Analysis

An audience analysis will help the campaign understand the attributes of people within the community of focus, as well as considerations within their specific environments, to provide a robust comprehension of the factors that motivate and contribute to health behaviors (Maibach, Abrams, and Marosits, 2007).



When preparing to embark on an audience analysis, consult an **Office of Management and Budget** liaison or other research and regulatory authority within the agency to determine which **clearances or approvals** may be required. In some cases, it may be expedient to seek a **Paperwork Reduction Act (1995) waiver** and to **leverage partners to accomplish formative research activities** (U.S. Department of Health and Human Services, 2014).

Key Considerations to Understand the Audience

- **Social norms, values, beliefs, fears, and social networks** can impact health information-seeking and active engagement in wellness and disease prevention.
- By **understanding the characteristics of each community** and preparing a generalized model or “persona” for the community of focus, these insights can be applied to the strategic and tactical decisions for community activation.



The appropriate **research methodology** selection is dependent upon **the type of emergency and the environmental situation**. Not all methods are appropriate to every situation and should never increase the burden of the communities the campaign seeks to understand.

- **Focus groups, community advisory boards, in-depth interviews, questionnaires, and/or surveys** can be used to study the community of interest. Consider each methodology's advantages and disadvantages in terms of time to complete, cost to execute, quality of research, potential bias, and impact to the community. See [Appendices J1 and J2](#) for an interview and guided discussion planning worksheet and an example discussion guide.



Appendix J1:
Guided Discussion Planning Worksheet



Appendix J2:
Example Interview and Discussion Guide

Key Considerations to Understand the Audience's Environment

Conditions in the places where people live, learn, and work affect health risks and outcomes. Vocation, living spaces, and community geography may make it difficult for individuals to avoid exposure, potentially exacerbating disease transmission. When planning communication campaigns, consider social determinants of health to make appropriate requests of the audience and understand how the message(s) will best reach and resonate with them. Consider the following:

- **Disparities in risk exposure:** During a pandemic, individuals will have unequal levels of possible risk exposure.
 - Essential workers such as bus drivers, clerks, caregivers, and warehouse employees may not have the same ability to be physically distant or as available for community activation requests as individuals from other professions.
 - Individuals in the intended audience may have experienced homelessness or crowded living spaces, such as shelters or multigenerational households, and may not have access to online campaign materials. Consider a broad approach that uses various channels to reach the audience.
- **Health services and accessibility:** Not all communities have equitable access to healthcare providers and services.
 - Identify local health centers or other sites where clinical care or community services are trusted resources for the community.



Interviews & Guided Discussions

*As part of the COVID-19 Convalescent Plasma (CCP) Donor Activation Program campaign launch activities, the Federal COVID-19 Response (FCR) **conducted guided discussions with people from specific Metropolitan Statistical Areas that were significantly impacted by COVID-19.** This component of the **audience analysis** allowed FCR to establish a framework for ongoing systematic data collection and strengthened the campaign with **continuous feedback** from community partners that informed refinements **throughout the campaign lifecycle.** Ideally, finding opportunities to host an ongoing community feedback group would enable the capture of **continued input** to inform the campaign.*

- Consider if the campaign will be impacted by transportation or other accessibility limitations. If so, identify solutions such as free or low-cost transportation options and extended hours of operation.
- **Underlying health conditions:** Underlying health conditions can disproportionately affect certain populations and can compound hospitalizations and deaths caused by a PHE. Consider the burden of the ask for individuals from these communities and identify solutions that help with translation, understanding, and ability to participate.
- **Health inequities:** Design the campaign to provide equitable benefit to all impacted populations. PHEs can affect under-resourced and underserved communities more than other communities and exacerbate existing negative health outcomes ([Section 3.1.1](#)).
 - While there may be disparities in outcomes for unknown reasons (e.g., the science may not yet discern why certain treatments are not as effective for certain populations), it is crucial to have a plan to address the needs of underserved and/or disproportionately affected populations and to continuously strive for equitable solutions.
- **Cultural aspects of a community.** The methodology chosen for the analysis must take cultural aspects into consideration with questions designed to understand social norms, values, beliefs, and social networks.

Other Considerations in Audience Analysis

As part of the audience analysis, conduct an initial scan of literature and other resources to capture documented behaviors or beliefs.

- An online survey can provide quick, targeted insight. Note that survey questions, the data collection plan, and data analysis should be developed and validated by appropriate subject matter experts. See [Appendix I](#) for an *annotated online survey*.
 - Data from the survey can be applied across campaign tasks (e.g., refining targeted messages).
 - Note that any public information collection will require adherence to statutory guidance, such as privacy laws and public burden reductions, and that certain information collection activities may need waivers approved by authorities.



When designing a survey, take care to draw a sample of respondents that are reflective of your target audience:

Establish screening criteria for third party survey administrators.

Consider honoraria to reach those who do not typically participate.

Diversify platforms where the survey is available, including plans for in-person administration.



**Appendix I:
Annotated
Survey Used
for CCP**

the campaign. Adherence to continuous scientific integration influences the types of partners and advisory roles included in campaign outreach.

It is likely that accumulated scientific knowledge will lead to changes in decisions at a rapid



At the onset of the health crisis, physicians and scientists will seek to **use existing drugs, treatments, and diagnostics** based on knowledge from prior pandemics and emergencies. **Immediately, real-world data can be collected from clinical practice** to understand safety and signals of effectiveness within a period of weeks to months. **Higher-level evidence from RCTs will take longer (months to years) to generate.**

pace, potentially making long-awaited findings from Randomized Control Trials (RCTs) less impactful. RCTs compare outcomes between treated and untreated or “usual care” patients. It can be challenging to recruit patients into RCTs during an emergency, and it is common for the definition of “usual care” to change within weeks or months.

- In some cases, the PHE may be over before RCTs report out completely. The campaign must balance the desire for RCT outcomes with more timely data from clinical practice and observational research.
- Expect a charged environment as clinicians and regulators grapple with the best available, but potentially incomplete, evidence.
- Experienced physicians and scientists from across the globe will debate the evidence in a public manner, which presents a risk of misinterpretation by media and interest groups.



Scientific Research

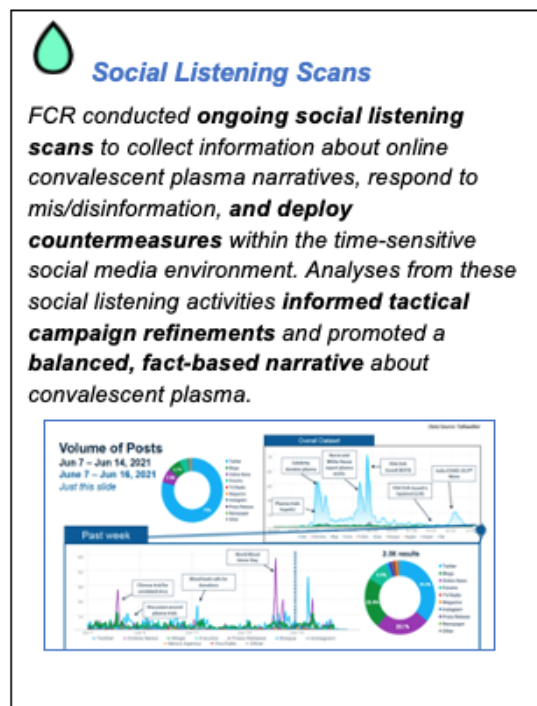
*With the emergence of the fast-spreading COVID-19 pandemic in 2020, **scientific research deviated from traditional release cycles.** In this unprecedented scientific environment, FCR balanced its expertise in **clinical science and health communication** to develop plasma-specific information for **consumption by clinical audiences and the general public.** Prior to the establishment of the campaign, FCR worked with internal and external subject matter experts from world-class institutions to follow COVID-19 science and monitor the progress of various therapeutics. In future public health emergencies, stakeholders can seek to establish similar alliances to **leverage and contribute to emerging bodies of knowledge.***

Key Decisions and Activities to Integrate Scientific Findings

- **Identify or establish a clinical and scientific advisory group.**
 - Determine if there is an existing clinical and scientific advisory body available to convene and advise on the crisis as it unfolds. If not, announce the need to the scientific community and quickly establish a group of willing professionals. See [Appendix K](#) for characteristics of a clinical and scientific advisory group.
- **Keep a focus on the groups that are most at risk.**
 - The clinical and research advisory body should take particular attention to review research related to at-risk populations. New solutions designed to help the most disproportionately affected or underserved will ultimately be the most effective at mitigating the disaster for society.
- **Address misinformation and disinformation.**
 - Establish a consistent process and cadence for addressing misinformation and disinformation. Findings from social listening analyses should be shared with clinicians or scientists to help determine if a mitigation intervention is warranted. Based on their review, enhanced public education and countermeasures may be devised to promote a scientifically accurate public discourse.
- **Develop scientific reports with the latest research updates for the CMT and oversight team.**
 - These updates may include recommendations for the communication team on messaging, and/or identifying potential opportunities with trusted voices in the community. Build answers regarding the latest science and research to be readily available for the CMT and others.
- **Engage trusted and credible voices in the scientific community.**
 - Provide media training and tools (e.g., talking points) for those who will be asked to publicly amplify campaign messages.
- **Explain regulatory affairs to stakeholders.**
 - During a PHE, expect a compressed timeline for the development of evidence and the regulatory approvals process for both diagnostics and therapeutics.
 - Typically, it takes years for a new medication to be tested for safety and efficacy, to gain approval as a new treatment, and for public and private health insurers to develop therapeutic payment and administration policies.
 - During a pandemic, it is likely that existing drugs will be re-purposed as potentially helpful, and new treatments may be created. Expect the Food and Drug Administration (FDA) to use temporary designations such as expanded access programs or emergency use authorizations for promising therapeutics



Appendix K:
Characteristics
of a Clinical and
Scientific
Advisory Group





while more definitive evidence is generated. If indicated, the campaign team must closely monitor this process for updated guidance. See [Appendix N](#) for additional information regarding the FDA's therapeutic guidance process.

- **Anticipate evolving risk.**
 - Epidemics, pandemics, syndemics, and natural disasters are unpredictable in the short term. The oversight team must evaluate developing risks and anticipate scenarios of both a worsening and an improving crisis. Use the advisory group to help develop solutions for evolving threats. This is a key activity for developing resiliency during a crisis.

3.2 Plan the Campaign: Message Development and Delivery

Four major tasks comprise a strong message and delivery plan to raise awareness, educate, and motivate communities to action: leaders must develop a communication strategic action plan, design messages and evaluate their impact, develop creative assets, and leverage appropriate communication channels (Zhao, 2020). The next section describes these four tasks and provides key considerations and guidance for their execution.

3.2.1 Develop a Communication Strategic Action Plan

A communication strategy establishes the approach for the campaign, leveraging insights from foundational research to understand the target audience, how the behavior change will benefit them, and what actions they should take ([Section 3.1](#)). The strategy should include specific goals and objectives, as well as an implementation plan to outline tactical decisions and activities, such as development of key messages and optimal communication vehicles to reach the audience (National Institutes of Health [NIH], n.d.).

Key Decisions and Activities to Develop a Communication Strategic Action Plan

- **Define the goals and objectives.**
 - Identify the desired health behavior change (goal) and the specific objectives that will support its accomplishment. Make sure the objectives are SMART – Specific, Measurable, Achievable, Realistic, and Time-based.
 - Tie goals and objectives to the desired outcomes of the response strategy.
- **Define the tactical and operational metrics.**
 - Metrics will help measure whether the communication strategy is achieving its desired outcomes.
 - Identify the data sources from the start and establish the baselines to identify progress towards the goals.
- **Develop a budget.**
 - The campaign budget should allocate resources for paid media, advertising, and any associated digital services costs, such as website and other resource development and management, hosting, and internet Search Engine Optimization (SEO).
 - Identify existing resources and address gaps. Confirm whether federal staff or external entities have been tasked with full or shared responsibilities for developing and executing the strategy.

- **Secure production resources.**
 - Identify existing production resources (e.g., video studios, digital services) or work with external entities to develop and maintain campaign-specific supports.
- **Ensure the plan addresses the uniqueness of the target audience.**
 - One size does not fit all when communicating the messages.
 - Leverage results from the audience analysis, partner engagement, and other formative analyses to tailor the communication plan to the intended audiences. Consider how geography, demographics, literacy, culture, and language may affect how audiences interpret planned messages.
- **Include tactics to “pull” the audience into the content.**
 - With the increasing proliferation of online communications and competing pitches for attention, it is easy for the audience to miss online content they do not actively seek (i.e., content that is “pushed” to them).
 - To address this, devise tactics to draw the audience into the campaign by creating engaging content (blog posts, online forums, social media conversations) relevant to the audience’s interest and needs.
 - Use keywords to help drive SEO so the campaign is prominently displayed in organic web search results as the audience looks for related information online.
- **Select communication vehicles that will resonate with the audience.**
 - Determine the appropriate media types (media mix) to best reach the target audience, including specific vehicles (e.g., publications, stations) for each medium. See [Appendix O](#) for a sample list of media formats and their key features.
- **Develop or adopt existing crisis communication plans.**
 - The campaign management team (CMT) and the oversight team must also consider whether existing crisis communication plans, federal or local government public affairs protocols, or other specific resources should be consulted or included in the campaign plans in conjunction with larger public health emergency (PHE) plans.
- **Create a tactical plan for community outreach activities and promotions.**
 - This plan could be a tool to share with local officials, organizations, healthcare professionals, and others within specific communities. It should include goals and objectives, tailored messages and talking points, and communication channels to guide conversations with community partners.



*Appendix O:
Media Formats
and Their Key
Features*

3.2.2 Design Messages and Creative Assets

3.2.2.1 Develop the Messages

Several decisions will shape the development of effective campaign messages. Audience analyses and other formative research will inform the message design, so it resonates with the audience and prompts the desired behavior change (Maibach, 1995).



Key Message Updates

*The Federal COVID-19 Response (FCR) developed an approach to **continually update key messages** as the science and public sentiment of COVID-19 shifted, using clinical research and communication science best practices to **map messages** to common questions arising from community and online engagement. This process allowed FCR to **quickly disseminate answers** in response to new questions and concerns from the public. FCR **shared this information with community partners** to ensure all campaign stakeholders were **informed and consistent in all communication** about convalescent plasma.*

Key Decisions and Activities to Develop Campaign Messages

When designing messages to achieve a positive health behavior change, consider the following (MITRE Corporation, n.d.):

- **Amplify community beliefs, values, and social norms.**
 - The audience analysis should have identified features regarding the communities included in the campaign that highlight differences between regions or other distinctions.
 - Chances are that the analyses surfaced a need to address different groups with values, beliefs, and social norms unique to their community.
 - For example, a community's social norms and values may be that its members do what is best for the greater good. Messages for that situation must positively appeal to the sense of community versus the individual's needs.
 - By amplifying a community's beliefs, values, and social norms, the messaging is more likely to resonate and be received by the audience.
 - It is critical to identify the specific beliefs that are related to the campaign-targeted behavior change (Zhao, 2020).
- **Facilitate a sense of personal agency to achieve the desired health behavior change.**
 - In simple terms, this means building the audience's confidence that they are in control and can achieve the recommended behavior change.
 - If the behavior change is perceived as unachievable by the audience, they are more likely to disregard the message(s) and not adopt the change (Ort, Siegenthaler, and Fahr, 2021).
- **Consider the health literacy of the audience.**
 - Addressing health literacy can potentially reduce barriers to adoption of behaviors and lessen health inequities (Wittenber et al., 2020).

- Use plain language, particularly when talking with a general audience, to ensure everyone can easily understand the information presented to them. This helps to communicate health information more effectively by making the message(s) clear and concise (Greene, Cleary, and Marcus-Quinn, 2017).
- **Consider the use of appropriate visual communication.**
 - Appropriate visual communication can improve decision-making, change attitudes, and reduce risk behavior (Garcia-Retamero, 2013).
- **Communicate scientific truth and clinical guidance.**
 - Team members responsible for outreach and education communication should routinely confer with members of the clinical and research community for scientific guidance in the development of outreach materials and programs.
 - All materials, such as pamphlets, blog posts, radio spots, interview guides, frequently asked questions (FAQs), and social media posts should be designed using updated scientific guidance and use plain language to explain complicated topics.
 - Clinical team members can help integrate the latest clinical guidelines (e.g., from the Centers for Disease Control and Prevention [CDC], NIH, professional societies) into the messaging.
 - Communicate uncertainty regarding disease risk, diagnostics, and treatments with empathy. Practicing clinicians who are accustomed to working directly with patients should be routinely consulted to achieve effective messaging.



Using **simple visuals** that are **representative of the community** can help users, particularly those with low levels of health literacy, **better understand and act upon health information** (Zarcadoolas et al., 2010).

3.2.2.2 *Develop Creative Assets*

The materials developed for community activation, the messages conveyed, and the branding design are all incorporated into the campaign's communication materials, or creative assets. These assets can include such products as brochures, graphics, videos, stickers, personal testimonials, blog posts, newsletters, fact sheets, and posters.

Key Decisions and Activities to Develop Creative Assets

- **Create assets that are culturally appropriate.**
 - Ensure that the language, graphics, and photos used in the creative assets are culturally appropriate for the target audience.
 - When using photos of people, ensure they are representative of the audience, since individuals often will relate to photos of people who are like themselves.
- **Consider including the target audience in asset development.**
 - This approach can consist of a community advisory group or focus groups.
 - Community participation in the development of the assets provides valuable information to ensure that the messaging will resonate with the audience (Allen, n.d.).
- **Develop distinctive brand assets.**
 - Select a logo, font, and color palette that represent the campaign and use these features consistently in all creative assets.
 - This builds strong brand identity for the campaign that is easily recognizable by the audience (Romanuk, 2018).
- **Consider visual communication strategies.**
 - Visuals can simplify complex health messages to make them easier to understand. It is important to consider images that can effectively communicate the message(s) (CDC, 2021a).
- **Consider accessibility in the design process.**
 - For all campaign materials, including the development and hosting of a website with pictures or other graphics, consult an accessibility expert to ensure compliance with regulations like Section 508 of the Rehabilitation Act (1998).
 - This ensures the site, and the graphics are accessible to all visitors (Allem and Ferrara, 2018; U.S. Department of Health and Human Services, 2020). *Figure 9 below provides a range of examples of The Fight Is In Us (TFIIU) creative assets used in different settings.*
- **Develop a process for managing, approving, and storing assets.** This strengthens quality control, adherence to standards, and ease of maintenance.



When creating multi-lingual assets, ensure that the translation is not only accurate, but that the multi-lingual material also conveys the same message as the English material.

For example:

- Would a reader or listener receive the same information in both languages?
- Is the material balanced in both languages, or does one version sound more persuasive or urgent than the other?



It is crucial to make word choices that will be **understood by as many people within a community of focus** as possible. In all languages, ensure material is written in a plain style so it is **accessible to readers of many backgrounds**.

- Institute and adhere to a proper file naming convention for organizational purposes.
- As products are developed, modified, and approved, verify that changes to English text or audio are reflected in materials produced in other languages.

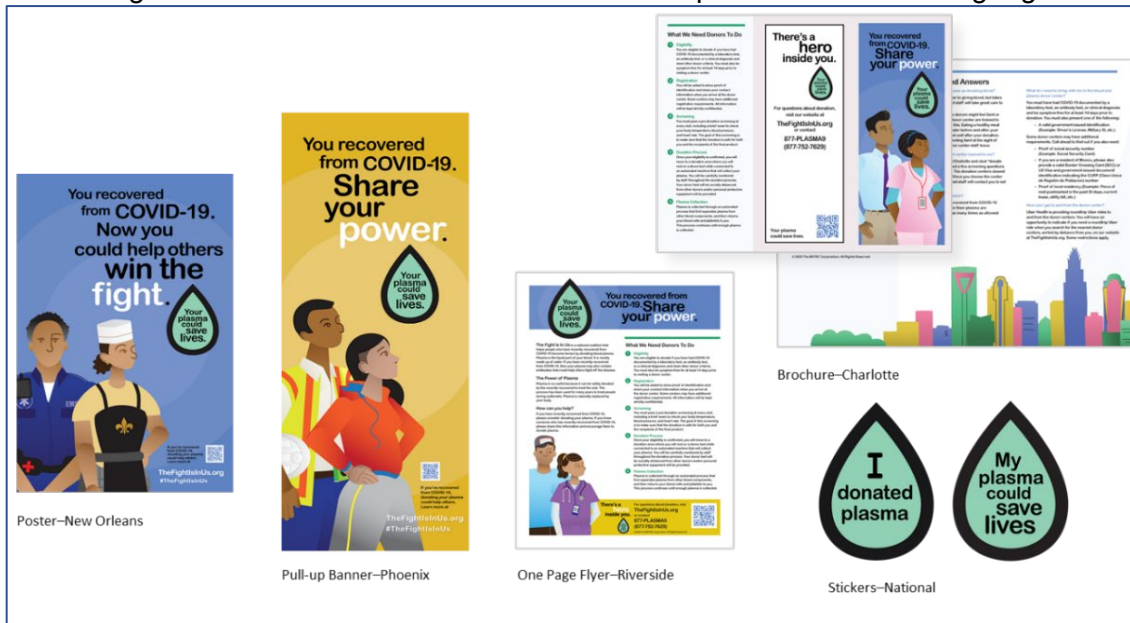


Figure 9. Sample Creative Assets from The Fight is In Us Campaign

3.2.3 Plan Message Delivery to Communities

3.2.3.1 Develop a Communication Hub: Message Delivery via Website Landing Pages

A central hub can serve as an information vehicle for the public to learn more about the PHE and to understand how they can engage within their community. Typically, this hub can be a website landing page that communicates information, provides education, calls users to action, and when the PHE is abated, retires the overall campaign with closing messages and graphics.

Key Decisions and Activities to Develop a Communication Hub

- **Define communication hub content.** Content can include informative text, videos, images and other graphical elements, and bots (software applications that automate simple and repetitive tasks over the internet to connect individuals to additional resources to participate in community activities).
 - Will the hub include external resources or connections to sources not managed by the campaign?
 - Are there disclaimers needed for display in clearly seen formatting to state that these external resources may not be official endorsements or that accessing them may present users with cybersecurity risks?

Web pages should support a narrative that moves the user through these steps:

1. Understand
2. Gain motivation
3. Trust
4. Decide
5. Act

- **Establish clinical and research resources for professionals.** Develop an online resource page for scientific and clinical communities on the hub. Include research articles, clinical guidelines, and key government documents (e.g., diagnosis and treatment guidance from NIH, Office of Management and Budget, CDC, the Food and Drug Administration).
 - Create rules of what materials are to be posted. Differentiate between pre-print, peer-reviewed articles, and opinion pieces. *Figure 10* provides an example of the Clinical Research resource page from the TFIIU campaign.

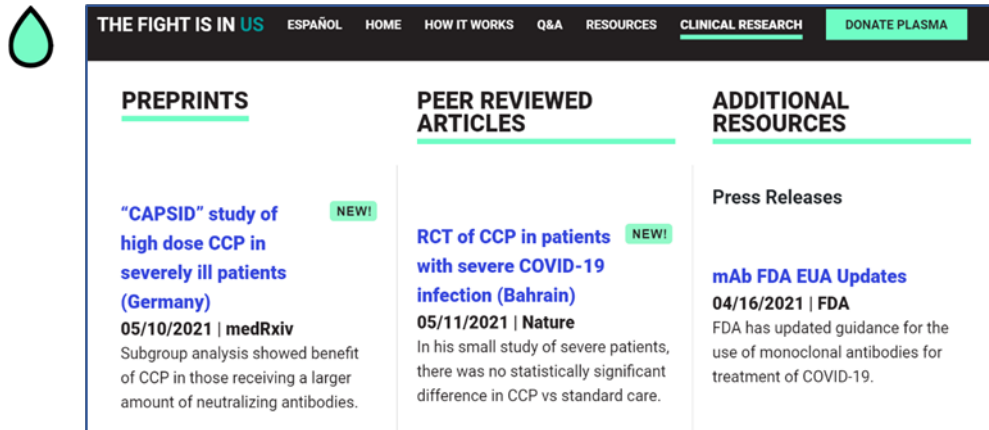


Figure 10. Clinical Research Page from TFIIU Website

- **Determine scheduling and development tradeoffs.** Time is often the most important factor when scheduling development, due to the time-sensitive nature imposed on development activities to respond to a rapidly evolving PHE.
 - When time is critical, development decisions must adjust. There is a constant trade-off between development tasks and development time.
- **Define language requirements.** Identify which languages are critical to the success of the community activation efforts.
 - Campaign budget and time constraints may mean it is not possible to develop an accessible hub with customized content for all languages in the community activation effort, but it may be possible to develop a selection of high-level written (e.g., FAQs, fact sheets) and audiovisual (e.g., videos) outreach materials in key languages.

- **Decide on national vs. local engagement.** When engaging web visitors, the website may be localized with elements that are familiar to web visitors of a particular geographical area. This approach has the benefits of local impact and familiarity; however, it requires additional development and maintenance work for each version of the website.
 - Another approach is to create a single, national page to engage all web visitors, regardless of their geographic locations. The national approach requires less development work, but it lacks customized web content for visitors' locations.



Regional Landing Pages

In the COVID-19 Convalescent Plasma (CCP) Donor Activation Program, FCR **developed regional landing pages** to provide geographically specific information about CCP donation in both **English and Spanish**.

FCR used three landing page styles: 1) General Information landing pages to engage donors; 2) Educational landing pages for scientific information about plasma, and 3) "Thank You" pages to communicate appreciation for those who supported campaign activities.

These landing pages **were developed quickly and required 24/7 availability** to serve information on both **mobile and desktop designs**. These landing pages were important to **supplement the campaign activities** to activate communities.

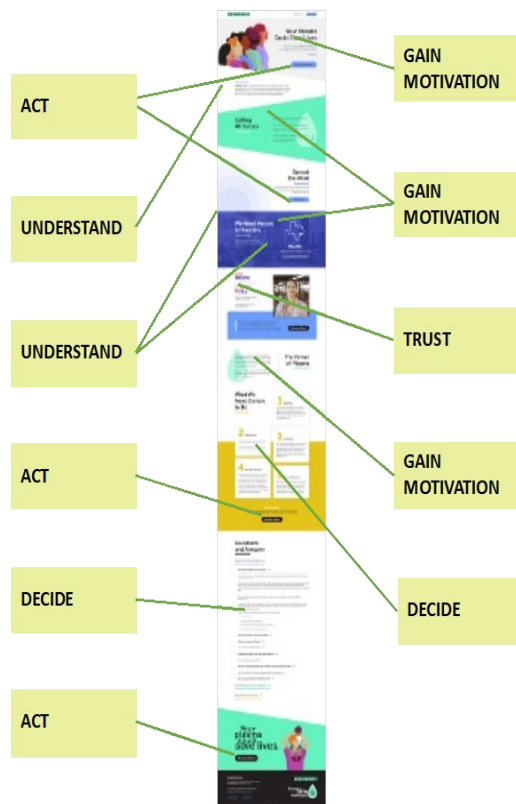


Figure 11. Regional Landing Page Intended User Experience Journey

- **Capture analytics.** Measure and evaluate the effectiveness of the website and include this analysis as part of the monitoring and evaluation framework ([Section 2.6](#)) as a mechanism to drive community activation changes. This starts with capturing website analytics data using various online tools. To capture application-specific metrics such as user behavior and actions, add custom instrumentation to the website software.
 - Some data could be available by default (e.g., website visits and system uptime).
 - Other data is created by adding custom instrumentation to the servers or software. This is a more customized and focused approach to creating useful web analytics data.
 - Development schedules must allocate additional time for adding instrumentation to the software.
- **Consider User Interface (UI)/User Experience (UX).** Address UI/UX through design choices that make a good first impression, encourage users to return, or encourage users to act on an important activity.

- A clear UI/UX design encourages more website visits and engagement and better outcomes for the campaign. *Figure 11* illustrates the intended UX for the TFIIU regional landing pages.

- **Conduct UX Testing.** Consider using A/B testing, which can provide valuable data for design and development decisions for websites.
 - A/B testing offers two versions of a creative asset, with a single aspect altered to assess preferences for one version or the other. This allows the campaign to analyze user engagement data, providing insight into which approach (A or B) is more effective and should be used in future materials (Hartson and Pyla, 2012).

3.2.3.2 Identify and Engage Community Partnerships to Deliver and Amplify Messages

A successful community activation program engages in meaningful, trusted partnerships within the communities of focus. When establishing new relationships or strengthening existing ones with community leaders, be clear regarding any funding mechanisms and expectations in maintaining the relationship throughout the campaign and whether engagement after the PHE is beneficial or necessary. Clearly expressing the level of effort community partners are expected to maintain, whether in specific actions or throughout the campaign, allows partners to evaluate their own resources and assess whether their commitment can be maintained for the duration of the PHE.

These conversations can generate trust and mutual respect between the community and the campaign, demonstrating that the federal government recognizes opinion leaders' roles in the community, both to address the PHE and to provide insights on potential future issues.

Key Decisions and Activities to Engage Community Partners

- **Design a strategic action plan for community outreach.** Design and execute a plan that aligns with the overall campaign response strategy and desired outcomes.
 - This should include stakeholder groups within the communities identified for the campaign, as well as community engagement operational metrics and goals.
- **Assemble a community engagement team.** The team should include individuals who are familiar with the local market and have existing relationships therein.
 - The team serves as primary contact points between the campaign and potential and existing community partners, helping to identify, cultivate, and maintain relationships.
- **Develop or identify a tool for tracking partnerships.** This tool should be like customer relationship management software that tracks contact information, status, and all partnership activity.
- **Research, identify, and vet potential community partners and opinion leaders.** Organize the results based on relevance to the campaign, partner type, and potential impact (e.g., number of members/followers, status as a trusted voice) and track this for planning and future analysis.
- **Ensure there is a balanced mix of partners and leaders.** Depending on campaign goals and focus, partner types to consider can include (but are not limited to) civic organizations, advocacy and professional groups, health systems, local government entities, and religious and cultural organizations. *See Figure 12 below for the partner mix achieved in the CCP campaign.*
- **Create a mechanism to build a snapshot of the campaign's community ecosystem.** Combine information from community partner activities to create targets and track metrics such as the number of prospective partners, number of confirmed

partners, partner diversity mix, number of activities completed, activity mix, and activity opportunities.

- This snapshot should be at the overall campaign level and the local level. It may roll up to a dashboard as part of the monitoring and evaluation framework ([Section 2.6](#)) to continue to refine the engagement strategy.
- Use the snapshot as a roadmap to launch the community engagement plan.
- **Identify and engage key organizations and influencers within the community with whom to form partnerships.** Gauge opportunities and obstacles within a region or community, reporting on relevant shifts in local attitudes and behaviors relevant to the PHE and the campaign's goals.

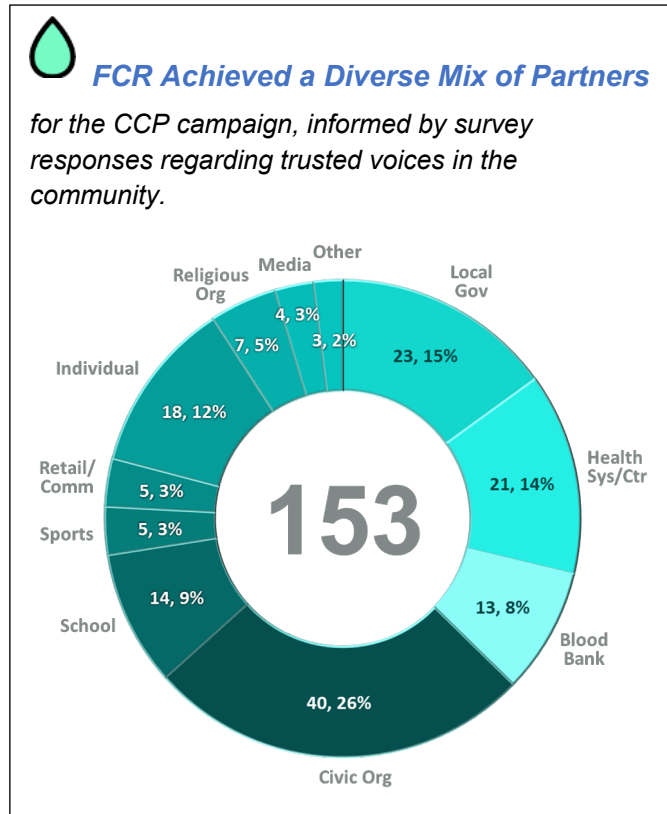


Figure 12. Community Partner Mix from CCP Campaign

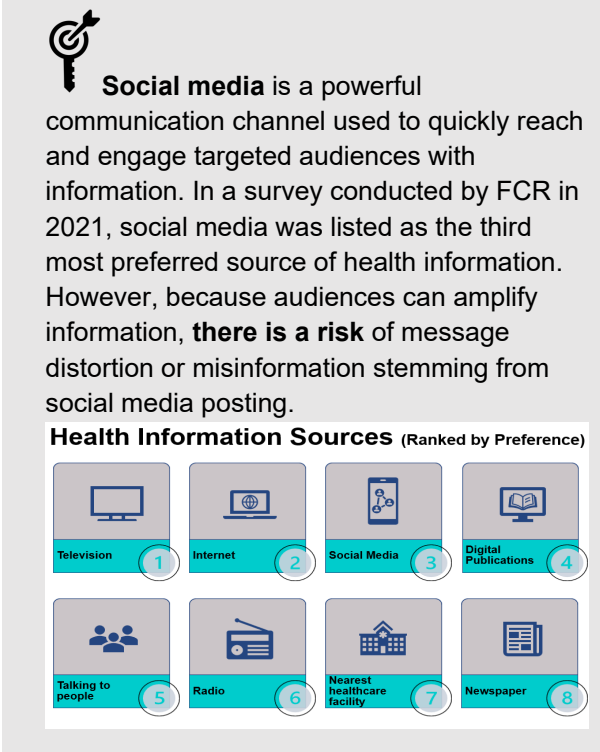
- The CMT should coordinate and refine tactics, methods, and materials to maximize community engagement opportunities to meet campaign strategic objectives.
- **Engage medical and public health professionals.** Ongoing education regarding prevention, diagnosis, and treatment is needed by medical and public health professionals as well as the public during a PHE.
 - The research and scientific advisory group can assist in the creation and promotion of lectures, panel discussions, FAQs, and other guidance for professionals.
 - This group informs the campaign and maintains an agile understanding of the threat to communities.
 - Create programs with two-way communication as conduits for gaining information from front-line caregivers.
- **Determine formal and informal mechanisms for engagement.** Set expectations based on agreements and be respectful of partners' time and priorities. This is especially important if the partners are voluntary.
 - Establish the plan and length of time for partnership operations and confirm agreement and understanding.
- **Determine what actions or activities community partners can perform and what they are asked to do on behalf of the campaign.** Community partners have a range of capacities to perform these requests.

- Divide these requests into high-level and more tactical categories, based on their impact, partners' usual operating practices, and willingness of partner organizations or individual champions and leaders to take on new roles or serve as spokespeople for the campaign.
- **Ask partners to amplify the message or messages.** This can include campaign materials distribution, specific media production participation, resource development and testing, or more advanced campaign contributions, such as recruiting additional partners or identifying community individuals for campaign activities.
- **Keep partners engaged and be considerate of competing priorities.** To make community partnerships mutually beneficial, maintain ongoing dialogue to respond to partners' needs. Remain sensitive to their challenges and cultural norms. Be respectful that they also are managing their communities' ongoing needs while supporting campaign requests. Depending on the partner, make requests easy and straightforward (e.g., provide the ability to copy and paste content to share on their own channels).
- **Communicate that the campaign is temporary and will end or transition.** Being transparent regarding the discrete nature of the campaign at the beginning helps partners to understand what to expect and for how long. It can also help them plan for local long-term sustainability to support their constituency once the campaign ends.

3.2.3.3 Message Delivery via Media Channels

The right communication vehicles are critical for the messages to reach the target audience (Zhao, 2020). The audience analysis helps shape decisions on preferred communication channels that could be ideal engagement tools for delivering the campaign message(s). Selecting communication channels not used by the target audience may result in failure to reach and engage them and could hinder achievement of the desired health behavior change.

Communication channels can include traditional mass media such as advertisement placement on television, radio, and newspapers; social media and websites placement; and alternate media forms such as promotional events, social networks, and existing communication channels within the community setting.



Social media is a powerful communication channel used to quickly reach and engage targeted audiences with information. In a survey conducted by FCR in 2021, social media was listed as the third most preferred source of health information. However, because audiences can amplify information, **there is a risk** of message distortion or misinformation stemming from social media posting.

Health Information Sources (Ranked by Preference)

Television	Internet	Social Media	Digital Publications
1	2	3	4
Talking to people	Radio	Nearest healthcare facility	Newspaper
5	6	7	8

Key Decisions and Activities to Select Media Types and Channels

- **Conduct a media scan to understand the media environment.**
 - Identify potential media outlets in the community/region of focus and assess their overall tone, target audience reach, and resonance with the campaign. Assess

the disposition of key talent (e.g., commentators, speakers, writers) and decision-makers (e.g., editorial boards) to ascertain alignment of outlets' missions and goals with those of the campaign.

- **Determine the appropriate media types (media mix) to best reach the target audience.**

- Include a mix of paid, earned, owned, and social media.
- Include specific vehicles (e.g., publications, stations) for each medium.

- **Develop a media plan.** See [Appendix Q](#) for a *planning checklist*. The media plan can include:

- Schedules to prepare for the frequency and cadence of content dissemination, audience interaction, media engagement, and lead times for internal asset approvals and editorial reviews.
- Considerations for reach (how many individual people will be exposed to the campaign) and frequency (how many times an individual will be exposed to the content).
- Identification of potential message or content overlap across channels, including similar or competing messages external to the campaign.
- Plans for media training for influencers and spokespeople.

- **Leverage credible scientific voices.** Consult the clinical and scientific advisory body ([Section 3.1.4](#)) or conduct an environmental scan to identify trusted voices within the scientific subject area, including whether those sources are local to a specific community or hold national prominence and authority. Provide media training as needed and leverage their expertise and associated relationships for earned media message distribution, such as editorial posts, town hall sessions, or interviews.



Earned Media

*During the CCP Donor Activation Program, FCR **struggled to gain earned media coverage** for convalescent plasma information and events. The fluid news cycle associated with COVID-19 resulted in **inconsistent news opportunities** that prevented FCR from **maximizing the impact** of this media channel. For future efforts, federal campaigns can **work closely with their captive media teams to enhance future earned media efforts** and execute program goals.*



**Appendix Q:
Media
Operational
Plan
Checklist**

3.3 Launch the Campaign

Depending on the severity of the public health emergency (PHE), leaders may need to launch the campaign before all preparations are complete and should aim to time the campaign launch based on the need to protect public health from immediate harm, rather than on completeness of campaign preparedness.

Campaign leaders must instigate multiple concurrent activities as they prepare to launch education and outreach activities. These efforts generate analyses and resources sufficient to determine when it is appropriate to initiate the campaign, while continuing to collect information after the campaign rollout begins.

Leaders can apply preliminary findings from environmental scans and literature reviews to begin campaign activities, using generalized messaging and existing resources and relationships while completing more thorough campaign research and planning. Campaign leaders can subsequently integrate lessons learned from these early community awareness, education, and activation efforts into more comprehensive campaign plans to improve message effectiveness and expand community partnerships.

When launching the campaign, the oversight and campaign management teams can prioritize campaign action plan components and create a hierarchy for which activities will have the greatest impact immediately and whether others require higher levels of preparation to institute. Strategic implementation and operational planning can include messaging to the public that the campaign will continually monitor the PHE and community needs and adjust the campaign accordingly to achieve strategic objectives.

3.3.1 Test the Messages



Involve the community in the ongoing creative process. Consider building a community feedback and advisory group to provide input on the campaign, contribute to message development, review and test message(s), and advise on message timing (e.g., recognizing important holidays or events).

Consider the community stakeholders and the level of effort requested of the group:

- Who will be invited to participate in the group (e.g., community leaders, public representatives, clinical care providers from trusted health services)?
- What materials, messages, and campaign activities will the advisory group review? How often?
- Determine whether honoraria should be offered for serving on the advisory

Message testing is the process of evaluating different versions of the messages and creative assets during the development cycle. It can help determine which messages or creative assets resonate with the target audience and which inspire the desired actions. Campaign message testing is a critical component in the creation process—small changes to messages can yield significant results.

Methods vary from presenting testing participants with small refinements of an asset or message to solicit feedback, or A/B testing, where different concepts are lined up against each other for evaluation. This can be accomplished via focus groups, guided discussion, surveys or on social media.

4 MONITOR and EVALUATE

Community activation requires consistent monitoring and evaluation to allow both the campaign management team (CMT) and the oversight team to make informed decisions and achieve



Three Levels of Campaign Monitoring and Evaluation

Program Monitoring: Assess whether the campaign is achieving milestones for implementation and operations.

Strategic Monitoring: Assess whether the campaign is on track to achieve desired outcomes by using strategic measures and metrics.

Operational Monitoring: Assess whether campaign operations are efficient and effective to achieve operational outcomes.

strategic outcomes. In partnership, the oversight team and the CMT should monitor and evaluate the ongoing public health emergency (PHE) to align campaign performance and activities and promote effective campaign operations using the monitoring and evaluation framework ([Section 2.6](#)).

The CMT can manage tactical and operational risk, elevate decision-making to the oversight team to approve mitigation plans that would impact campaign strategic goals or require significant strategic changes, and keep the oversight team apprised of general progress throughout the campaign. The alignment of these components supports risk-based management and executive decisions and allows for rapid implementation of continuous improvements.

Monitoring and evaluation activities and outputs are performed simultaneously while the campaign is operational. This facilitates the oversight team's ability to make data-driven decisions and to task the CMT with campaign refinements.

4.1 Monitor and Evaluate the Emergency

The full impact of a PHE on a community can develop slowly. It may be difficult for federal, state, and/or local officials to observe, assess, and understand the PHE's relationships to other aspects of people's lives. It is sometimes only after an emergency ends that its effects become fully visible (Knowles, 2014).

It is essential to monitor and evaluate the emergency and the impact on the community throughout the campaign to determine if the overall response strategy or operations need refinement to address changes to the state of the PHE.

4.1.1 Use Predictive Modeling to Monitor the Emergency

Predictive modeling is a tool that can be used to develop situational awareness of the PHE in its current state and begin to make campaign decisions based on its potential trajectory.

- Establish a modeling structure for the current and projected impacts of the PHE.
 - Modeling may inform campaign components such as community activation and partner opportunities, media options and message development, and how actions taken by the campaign might influence the PHE.
- Identify data analysts with modeling expertise at the outset of the planning process to provide the campaign with findings to support campaign decisions.
- Regularly assess both the actual progression and modeled forecasts of the emergency's effect on populations.



Models provide a way to **examine how changing situations**, such as supplying a vaccine in a pandemic, can **alter a result** (e.g., 100,000 deaths averted), given specific assumptions. By studying current patterns and trends, **predictions regarding additional information**, like the required administration timeframe and targeted age groups, **create the basis of a well-informed plan and anticipated results.**

Key Decisions and Activities to Monitor the Emergency and Impact

- **Establish an evidence-based modeling program** that leverages both actual values and predictive estimates to understand the extent of the emergency and how it changes over time.
 - Incorporate data on the number of cases, fatalities, people requiring treatment or hospitalization, population(s) to target (e.g., for blood or tissue donations, vaccination, or other intervention), and results from the campaign actions (e.g., number of signups to donate or get vaccinated, number of website visits).
 - Model and simulate to help predict where resources should be targeted.
 - Investigate the effectiveness of the campaign to increase awareness, intent, and action.
 - Visualize the key metrics in a dashboard to make the data easier to understand and more widely available to stakeholders.
- **Weigh multiple (and sometimes conflicting) factors**, including resources to make campaign decisions.



Data Modeling

*The Federal COVID-19 Response developed and utilized an **evidence-based modeling strategy** to track COVID-19 trends based on assumptions made throughout the COVID-19 Convalescent Plasma donor activation campaign. Although the campaign achieved successful outcomes informed by predictive modeling, analyses could have been aided by **deliberately tying modeling efforts to decision points earlier** in the campaign. This activity would ensure that modeling activities are optimally aligned to the campaign's **data-driven decision-making needs**. If predictive modeling is required in future campaigns, teams should **encourage early engagement** between the modeling team and other essential project team members for outcome traceability.*

- Depending on the complexity and scope, this may be accomplished with a simple multi-criteria analysis framework or a more advanced optimization.
- Optimization may be required, for example, to identify the best locations to supplement capacity or where to invest in the campaign.
- **Develop a modeling decision framework.**
 - Define the scope, including regions (e.g., state, metropolitan statistical area [MSA], county) and communities of interest.
 - Define decisions to be made during the campaign.
 - Identify key metrics to support decisions.
 - Identify a methodology to evaluate decisions.
- **Determine whether the campaign team has sufficient expertise** and access to existing modeling resources and capabilities within the organization (e.g., experience in simulation modeling, data analytics, and visualization as well as coding experience in modeling and dashboard tools).
 - Determine any gaps in expertise and supplement staffing with external resources that can be procured early in campaign planning to inform decisions.
- **Conduct, at minimum, weekly analysis** to see changes in models and predictions of how things may change with the emergency.
- **Provide weekly updates** that include predictive modeling results, essential information, and insights to the CMT and the oversight team.

4.1.2 Monitor the Evolving Science and Public Sentiment

It is important to monitor the online landscape by using social listening tactics ([Section 3.1.3](#)) and conducting ongoing sentiment analyses of narratives shared across media channels. These activities can help inform communications and address public concerns before they are amplified and before the knowledge gap is filled by misinformation and/or disinformation. Monitoring evolving science and public sentiment may also help identify credible influencers or opinion shapers who may be approached to serve as trusted messengers for the campaign.

Key Decisions and Activities to Monitor the Science and Public Sentiment

- **Develop a regular schedule to monitor social media channels** for relevant topics and how they are manipulated.
 - The schedule will provide situational awareness of current topics and themes in public discourse, the amplification of misinformation and/or disinformation, and public sentiment on the PHE.
- **Monitor published and pre-published medical journals** released with the most up-to-date information on the PHE, including treatment and prevention.
- **Analyze and report social media sentiment** for valuable information to review and revise campaign messaging and strategy



Sentiment Analysis

Sentiment analysis identifies opinions, attitudes, and feelings expressed in the text of subjective social listening data. It can **help determine whether the writer's attitude towards a particular topic is positive, negative, or neutral**. Monitoring social media sentiment is critical to **gauging an audience and making timely adjustments to the campaign messaging** to optimize positive public opinion (Bisio et al., 2017).

- Studying shifts and intensity in online conversations may convey the public has a skewed or incomplete understanding about the underlying health issues or how to interpret and apply scientific and clinical guidance. Review how populations translate information and how they discuss it (e.g., assigning positive or negative attributes to currently available information; expressing changed emotional reactions to the PHE, the government, or the clinical community).
- **Establish a regular analysis and reporting schedule** (at minimum weekly) and integrate the schedule into the overall data reporting structure.
- **Share findings with the clinical and scientific advisory body.**
 - Clinicians and scientists can help determine if a mitigation intervention is warranted.
 - Enhanced public education and countermeasures can be devised to promote a scientifically accurate public discourse.
- **Share findings with the communication team.**
 - Potential shifts in the messaging strategy can be identified and implemented.
- **Identify information that may be a potential risk** to the overall response strategy.
- **Identify potential influencers and opinion shapers** that could be partners for community engagement or message amplification.

4.2 Monitor and Evaluate the Campaign Strategy and Operations

Monitoring and evaluating the campaign enables the team to measure activity effectiveness and determine if the campaign is on track to achieve its desired outcomes. From the start, it is important that desired outcomes, performance indicators, and metrics are all defined, even if proxy metrics must be used due to data access or measurement issues.

By the campaign's launch, data sources, data use agreements, and a data collection plan should be developed and ready to implement. These metrics and data must be organized, monitored, and evaluated to determine whether the campaign is on track and whether operations are effective. See [Appendix H](#) for example outcomes and metrics used in the FCR campaign.



*Appendix H:
Example
Outcomes
and Metrics*

4.2.1 Monitor Campaign Milestones

For a campaign to be successful, it is necessary to employ structured management principles with key milestones tracked and progress updates delivered to the oversight team. Milestones are the crucial interim actions or steps that must be achieved reach full campaign implementation. These activities monitor the campaign at the operational level.

Example milestones include:

- Establishment of campaign goals and objectives
- Asset testing and refinement
- Campaign launch
- Initial evaluation, metrics review, and campaign refinement
- Integration of scientific (clinical and research) findings into campaign decision-making
- New campaign outreach based on interim learnings
- Reports on achievements on strategic or operational measures and metrics
- Reports on campaign management process evaluation ([Section 4.2.5](#))

- Reports on campaign outcome evaluation ([Section 4.2.4](#))

4.2.2 Monitor Campaign Strategic Measures and Metrics

Campaign leaders must craft and implement well-founded measures and review findings systematically to discover whether the campaign is on track to achieve its desired outcomes. The cadence for measuring and reporting measure status will be driven by the oversight team and by data availability. These activities monitor the campaign at the strategic level.

Key Decisions and Activities to Monitor Strategic Measures

- **Follow** the monitoring and evaluation framework ([Section 2.6](#)).
- **Define** process and cadence to measure and review strategic metrics.
- **Measure** strategic metrics and obtain measures.
- **Create** visualizations and report to oversight team.

4.2.3 Monitor Campaign Operational Measures and Metrics

Separately or in collaboration with the oversight team, the campaign management team (CMT) will develop and use operational measures and metrics regularly to inform whether campaign activities perform efficiently and effectively. These activities monitor the campaign at the operational level.

Key Decisions and Activities to Monitor Operational Measures

- **Follow** the monitoring and evaluation framework ([Section 2.6](#)).
- **Define process and cadence** to measure and review operational metrics.
- **Measure and monitor** the following operational areas:
 - Communication hub performance
 - Paid organic posts and social media performance
 - All paid media (e.g., paid radio, TV, out of home digital displays)
 - Asset performance
 - Community engagement metrics
- **Determine if there is a need for refinement(s)** to the campaign strategy or operations ([Section 5.3](#)).
- **Follow** the data-driven decision framework and log any decisions in the decision tracker.
- **Report progress and discuss options** with the oversight team, as necessary.

4.2.4 Evaluate the Campaign Strategic Outcomes

Campaign outcomes are used to develop measures to observe campaign community education and behavioral activation effectiveness ([Section 2.3](#)). An outcome evaluation shows the degree to which the campaign is influencing the target population's behaviors. It tells whether the program is effective in meeting its outcomes and objectives; whereas a process evaluation indicates how the campaign activities contributed to reaching overall program outcomes. The outcome evaluation is only effective after the campaign has contacted the target population and is able to collect enough data over time.

The following are methods for evaluating strategic outcomes ([Section 4.2.2](#)):

- Modeling and simulation can be used to compare different strategies' effectiveness to influence optimal results for people and communities.
- Data analysis, including exploratory and predictive modeling, can be used to investigate the effectiveness of the campaign efforts on the measured outcome.

4.2.5 Evaluate the Campaign Management Process

Campaign management process evaluation measures how well the campaign is working. It includes analyzing metrics for campaign activities and accomplishments by describing measurable outputs (e.g., what was done, how much was done). It also measures whether the campaign is accessible and acceptable to its target population. This type of evaluation provides an early warning for any problems that may occur and allows the CMT to monitor how well the campaign plans and activities are working.

A process evaluation includes data, measures, metrics, and outputs from campaign strategy activities, such as:

- Website metrics and telemetry
- Paid media (e.g., radio, print, television), out of home display, and click-based media (e.g., paid search) metrics
- Social media measures and metrics
- Social listening metrics
- Community partner measures and metrics
- Community activities
- Audience awareness or knowledge
- Assets developed and deployed



Evaluating Community Engagement Activities via Website Telemetry

Community partners amplified campaign messaging and calls to action in a number of ways. On January 27, 2021, the Federal COVID-19 Response (FCR) team partners in the New Orleans, Louisiana MSA sent text messages to 35,000 subscribers to the NOLAReady emergency alert system with links to the The Fight Is In Us website and COVID-19 Convalescent Plasma donation messaging.

Daily (and at times hourly) monitoring of website telemetry revealed a 10x spike in website hits from New Orleans around the time the text alerts were sent. The percentage of website hits that converted into plasma donation center selections was 54% higher than the other 24 MSAs combined. Website telemetry monitoring allowed FCR to measure community awareness and activation and evaluate tactics that produced quality website traffic.

Armed with this evaluation, FCR was able to demonstrate partner impact with current and new community partners to inspire similar action.

5 REFINE the Campaign

This section guides the oversight team and the campaign management team (CMT) to prepare for decisions that keep the campaign focused on accomplishing its goals and objectives by leveraging learnings and information to modify or create mitigation strategies, operations, and tactics using the monitoring and evaluation framework ([Section 2.6](#)). The teams will deploy refinements in response to an issue, need, or opportunity.

Like actions on monitoring and evaluation ([Section 4](#)), activities that require data-driven refinement are stratified at the campaign's programmatic, strategic, and operational levels to track progress through the stages of community activation. See *Figure 6 below (also represented in Section 2.3)*.



Figure 6. Stages of Community Activation

5.1 Refine the Campaign Based on Situational Changes and Science Updates

Changes to multiple factors may necessitate a shift in campaign strategy or in operational tactics. These include:

- Scientific discovery
- Disease biology (e.g., pathogen resistance)
- Epidemiology (e.g., incidence, prevalence, morbidity, mortality, affected populations)
- Health resource availability (e.g., medicines, medical equipment, medical staff)
- Social factors (e.g., public attitudes and behaviors, including compliance with public health guidance)
- Political or economic factors (e.g., national, state, and local policies; political leadership; budgetary changes)

Following the governance decision model ([Section 2](#)), changes are managed through streamlined practices where the CMT is empowered to make agile, tactical adjustments to operational plans.

The CMT should regularly inform the oversight team of general campaign progress and elevate risks or opportunities that may require the oversight team to reallocate resources or reprioritize actions.

As both campaign teams assess objectives within the decision framework, data changes and signals from campaign activities ([Section 3](#)) can trigger action by the oversight team or escalation and recommendations from the CMT.

Decision makers can support creation of models, dashboards, and visualization tools using multiple sources to populate the tools. These sources can include:

- Website telemetry
- Paid media analytics
- Predictive modeling
- Social listening
- Sentiment analysis
- Audience analysis

The oversight team should review recommendations for meaningful change, and approve, deny, or modify suggested tactical refinements from the CMT. In this way, the campaign can use the decision framework as an active management tool to ensure it continues through the stages of community activation.



A Strategic Shift

*The Federal COVID-19 Response (FCR) team successfully executed a significant **campaign strategy refinement**, driven by the progression of COVID-19 Convalescent Plasma (CCP) science. A high-profile research study determined that CCP intervention caused no harm, but had limited benefit for participants. Based on the ensuing debate surrounding CCP and a subsequent modification to U.S. Food and Drug Administration guidance for its use, FCR **modified the community activation strategy**.*

***This campaign strategy refinement** led to the development and release of educational content about CCP to thank all participants for their contributions to the campaign – a **shift away from** a previous campaign objective to activate CCP donors.*

Key Decisions Activities to Implement Campaign Refinements

- **Obtain and compile** all insights and information.
- **Evaluate** the need for a response using the data-driven decision framework and identify the applicable levers available to refine the campaign.
- **Determine an appropriate response**, for example:
 - Should the scope of the campaign response strategy contract or expand?
 - Should the campaign shift priorities, locations, or audience?
 - Should the paid media or community partners' strategic operations plans be refined?
 - Should the campaign develop additional risk mitigation strategies?
 - Should the campaign decrease efforts or close due to reduced need?
- **Modify or refine** the response strategy and/or operations informed by data-driven decisions.

5.2 Refine and Develop Counter Messaging to Promote an Accurate and Balanced Narrative

Insights on how people feel regarding the public health emergency or related topics that may impact the campaign can be drawn through sentiment analysis of online data. Depending on the sentiment insights, the oversight team may decide to respond with counter-messaging to insert a more positive, accurate, and/or balanced narrative into the online conversation. This helps ensure the audience of focus holds an accurate scientific understanding of the emergency and the campaign's desired outcomes.



Not all contradictory conclusions are attempts to disseminate misinformation and/or disinformation.

Perspectives, assumptions, experience, and background can all influence the interpretation of scientific research outcomes.

Key Decisions and Activities to Produce Counter Messaging

- **Obtain examples of misinformation and disinformation**, either online or within the community (e.g., articles, posts, media clips, publications, quotes).
- **Assess the current message(s) in the context** of online narratives, and obtain insights from trusted experts (e.g., the clinical and scientific advisory group) to ensure scientifically accurate message refinement or counter-message development.
- **Leverage the data-driven decision framework** to decide whether and how to respond.
- **Develop a counter-messaging narrative.**
 - Re-align messaging based on stakeholder concerns.
 - Aggregate positive messages into a stronger single narrative.
 - Determine how the counter-message(s) will be disseminated.
 - Consider the audience that will receive the message.
- **Determine the message elevation plan** to map out how campaign counter-messages will be accessed and engaged with by the audience.
 - Identify or develop creative assets to carry the message(s).
 - Select credible messengers.
 - Determine the platforms and/or channels where the message(s) can be disseminated.
 - Evaluate whether additional efforts or resources may be necessary to address changes in public sentiment affected by the misinformation.

- **Refine the campaign messaging strategy and operational plans** based on counter-message development and message elevation plans. This may include shifting channel tactics, engaging additional stakeholders, and/or creating new assets. See [Appendix S](#) for an example plan.
- **Review creative assets** and edit as necessary for all campaign languages.

Balancing the Narrative

To counter confusion from disinformation about the donation process, the FCR team developed **"myth busting" social media content** to address the topics directly.

Research studies with vastly differing designs were published and results discussed comparatively in online health provider conversations. FCR created a **content series aimed at educating providers about evaluating scientific study design** before drawing conclusions.



Appendix S:
Example
Counter
Messaging
Plan

5.3 Refine Campaign Operations

The CMT's operational activities will require monitoring and evaluation of key metrics to achieve desired campaign outcomes. Track these metrics weekly for quicker response decisions and to make refinements that ensure tactical and operational effectiveness.

Operational Examples of Data-Driven Refinements

- **Communication hub content**
 - **Refinement:** Redesign website content to be more appealing or engaging.
 - **Source information:** Website metrics and telemetry (e.g., number of webpage hits, length of time on the website, user activity on the website, bounce rate) indicate low audience engagement with specific website content.
- **Paid search tactics**
 - **Refinement:** Execute strategic website changes to improve search engine optimization (SEO) with new keywords, relevant links, and other insights to increase website traffic from search engines.
 - **Source information:** Search results performance, such as search rankings and total number of links pointing to the website, indicate website content could be more prominent in organic search results.
- **Social media tactics**
 - **Refinements:** Shift resources to more effective channels, leverage platform algorithms over manual audience targeting tactics, increase use of top-performing creative assets to optimize campaign reach and recognition.
 - **Source information:** Paid social media metrics such as reach, impressions, engagement, and click-through rate (CTR) indicate campaign content on specific social media channels, and certain assets in particular, lack audience engagement.
- **Earned media tactics**
 - **Refinements:** Shift story pitching forums, shift outlet outreach from national to local (or vice versa), amplify or constrain messaging.
 - **Source information:** Shifts in relevant news cycles, the state of the science, public and professional sentiment, news outlet tone and relevance, and/or spokesperson willingness indicate campaign messaging no longer resonates as intended with earned media channels.



A/B Testing: Masks or No Masks?

*At the beginning of the campaign, FCR made the **decision not to include face masks** on characters in the creative assets - the risk of polarizing and alienating parts of the audience was too high. **As mask wearing became more normalized** across the country, FCR questioned whether masked characters would now resonate and perform better than unmasked. An **A/B test on social media** showed that when **two identical assets** were posted - **with** masked characters and **without** - the audience had **no preference**. Based upon this information, no asset refinement was required.*

- **Paid media/display tactics**
 - **Refinements:** Adjust the media mix, markets, or budgets (e.g., less frequent rotation of placements, fewer channels, more expedient timeslots).
 - **Source information:** Audience reach, and exposure frequency metrics indicate assets do not perform as desired on existing media channels and/or schedules.
- **Creative asset performance**
 - **Refinements:** Modify digital asset type, design, or production; focus on the type of assets with the best overall performance in a particular channel or medium; retire asset types that fail to amplify or resonate.
 - **Source information:** CTR, impressions, play time and frequency of plays (for radio, video, or motion assets), and/or A/B testing results indicate certain creative materials engage the intended audience better than others.
- **Message design**
 - **Refinements:** Realign messaging type or adjust messengers.
 - **Source information:** Message testing with community stakeholders (e.g., in focus groups) indicates current messages do not resonate with the audience, and/or current messengers are not trusted.
- **Community engagement**
 - **Refinements:** Increase, decrease, or otherwise change partner targets, including number, type, or asks; move resources; or provide additional support to secure partner connections in desired region(s).
 - **Source information:** Engagement data and local ecosystem information (e.g., partner pipeline, gaps in specific regions, partner activities, community engagement team performance against operational goals) indicate that shifts in partner outreach tactics are necessary to achieve the desired impact in target communities.

6 CLOSE and TRANSITION the Campaign

This section guides the oversight team and the campaign management team (CMT) as they shift active campaign efforts to close and transition the campaign toward non-emergency operations or to transition to another entity. It presents how to assess campaign outcomes and impact, share lessons learned, thank the community, transition campaign operations, and prepare final reports.

6.1 Assess Campaign Impact

Impact evaluations determine what effect the campaign had on its intended audience in terms of improved health outcomes. It is counter-factual: “what would have happened if this campaign had not been undertaken?” Unlike campaign monitoring and evaluation, an impact evaluation tends to require more formal processes undertaken over an extended period, allowing time for effects of the public health emergency (PHE) and of the campaign to be observable. Yet it can provide evidence demonstrating the benefits of the campaign and the relative effectiveness of various campaign components, while accounting for potential changes due to extraneous factors (e.g., federal health policies, societal trends, emerging therapeutics) in a more immediate time frame.

The impact evaluation, including the questions assessed and data collected, should be rooted in the goals and objectives set by the oversight team, and pursued by the CMT at campaign onset.

Key Decisions and Activities to Assess Campaign Impact

- **Establish the evaluation framework.** Gather stakeholder input (i.e., from the oversight team, the CMT, the campaign team, federal partners, and community members) obtained throughout the campaign and/or at the outset of evaluation planning, and review the campaign logic model and campaign goals, to determine the evaluation purpose and approach (Centers for Disease Control and Prevention [CDC], 2011).
 - Include the community advisory board and/or members of the audience of focus in the framework development.
 - In the composition of the evaluation framework, consider constraints such as budget, timeline, and external influences to understand the scope, process, and potential mediating factors of the campaign.
 - The evaluation framework should be structured based on the levels of accountability for the overall campaign (e.g., the CMT, the oversight team, participating federal agencies).
- **Develop evaluation questions.** Well-designed questions will focus the evaluation on the information most salient and relevant to the evaluation purpose. Evaluation questions should:
 - Be measurable (i.e., the data required to answer them is available to the evaluation team).
 - Have the possibility for multiple answers.
 - Solve a problem or a need for the oversight team, the CMT, participating federal agencies, and/or the campaign’s community of focus (Issel, 2009).
- **Determine the design.** Depending on evaluation purpose and constraints, determine the most appropriate design.

- Like scientific research, evaluation designs can be observational, quasi-experimental, or experimental.
- Use pre-test/post-test evaluations as needed to measure change (if leveraging this option, pre-tests should be included in the campaign preparation phase).
- **Identify dependent variables.** In addition to the evaluation questions, defining variables to measure will focus and streamline the evaluation to ensure results are most relevant and useful to all stakeholders.
 - Examples of dependent variables to evaluate in a PHE community activation campaign can include key health outcomes such as lives saved, hospitalizations, emergency department use, length of stay, and disease morbidity; in addition, audience sentiment outcomes such as trust in the government can also be evaluated as dependent variables.
- **Gather data.** Establish a data collection plan to include the timeline, participants, resources, and processes.
 - Determine what type of data will be used (i.e., primary, secondary, or both).
 - Identify data sources, and collection methods (e.g., surveys, focus groups, claims analysis).
 - For primary data collection, set participant recruitment targets and plan for recruitment activities.
 - Be aware of factors that may affect data quality (e.g., instrument design, interviewer bias, data management, routine error).
- **Assess evidence.** Organize, classify, and analyze the data collected.
 - Synthesize findings to draw conclusions around the evaluation questions and tell the evaluation story.
- **Report findings.** Ensure evaluation results are accessible and useful to all relevant stakeholders.
 - Document lessons learned for improvements to future campaign evaluation exercises (CDC, 2011).

6.2 Thank the Community

At the core of a community activation campaign are the partnerships (e.g., community partners, public officials) made during the PHE. This collaboration includes aligned missions and values, committed resources, and partner trust. Acknowledging the important contributions stakeholders involved in the mission made in accomplishing the campaign goals is essential.

This recognition lays the foundation for future partnerships with public officials and government agencies. Some relationships may naturally end when the campaign closes. Others, due to their unique insights or community strength, may provide significant value to federal, state, or local agencies and would be beneficial to maintain over time to meet other policy or program goals.

Some creative ways to show appreciation for community partners include:

- Send a personalized thank you note.
 - This is a small, low-cost gesture that goes a long way to show appreciation.
- Recognize partners on print or web materials, and/or on social media.
 - Explain how and why they were crucial to the success of the campaign.
- Invite community partners to attend additional trainings, professional development events, or conferences.
 - Understand that community partners are often vulnerable to the economic impacts of a PHE. Operating budgets may shrink, and staff may be lean. Recognizing stressors in words and actions can strengthen the relationship by bolstering trust.
- Acknowledge burnout among community-based service providers.
 - Simply recognizing that burnout is legitimate reflects consideration and understanding of how circumstances place a real toll on partner organizations, their leadership, and staff.
- Collaborate on manuscript preparation.
 - Consider that community partners often face challenges in having their findings disseminated, particularly via peer-reviewed academic journals. One meaningful way to thank the partner could be to offer support for manuscript preparation and submission or to co-author content. This could help other communities benefit from the successes and challenges of the partnership.

 **Thank You Messaging**

FCR ensured that adequate funds were available at the conclusion of the campaign to produce and broadcast materials thanking the community for their efforts.





The Fight Is In Us TV Commercial ran on several cable networks and received 4.6 million views online

6.3 Review and Share Lessons Learned

Ongoing evaluation and refinement throughout a community activation campaign lifecycle gives the oversight team and the campaign management team (CMT) timely information while the campaign proceeds.

Findings from these lessons-learned evaluations in the close-out phase can be highly informative resources that assist development and implementation of future project operations, strategic planning, goal setting, and tactical decision-making for a reinstated campaign or a public health emergency (PHE). See [Appendix R](#) for example lessons learned methodologies and a planning worksheet.



Appendix R:
Lessons
learned
methodologies
and a planning
worksheet



Lessons Learned Informing this Playbook

Several recommendations included in this Playbook were derived from a formal lessons-learned evaluation process performed as the Federal COVID-19 Response (FCR) COVID-19 Convalescent Plasma donor activation program closed. One discovery was how the application of real-world evidence was accepted as important and relevant by community members led to higher message impact within communities.

6.4 Transition to Recovery and Continuity of Operations

Throughout the campaign lifecycle, multiple types of resources, materials, and collaboration tools will have been created for use in community outreach and message amplification. Decisions regarding those materials – maintenance, additional updates or recoding, storage, retention, public or closed access, and intellectual property rights – are required. [Appendix T](#) includes an example checklist for transition.



Appendix T:
Campaign
Transition
Checklist

While some federal guidance may exist for records retention, contracts, grants, or other components, other decisions may require negotiations with community groups; partner



Transitions can occur at any time- while a campaign is still active or if a campaign is suspended. The transition can be conducted between government agencies or a designee such as a contractor, coalition partner, community partner, or a private sector entity.

coalitions; and/or federal, state, and local partners to determine responsibilities. If these decisions were not included in any formal agreements made by government agencies with external partners or with the operators of a campaign management team (CMT), developing continuity of operations plans will facilitate the campaign close-out and any planned public reporting.

Transferring all assets to the oversight team or its government designee, and documenting processes followed in the transferal support government archival efforts. It can facilitate revival of the campaign framework and partner relationships in the future, should circumstances require

additional community activation to address the PHE. Additionally, all records and information not publicly available that were produced during the campaign must be retained in case a request to obtain those records is submitted under the Freedom of Information Act (1967) (FOIA request).

Key Decisions and Activities to Transition the Campaign

- Inventory and coordinate the transfer of all assets. Stakeholders in a large project often share assets, both internally and externally. Maintaining access to these assets for continuity of operations is vital to successful project completion.

- Scheduling and oversight of asset transfer will ensure a seamless transition from CMT daily operations to the oversight team's close-out.
- Example assets include, but are not limited to:
 - Digital content
 - Website artifacts
 - Software repositories
 - Collaboration tools
 - Social media accounts
 - Audio and video files
- Identify and document procedures the campaign established for required activities such as content creation, issue reporting, task generation, requirements gathering, and reporting.
- Conduct interviews before stakeholders leave the campaign to transfer implicit knowledge of processes and procedures and determine whether to continue those activities through the end of the effort.

6.5 Prepare Final Reports

The oversight team may decide or be asked to release documentation of how community activation efforts influenced the public sentiment and changed behavior, resulting in a reduced impact of the public health emergency (PHE) on communities.

Data tracked in the project dashboards, testimonies from individuals or community leaders, and specific goals and outcomes outlined during the strategic preparations all serve as resources to construct reports that can address different stakeholders' interests in the campaign's processes and outcomes. It may be important to explain how or whether certain campaign resources will remain available for review and use, particularly if the PHE is not fully abated or the health risks remain at a lower level of intensity or impact.

7 APPENDIX

APPENDIX A- APPLYING THE SOCIAL ECOLOGICAL MODEL OF HEALTH BEHAVIOR TO A COMMUNITY ACTIVATION CAMPAIGN

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APPENDIX K- CHARACTERISTICS OF A CLINICAL AND SCIENTIFIC ADVISORY GROUP

APPENDIX L- WEBSITE FEATURES AND CAMPAIGN STRATEGY

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APPENDIX N- INFORMATION ON FDA'S CONTINUUM OF THERAPEUTIC APPROVALS

APPENDIX O- MEDIA FORMATS AND THEIR KEY FEATURES

APPENDIX P- CAMPAIGN PARTNER TYPES AND OPINION LEADERS

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APPENDIX R- LESSONS LEARNED METHODOLOGY AND PLANNING WORKSHEET

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APPENDIX T- TRANSITION CHECKLIST

APPENDIX U- ONLINE RESOURCES

APPENDIX A- APPLYING THE SOCIAL ECOLOGICAL MODEL OF HEALTH BEHAVIOR TO A COMMUNITY ACTIVATION CAMPAIGN

The Social Ecological Model (SEM) posits that for a given health behavior, there are multiple levels of influence, including individual, interpersonal, community, and societal (also known as the policy level). This framework for examining the contexts of health behavior accounts for behavioral control, community norms and beliefs, interpersonal influences, organizational settings, and power structures.

The SEM is an effective tool in public health interventions and community activation campaigns, helping to understand the often-cascading barriers and facilitators that influence individuals' likelihood to change, and informing targeted, realistic, and effective campaign goals.

Key considerations in applying the SEM to an activation campaign include the following:

- Articulate what behavior change the campaign is asking individuals to undertake.
- Identify the barriers and facilitators that may influence an individual's ability to undertake that change at each SEM level.
- Based on the identified barriers and facilitators, identify what interventions may be needed at each level for individuals to accomplish the desired behavior change, and select the intervention(s) most appropriate to the campaign's goal.

Examples of potential barriers and facilitators are provided from the FCR CCP donor activation campaign in the table below, with example interventions that could be employed by a campaign to help achieve the desired behavior change (i.e., COVID-19 recoverees donate CCP).

SEM Level	CCP Facilitator Example	CCP Barrier Example	Potential Intervention
Individual	COVID-19 recoverees believe CCP donations can help save lives and are motivated to donate.	COVID-19 recoverees believe CCP donation is harmful and are dissuaded from donating.	Develop messaging to educate potential donors of the benefits of CCP.
Inter-personal	Positive experiences and encouragement from family members or friends who have donated CCP.	Negative experiences and discouragement from family members or friends who have donated CCP.	Increase positive narratives around CCP donation within a social group (e.g., conversations in online social networks).
Community	Local donation centers use mobile units to hold CCP collection events close to where individuals live or work.	Individuals in communities where blood centers do not offer mobile collection units face scheduling or travel conflicts.	Gain support from community partners to facilitate CCP donation (e.g., blood centers use of mobile donation units in specific communities)
Societal	Individuals who donate CCP are provided with rideshare and/or public transportation vouchers to cover the cost of their travel.	Individuals who are unable to afford the extra cost of transportation are unable to access donation centers.	Eliminate structural barriers to CCP donation (e.g., provide funding for transportation to/from donation centers).

Worksheet for Applying the SEM to Community Activation Campaigns

Use the blank table below to identify the barriers, facilitators, and potential interventions to employ at each level of behavioral influence for a community activation campaign.

Campaign Goal: _____

SEM Level	Potential Facilitators (List)	Potential Barriers (List)	Potential Intervention
Individual			
Inter-personal			
Community			
Societal			

APPENDIX B- CAMPAIGN MANAGEMENT TEAM - STAND UP WORKSHEET

The campaign management team (CMT) reports to a member of the oversight team and is responsible for leading the overall campaign strategy, direct execution of the campaign operations, and day-to-day activities. When establishing a campaign management team, consider the following:

Guiding Principles:

- Develop guiding principles crucial to creating a high-performance team.
 - These values and principles are used to drive decision-making for the campaign, and in consequence shape the culture of the team.
 - Culture drives team performance.

Strategy and Approach:

- Create a campaign strategy and develop the CMT approach to executing it.
- Include the organizational structure, CMT leadership, risk management, assigned functions, levels of CMT authority, cost, staffing models, communication models and definition of roles, responsibilities, and key stakeholder groups.

Resources:

- Include federal and/or contractor staff who have expertise in the following capabilities (*see Appendix C for a table of roles and responsibilities*):
 - Marketing and communication, including health communication, strategic and tactical communication, public relations, media planning, social media, creative production, and digital design (for landing page/website design).
 - Project management, including risk management, performance management, resource management, budget auditing, reporting, and knowledge sharing/transfer.
 - Research and analytics.

Diversity:

- Seek diversity among team members (e.g., demographic, geographic, and socioeconomic).
 - The campaign likely needs to reach diverse groups of communities. Internal knowledge of those communities on the team strengthens the effort.

Budget:

- Ensure access to adequate funding to execute the campaign.
 - A budget must include funding for media.

Reporting:

- Define the reporting structure.
 - Consider whether it is required to report regularly to senior officials and/or to other federal agency leaders (internally and externally).

Advisors:

- Include medical (healthcare) and public health advisors in the CMT to provide senior-level organizational perspective and direction to the response.
 - They serve as key liaisons with U.S. healthcare officials and state/local public health officials.
 - A health communication scientist is also critical to the response, particularly in directing the campaign.

APPENDIX C- EXAMPLE OVERSIGHT TEAM AND CAMPAIGN MANAGEMENT TEAM (CMT) STRUCTURE WITH ROLES AND RESPONSIBILITIES

The tables below provide an example of an oversight team (first table) and CMT (second table) organizational structure with roles and responsibilities. Roles and teams may be combined depending on the campaign goals, budget, and staff skills.

OVERSIGHT TEAM ROLES, RESPONSIBILITIES, AND ATTRIBUTES

Role	Responsibility	Attributes
Oversight Team Lead/ Executive Sponsor	Senior federal official responsible for the success of the community activation campaign. Champion of the effort. Works with executive stakeholders to set or adjudicate priorities for the response.	Empowered to make decisions on funding, staffing, and strategic direction Ability to assemble and assess a multi-disciplinary team Strong communication and delegation ability Ability to build consensus and foster open communications
Federal Leaders	Federal leaders (within home agency) assigned to support the oversight team and the response effort.	Empowered to make decisions on staffing and strategic direction Ability to assemble and assess a multi-disciplinary team Strong communication and delegation ability
Federal Partners	Senior officials from other federal agencies, who are needed to advise and collaborate on the response.	Ability to make decisions on behalf of their agency Understanding of the specialized expertise and authorities the home agency is providing
Senior Medical Advisor(s)	Senior medical advisor(s) who provide senior-level organizational perspectives and direction to the response. Liaises with healthcare officials and potentially with research community stakeholders.	Clinical expertise with the subject of the PHE or a similar emergency Ability to translate science to a lay audience Relationships within the medical community
Public Health Advisor(s)	Senior public health official who provides senior-level organizational perspective and direction to the response. Liaises with state/local public health officials.	Ability to advise and oversee multi-functional activities related to the PHE Ability to establish and forge relationships with state/local public health officials

Role	Responsibility	Attributes
Program Coordinator	Federal staff or designee/contractor identified as the central communications contact between the oversight team and external supports to facilitate reviews, approvals, and meeting schedules. Coordinator responsibilities may also include campaign coordination with the CMT or its designee.	Ability to coordinate and collaborate with a multi-disciplinary team Strong communication and organizational skills

CAMPAIGN MANAGEMENT TEAM ROLES AND RESPONSIBILITIES

Role	Responsibilities
Campaign Management Team Lead(s)	The lead is accountable and responsible for the success of the campaign and the champion of the effort. This person works with executive stakeholders to set or adjudicate priorities for the campaign and reports to the oversight team. The lead and supporting lead(s) are responsible for project management of the CMT. They are also responsible for risk management, performance management, resource management, budget auditing, reporting and knowledge sharing/transfer.
Operations and Project Management and Staff	The staff is responsible for supporting the CMT Leadership with defining the tools and processes used within the CMT and with processes to manage risk, resources, budget auditing, reporting, and knowledge sharing/transfer.
Marketing and Communication Lead(s) and Staff	The lead(s) are responsible for creation and execution of the campaign communication strategy and action plan. They manage the team and oversee marketing, communication, creative assets, media/public relations, and social media.
Creative and Asset Development Lead(s) and Staff	The lead(s) are responsible for the creative strategy and execution of asset development. They manage the team and ensure development of content that aligns with the overall communication strategy.
Media Led(s) and Team	The lead(s) are responsible for the creation and action plan for the media strategy. They oversee all media activities and develop counter messaging and pivots based on performance and data from the medical and scientific research team and social listening reports.
Community Engagement Lead(s) and Staff	The lead(s) are responsible for the creation and execution of the campaign community engagement strategy and action plan. They manage the team and oversee the community engagement process and performance.
Medical and Scientific Research Lead(s) and Staff	The lead(s) are responsible to be the subject matter experts in medical and scientific research, and for strategy development and execution as the emergency evolves and new scientific research becomes available. They guide the CMT and the oversight team to be up to date and ensure communication is scientifically accurate.
Data Analytics Lead(s) and Staff	This team is responsible for the development and execution of the data analytics strategy that includes the collection, storage, and analysis of data to build dashboards and reporting for the CMT. This may include predictive analytics, social listening, survey analytics, social media analytics, and project management performance.
Web Design Lead(s) and Staff	This team is responsible for the website communication hub design, strategy, development, and maintenance.

APPENDIX D- EXAMPLE LOGIC MODEL AND TEMPLATES

This appendix is a logic model template with a completed example provided to illuminate the response strategy for the FCR campaign. Logic models are constructed early during strategic planning to ensure a deliberate flow of activity to results. All logic models rely on visual expressions to chart how change is anticipated to occur. They are mapping or modeling techniques to organize relationships between the various factors that will support or impact change. In this Playbook, they help the oversight team convey to the campaign management team (CMT) how individual campaign components connect to strategic outcomes and timeframes. Several agencies within the Department of Health and Human Services (HHS) have developed tip sheets and examples to help develop logic models for planning and program implementation. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has resources, including How to Include Social Capital in a Human Services Logic Model. The Administration for Children and Families (ACF) developed a Logic Model Tip Sheet that also includes additional resources and references.

ACF Tip Sheet: https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf

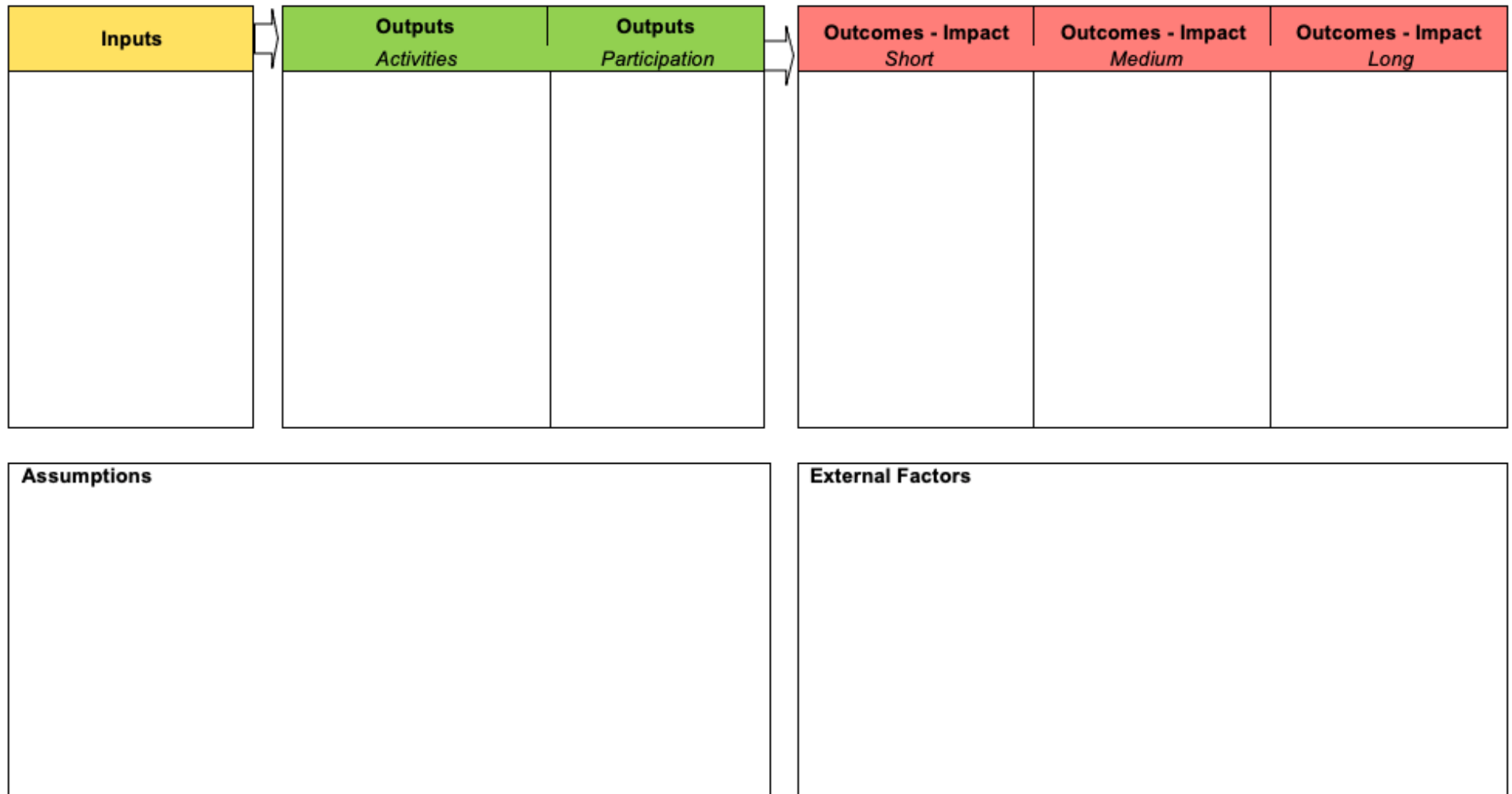
ASPE Human Capital example logic model: https://aspe.hhs.gov/system/files/aspe-files/263496/social-capital-logic-model-tool_0.pdf

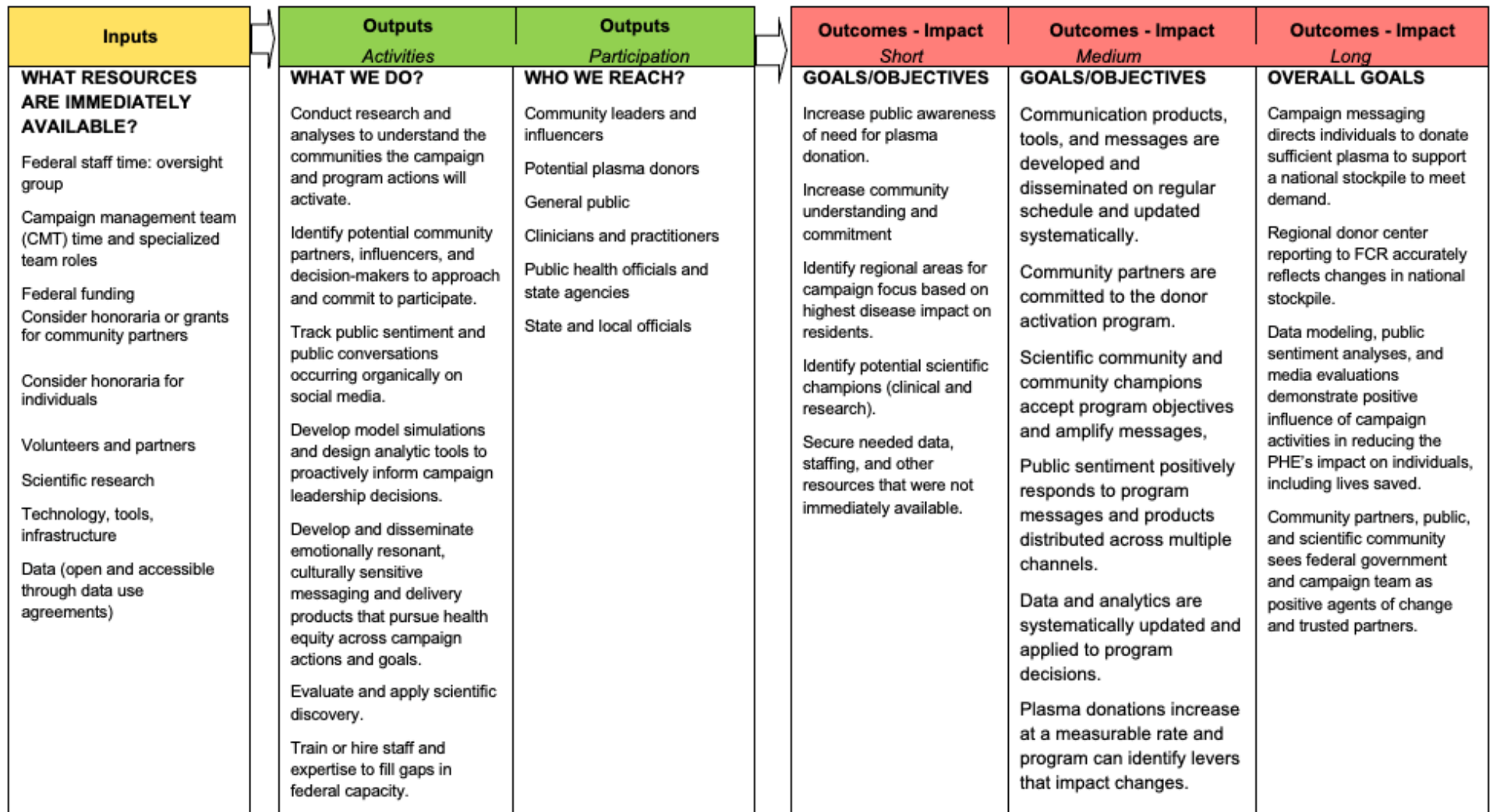
How to Develop the Logic Model:

- Clarify the Mission and Define the Scope
- Determine the Key Campaign Inputs.
 - What are the resources available for the campaign?
 - What is needed to operate the campaign?
- Determine Key Campaign Outputs.
 - What is the campaign going to do? What we do?
 - Who is the campaign doing it for? Who we reach?
- Identify Campaign Outcomes.
 - What are the campaign goals? Short Term, Medium Term, and Long Term
- Create a Logic Model Outline using the template below.

In tandem with developing the campaign response strategy, use the logic model to develop the monitoring and evaluation framework (See Playbook [Section 2.6](#) and [Appendix G](#)).

Logic Model Template and Example





- Assumptions**
- Community partners/ public will engage with the federal government.
 - The campaign will "follow the science."
 - The campaign will rapidly on available data without complete clarity on situations, and revise plans.

- External Factors**
- Availability of external expertise and data to inform decisions and do the work.
 - Scientific rigor will identify evidence that campaign target is a PHE solution.
 - Public audience will be positively motivated to act and not diverted by other crises.

APPENDIX E- STAKEHOLDER INVENTORY TOOLS

A stakeholder analysis identifies and evaluates the level of engagement for anyone in a position to shape or influence the community activation campaign. Understanding stakeholder priorities, interests, and engagement can ensure that the proper people are brought into the campaign at the appropriate times and that there is a shared understanding of how stakeholders can contribute to the campaign success. Stakeholder analyses should be conducted at the start of the campaign and revisited often to ensure stakeholders are being heard and engaged at an appropriate level, and to identify communication and engagement strategies.

For more information: Stakeholder Analysis: <https://www.groupmap.com/portfolio/stakeholder-analysis/>

The following tools can be used to identify stakeholders and map them to their appropriate levels of engagement:

E.1- ENGAGEMENT TABLE

Each column in the table below represents an increasing level of stakeholder engagement.

Engagement Level	Inform	Consult	Involve	Collaborate	Empower
Engagement Goal	Keep you informed.	Keep you informed, listen, and provide feedback on how input influences the decision.	Work together and provide feedback on how input influences the decision.	Incorporate advice to the maximum extent possible.	Implement what you decide.
Promise to Stakeholders	Leadership will keep you informed.	Leadership will keep you informed, listen, and acknowledge concerns and aspirations, and provide feedback on how input influenced the decision.	Leadership will work with you to ensure your concerns and aspirations are reflected in the alternatives developed and provide feedback on how impact influenced the decision.	Leadership will look to you for advice, innovation, and solutions, and incorporate your recommendations into the decision to the maximum extent possible	Leadership will implement what you decide.
Example Techniques	<ul style="list-style-type: none"> • Email • Fact sheets • Web sites • Open sources 	<ul style="list-style-type: none"> • Stakeholder input • Focus groups • Surveys • Staff meetings 	<ul style="list-style-type: none"> • Workshops • Polling • Intra-department meetings 	<ul style="list-style-type: none"> • Advisory council • Working groups • Tiger teams • Consensus-building meetings 	<ul style="list-style-type: none"> • Delegated decisions • Meetings • Briefings
Stakeholders	List stakeholders at the “Inform” level of engagement here.	List stakeholders at the “Consult” level of engagement here.	List stakeholders at the “Involve” level of engagement here.	List stakeholders at the “Collaborate” level of engagement here.	List stakeholders at the “Empower” level of engagement here.

E.2- ENGAGEMENT TABLE RESOURCE

Stakeholders	Engagement Level	Engagement Desired Outcomes
Stakeholder A	Empower	<ul style="list-style-type: none"> • Informed to lead conversations and X work • Informed to make decisions and set strategic direction • Listen and engage with internal stakeholder groups
Stakeholder B	Collaborate	<ul style="list-style-type: none"> • Informed to lead conversations and post-study work with X Mgmt. and X staff • Contribute to providing insights and feedback to implement post-study recommendations and X strategic direction • Support X Mgmt. and X staff in understanding impacts and ways to engage and support X strategic direction
Stakeholder C	Collaborate	<ul style="list-style-type: none"> • Informed to lead conversations and post-study work with X staff • Contribute to providing insights and feedback to implement post-study recommendations and X strategic direction • Support X staff in understanding ways to engage and support X strategic direction and implementation of recommendations
Stakeholder D	Involve	<ul style="list-style-type: none"> • Informed of post- X study strategic direction • Understand ways to engage and support X strategic direction and implementation of recommendations
Stakeholder E	Collaborate	<ul style="list-style-type: none"> • Informed of X study strategic direction • Understand ways to engage and support CTRP strategic direction and implementation of recommendations
Stakeholder F	Collaborate	<ul style="list-style-type: none"> • Informed of X study strategic direction • Understand ways to engage and support X strategic direction and implementation of recommendations

E.3- STAKEHOLDER MAP AND MATRIX - EXAMPLE

Stakeholder Name	Contact Person	Impact	Influence	Importance	Contribution	Block	Engagement
Name	Phone, email, website, address	How much does the project impact them? (Low, Medium, High)	How much influence do they have over the project? (Low, Medium, High)	What is important to the stakeholder?	How could the stakeholder contribute to the project?	How could the stakeholder block the project?	What is the strategy for engaging the stakeholder?
EXAMPLE Nurses & Midwives	Phone, email, website, address	High	High	Maintaining working conditions for nurses	Agree for union members to implement the new reforms	Going on strike	Monthly round-table discussions
Patient Advocacy Group	Phone, email, website, address	High	Medium	Maximizing quality of care for patients	Communicate with other stakeholders to express their support for reforms	Making complaints regarding quality of service after the reports	Information and feedback meetings every 6 months
Newspaper	Phone, email, website, address	Low	High	Getting a good story	Print stories that support the new reforms	Printing stories that oppose the new reforms	Quarterly press meetings

E.4- STAKEHOLDER MAP AND MATRIX - TEMPLATE

Stakeholder Name	Contact Person	Impact	Influence	Importance	Contribution	Block	Engagement
Name	Phone, email, website, address	How much does the project impact them? (Low, Medium, High)	How much influence do they have over the project? (Low, Medium, High)	What is important to the stakeholder?	How could the stakeholder contribute to the project?	How could the stakeholder block the project?	What is the strategy for engaging the stakeholder?

APPENDIX F- UNDERSTANDING SCIENCE DURING A PUBLIC HEALTH EMERGENCY

During a public health emergency (PHE), expect the science and clinical interpretation of that science to evolve rapidly. The FCR COVID-19 convalescent plasma community activation campaign experienced many issues while reviewing materials in real-time and in trying to digest, synthesize, and address the science through the campaign materials.

The clinical and scientific advisors to the response effort should create a routine surveillance of the scientific and clinical research landscape.

Key activities and considerations include:

- Hire a scientific librarian or information specialist to conduct daily scans of basic science, clinical research articles, and reports and provide the items of interest to the team. Sources may include:
 - PubMed and major journals throughout the world
 - Federal authorities such as NIH, FDA, and CDC
 - Clinical guidance from the World Health Organization and professional societies (e.g., Infectious Disease Society of America, The American Medical Association)
- Exercise caution and clinical judgement in the potential translation of preliminary scientific observations into public policy recommendations.
 - For example, observations in a petri dish related to medication susceptibility of a tissue culture may be an important insight but may not translate directly into risk to humans or entire populations. There will always be pressure to predict how a virus or pathogen may mutate and how this might affect illness in a community and hence different opinions on quarantine, contact tracing protocols, and immunization campaigns.
- Expect there to be substantial discourse and differences in interpretation of the findings from different organizations and individuals, especially for pre-print articles.
- Expect differences of opinion about the quality and timeliness of the evidence on which authorities must base drug authorization and public health policies.
- Expect these decisions to change in a dynamic manner as new information emerges during the public health emergency.
- Engage with the clinical and scientific advisory group to better understand the science and how the conclusions influence campaign decisions.

A Note about Pre-Print Articles:

The scientific and clinical community will be under pressure to release research findings and opinions earlier than would occur under normal circumstances. Open science principles, if applied correctly, encourage the distribution of scientific observations and experiments from many sources in rapid sequence during a PHE. Open Access provides all scholarly articles and information available, most commonly in the form of pre-print articles.

Pre-print articles describe clinical trials and laboratory studies before peer review of the methods or the results. During a pandemic, it is common for news media or social media to comment on the implications of a study or draw conclusions that might not be completely accurate. The benefit of pre-print articles from open science is the rapid development of vaccines and therapeutics. The flip side of this is that many pre-prints, or the news articles and social media discussions around them, are not necessarily accurate. There will be greater interest in “real world evidence” and it will be difficult to establish randomized clinical trials during a pandemic. To address some of the concerns with pre-print articles, consider using registered pre-print reports, open peer reviews and data, and collaboration in real-time with journalists to keep the science reliable and transparent.

References:

Besançon, L., Peiffer-Smadja, N., Segalas, C. et al. Open science saves lives: lessons from the COVID-19 pandemic. *BMC Med Res Methodol* 21, 117 (2021).

<https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-021-01304-y>

Perrotta, F., Corbi, G., Mazzeo, G., Boccia, M., Aronne, L., D'Agnano, V., Komici, K., Mazzarella, G., Parrella, R., Bianco, A. (2020). COVID-19 and the elderly: insights into pathogenesis and clinical decision-making. *Aging clinical and experimental research*, 32(8), 1599–1608.

<https://pubmed.ncbi.nlm.nih.gov/32557332/>

Trama, A., Proto, C., Whisenant, J. G., Torri, V., Cortellini, A., Michielin, O., Barlesi, F., Dingemans, A. C., Van Meerbeeck, J., Pancaldi, V., Mazieres, J., Soo, R. A., Leighl, N. B., Peters, S., Wakelee, H., Horn, L., Hellmann, M., Wong, S. K., Garassino, M. C., Baena, J. (2020). Supporting Clinical Decision-Making during the SARS-CoV-2 Pandemic through a Global Research Commitment: The TERA-VOLT Experience. *Cancer cell*, 38(5), 602–604.

<https://pubmed.ncbi.nlm.nih.gov/33091381/>

APPENDIX G- MONITORING AND EVALUATION FRAMEWORK TEMPLATE

This template is an aid to assist the user in establishing the campaign's monitoring and evaluation framework to determine if the campaign is adequately calibrated toward achieving the intended mission outcomes.

How to use the template:

- Identify and define indicators that align to the campaign's mission outcomes. See Appendix F for example outcomes and metrics.
- Determine the target(s) you will try to achieve. Since the campaign will be new, the targets can be modified or be different based on the campaign timeline.
- Determine how it will be measured, where you will obtain data, and if there are any data gaps that need to be addressed.
- Determine the frequency of how often each indicator will be measured.
- Determine the person/team responsible for measuring indicators.

Outputs:

- Data gaps identified (track and create an action plan for obtaining and/or proxy measures)
- Indicator tracking dashboards, spreadsheets and visualization tools identified
- The inputs to a reporting structure and cadence plan between the oversight team and the CMT
- Complete the monitoring and evaluation framework

	INDICATORS What are the metrics and measures?	DEFINITION How is it calculated?	TARGET What is the target value?	DATA SOURCE How will it be measured -what data?	FREQUENCY How often will it be measured?	RESPONSIBLE Who will measure it?	REPORTING Where will it be reported?
Example: <i>Increase Community Understanding & Commitment</i>	<i>Number of Partners</i>	<i>Sum the total number of confirmed partners for overall and by region</i>	<i>75 partners overall 3-5 partners by region</i>	<i>Counts from the community engagement tracker report</i>	<i>Weekly</i>	<i>Community Engagement Management</i>	<i>Community Engagement Dashboard</i>
<i>Increase Community Understanding & Commitment</i>	<i>On-page Conversion Rate</i>	<i>Number of website visitors that complete the form to make an appointment for donation / Total number of visitors that visit the website</i>	<i>25% conversion rate of all website visitors</i>	<i>Website Data</i>	<i>Weekly</i>	<i>Website Management Team</i>	<i>Website Metric Report and Dashboard</i>
Outcome							
Outcome							

APPENDIX H- EXAMPLE OUTCOMES AND METRICS

This appendix provides an example of the strategic and operational indicators (metrics) used in the Federal COVID-19 Response (FCR) COVID-19 convalescent plasma (CCP) donor activation campaign, *See figure below*. The example indicators were established as part of the CCP Donor Activation Campaign’s monitoring and evaluation framework and support the stages of community activation.



The measurement of strategic and operational performance requires a different set of indicators:

- **Strategic** indicators are used for monitoring progress towards the strategic outcomes or ultimate campaign goals.
 - They are not used day-to-day and may require more time to get an accurate picture of progress.
- **Operational** indicators are more ‘real time’ and can assess what is happening hourly, daily, weekly, and monthly.
 - These help to monitor and improve operations, products, and processes to ultimately achieve strategic goals and outcomes.

Examples for applying modeling and analysis to **monitor** outcomes and metrics, **understand** the long-term impact of decisions, and **evaluate** the outcome or effectiveness of a campaign follow the indicators in each section.

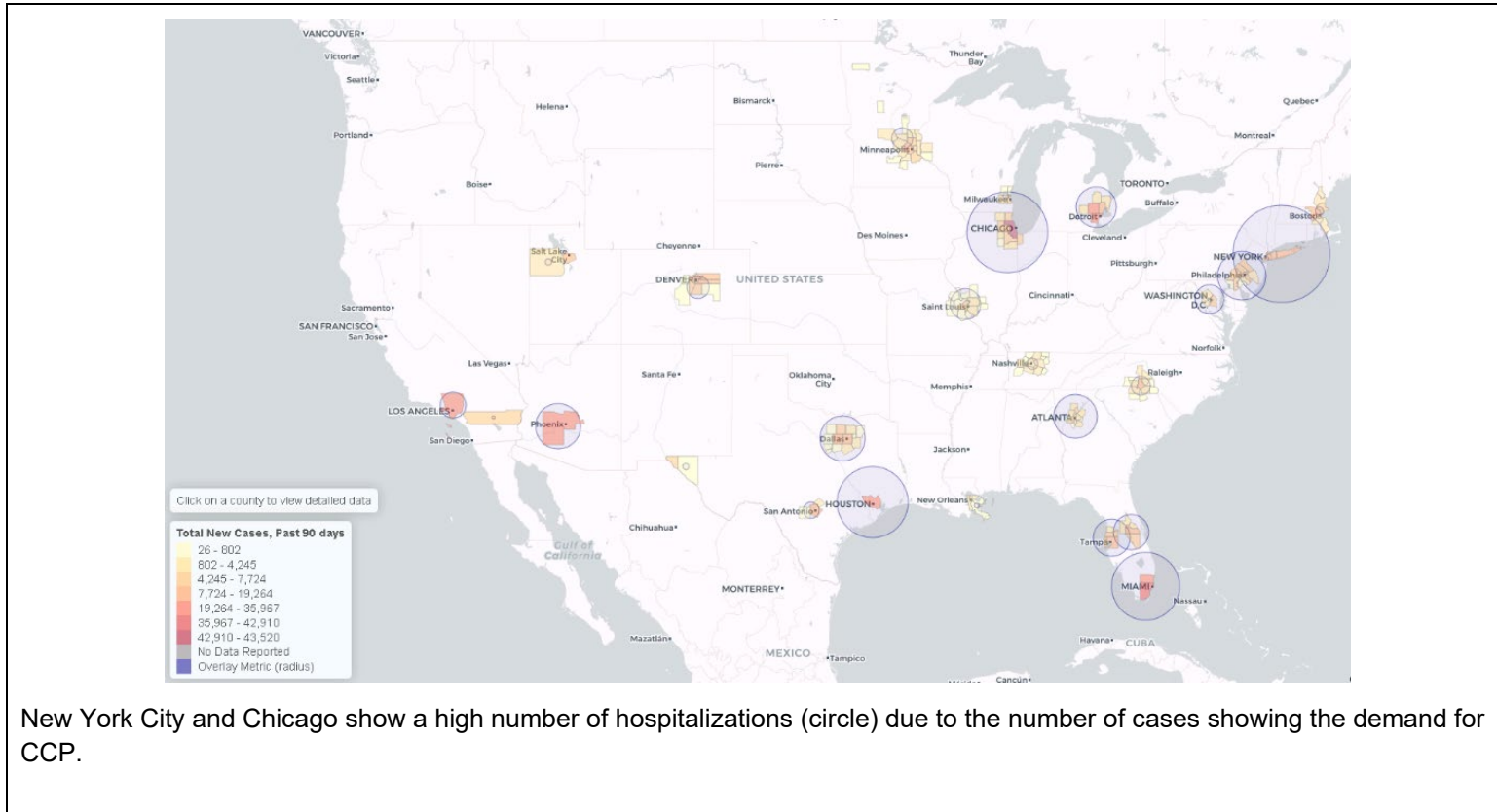
H.1- INDICATORS TO MONITOR AND EVALUATE THE EMERGENCY

Examples of indicators to monitor and evaluate the emergency are provided in the table below.

Indicators to Monitor and Evaluate the Emergency

Community Activation Outcomes	Indicator	Rationale
Situational Awareness of COVID-19 Increase CCP donations to ensure the National Stockpile has enough CCP for all patients when needed.	Number of confirmed COVID-19 Cases	To track the potential growth and movement of the emergency to ensure the program is adequately resourced
Situational Awareness of COVID-19 Increase CCP donations to ensure the National Stockpile has enough CCP for all patients when needed.	Number of COVID-19 hospitalizations	To track that there is sufficient supply of CCP to meet hospital demand
Situational Awareness of COVID-19 Increase CCP donations to ensure the National Stockpile has enough CCP for all patients when needed.	Number of eligible donors	To track that the program is adequately resourced to reach donors where they are
Situational Awareness of COVID-19 Increase CCP donations to ensure the National Stockpile has enough CCP for all patients when needed.	CCP availability	To track that there is sufficient supply of CCP to meet hospital demand
Situational Awareness of COVID-19 Increase CCP donations to ensure the National Stockpile has enough CCP for all patients when needed.	Number of fatalities	To understand the extent of the emergency and the impact of CCP on lives saved

Modeling and visualization allow the campaign to track the above indicators to gain situational awareness of the public health emergency in its current state. For example, in the CCP campaign, FCR developed a dashboard and predictive modeling capability to track COVID-19 trends to support decisions on marketing campaign resources. An example screen shot of the CCP model outputs to monitor and evaluate the emergency is captured below:



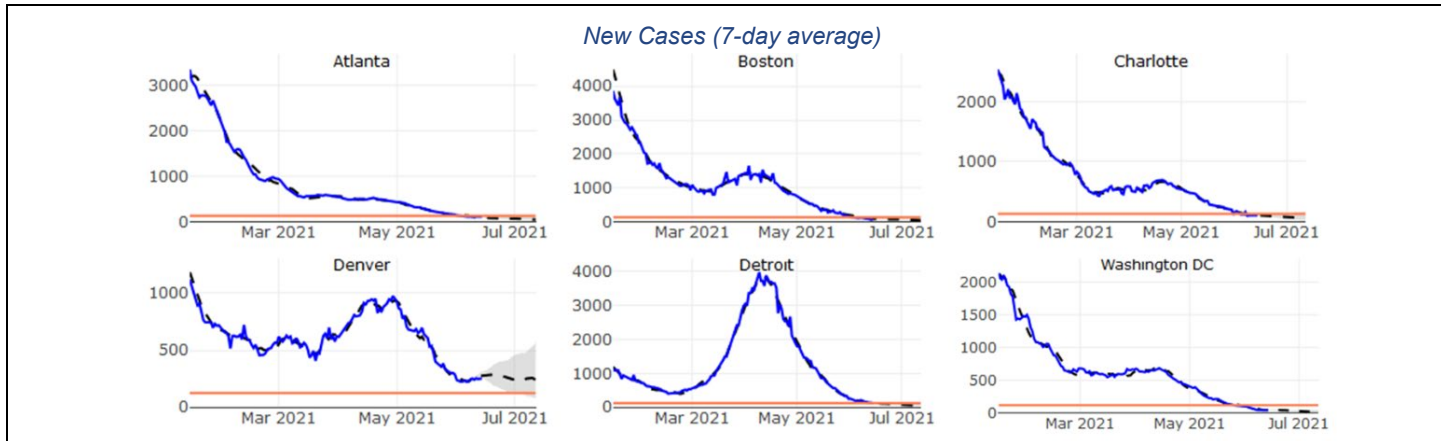
H.2- INDICATORS TO MONITOR AND EVALUATE CAMPAIGN STRATEGY

Examples of **strategic outcomes and indicators** from the *CCP Donor Activation Campaign* are provided in the table below.

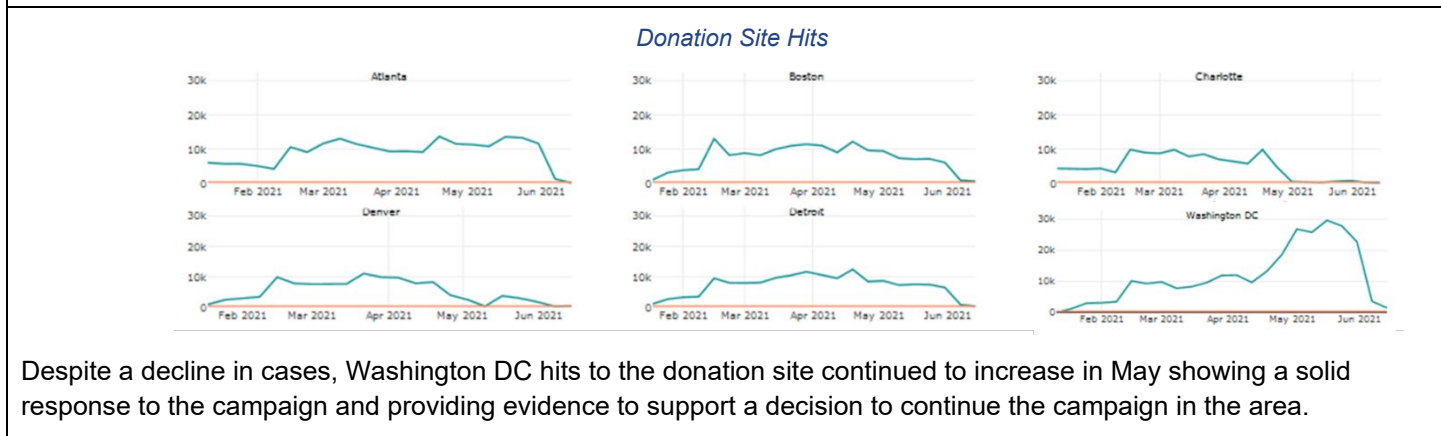
Example Indicators to Monitor and Evaluate Campaign Strategy

Community Activation Outcomes	Metrics	Rationale
Increase CCP donations to ensure the National Stockpile has enough CCP for all patients when needed. The ultimate program goal, the participant successfully registers for an appointment via thefightisinus.org and completes their appointment by donating plasma	Number of eligible donors by region	To track that the program is adequately resourced to reach donors where they are
Increase CCP donations to ensure the National Stockpile has enough CCP for all patients when needed. The ultimate program goal, the participant successfully registers for an appointment via thefightisinus.org and completes their appointment by donating plasma	Number of donors that register for an appointment Number of donations	To track that the campaign is activating donations of CCP
Increase CCP donations to ensure the National Stockpile has enough CCP for all patients when needed	Number of confirmed COVID-19 Cases Number of COVID-19 hospitalizations CCP availability	To track that there is sufficient supply of CCP to meet hospital demand
Sufficient CCP is collected and available to distribute to hospitals to save lives	Number of plasma units distributed to hospitals Number of plasma units used Number of patients treated Number of lives saved	The campaign's overall strategic outcome should be measured with metrics that track whether the campaign is achieving its ultimate goal of activating donations of CCP to save lives

The CCP dashboard in the figures below was used to monitor indicators for the campaign strategy:

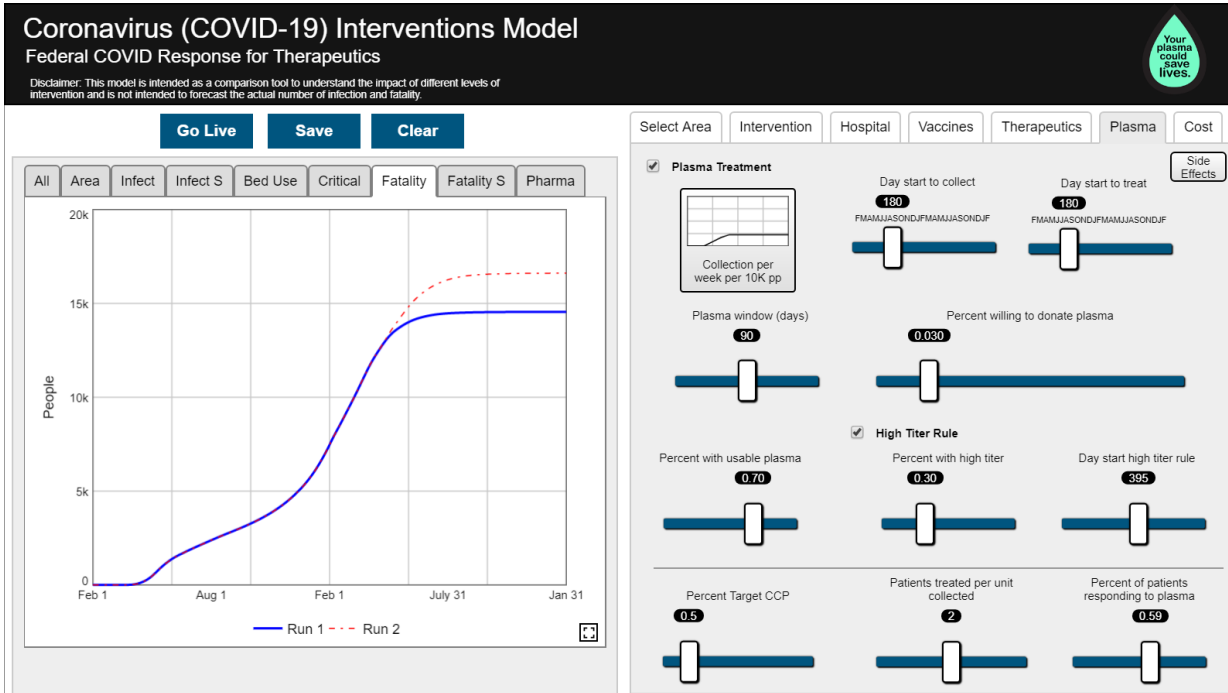


Detroit had a sharp increase in cases in April/May (predicted by the model) and at the time had the second highest donor pool highlighting a need for increased campaign resources.



Despite a decline in cases, Washington DC hits to the donation site continued to increase in May showing a solid response to the campaign and providing evidence to support a decision to continue the campaign in the area.

In addition, FCR develop a pandemic model to estimate the impact of the campaign on the ultimate goal of savings lives (a key indicator in the table in H.2). By closely emulating the reality of a health emergency event like a pandemic, modeling and simulation provides the ability to test strategies before deploying them and to understand the long-term implications of these decisions. The pandemic model helped to assess the impact of the campaign on lives saved and reduction in daily ICU demand with CCP.



Pandemic Model Interface

H.3- INDICATORS TO MONITOR AND EVALUATE CAMPAIGN OPERATIONS

Examples of **operational indicators** are provided in the table below.

Example Operational Outcomes and Metrics

Outcome Phase	Metrics	Definition	Rationale
Social Awareness	Impressions	Total number of times a piece of content has been displayed or played (both visual and audio media)	Measures the number of times a piece of content or message has been presented to viewers or listeners; evaluates effectiveness of channels and content
Social Awareness	Reach	Number of unique individuals who have seen a display, ad, post or heard a radio message, but not necessarily engaged (clicked – as applicable)	Helps assess who and how many people are seeing the campaign’s message
Social Awareness	Click-through Rate (CTR)	Percentage of viewers who have clicked on link within an ad that brings the viewer to a designated website	Measures the effectiveness of ads to motivate users to seek the website
Social Awareness	Clicks	The number of times viewers clicked on an ad or post	Evaluates post or ads effectiveness to motivate users to interact with content to learn more
Social Awareness	Engagement	Total number of times a social media post was “liked” or shared	Evaluates post effectiveness on people liking it and promoting it to their network
Social Awareness	Number of mentions	Measures the total number the program (e.g., @thefightisinus) or a program hashtag (e.g., #thefightisinus) is used in a social post by a user or entity	Measures the degree of awareness growing on social media; identify the popularity of the account and measure engagement with the target audience
Social Awareness	Top Performing Creative	A piece of creative (e.g., ad, post) that sees higher than average engagement	To identify higher performing creative and leverage on future posts/ads
Social Awareness	Top Performing Posts	A piece of content that sees higher than average engagement	To identify higher-performing assets and potentially retire underperforming assets
Community Education	Website Hits	Any hit to the national campaign website or Region-specific Landing Page	To track if marketing efforts are effective at increasing traffic to the website
Community Education	Website Digital Traffic Sources	The sources that brought users to the website (e.g., Google, Facebook, YouTube)	Measures the effectiveness of various platforms in driving/ motivating people to learn more on the target website

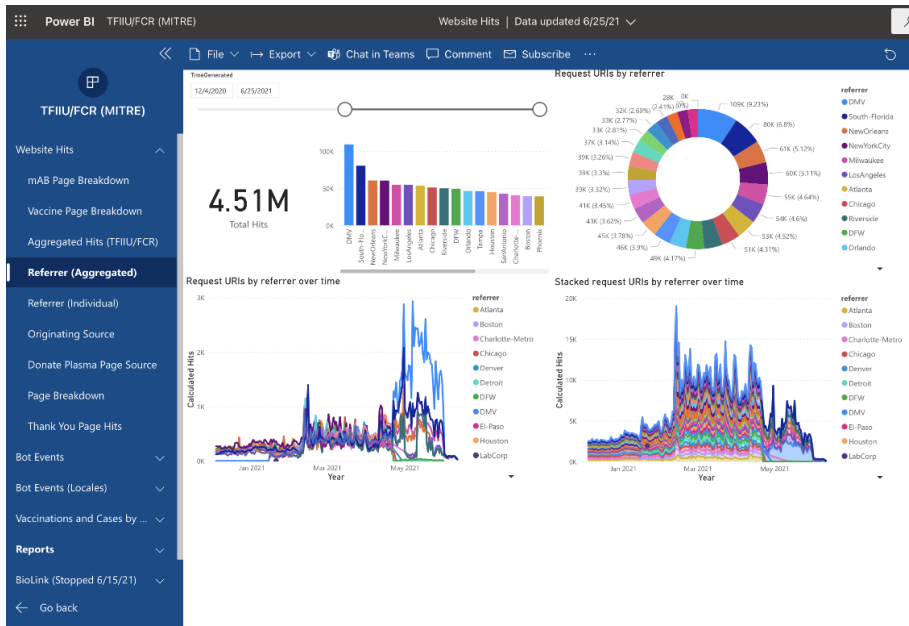
Outcome Phase	Metrics	Definition	Rationale
Community Education	Search Engine Optimization (SEO) Metrics	Measures the likelihood that the website will appear in search engine results	Websites that appear in search engine results are more visible to users and will drive more traffic to the website
Community Understanding and Commitment	Intent to Donate	The quantity of visitors who land on the page and click the donate plasma button; provides the ability to track users to the point where they intend to donate	Measures community's motivation and commitment to action; to track if community activation is effective in getting the target audience to perform the requested action on a website
Community Understanding and Commitment	On-page Conversion Rate	The quantity of visitors who land on the page and complete the stated goal; provides the ability to track users to the point where they click out of the website onto the donor center site	Measures a community's motivation and commitment to action; to track if community activation is effective to getting the target audience to perform the requested action on a website
Community Understanding and Commitment	Number of Partners	Measures the total number of confirmed partners for overall and by region	To track that each region has partners to amplify the message
Community Understanding and Commitment	Number of Potential Partners	Measures the total number of potential partners that are on track to be engaged or in process to become a confirmed partner for the campaign	To track and evaluate the community engagement team has potential opportunities
Community Understanding and Commitment	Partner Mix	Measures the number and type of partners by organizational type and by region	To monitor the size, scope, and diversity of the campaign partners
Community Understanding and Commitment	Partner Activity Mix	Measures the number of activities by type and by region (e.g., Number of Testimonials, PSAs, Newsletters, Events, Share-outs)	To monitor the partnership activity by type and number being doing at the local and national level

H.3.1- EXAMPLE POWER BI REPORTS TO MONITOR CAMPAIGN OPERATIONS

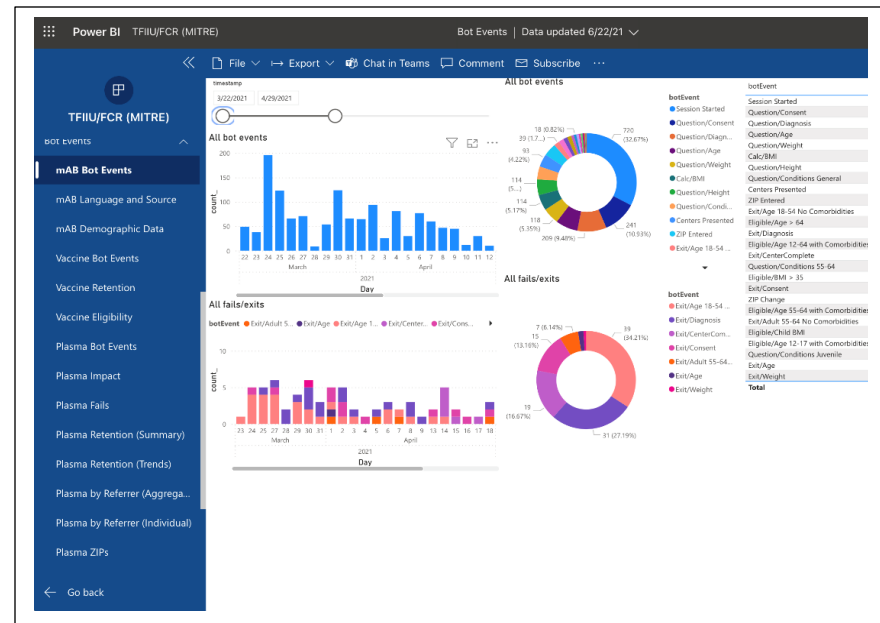
Performance dashboards provide important measurements for program, strategic, and operational monitoring. These metrics support the monitoring and evaluation of the campaign strategy and operations.

For example, the following visuals from the Power BI dashboard were used to monitor website hits over time and by type. In addition, the number of people looking for and obtaining donor center information was tracked to see how many people potentially made an appointment.

The number of request URLs over time is an example indicator from the dashboard (the website hits indicator). This indicator measures operational monitoring. The target could be total web hits per day or month.



Power BI Dashboard – Website Hits by Date and Referrer

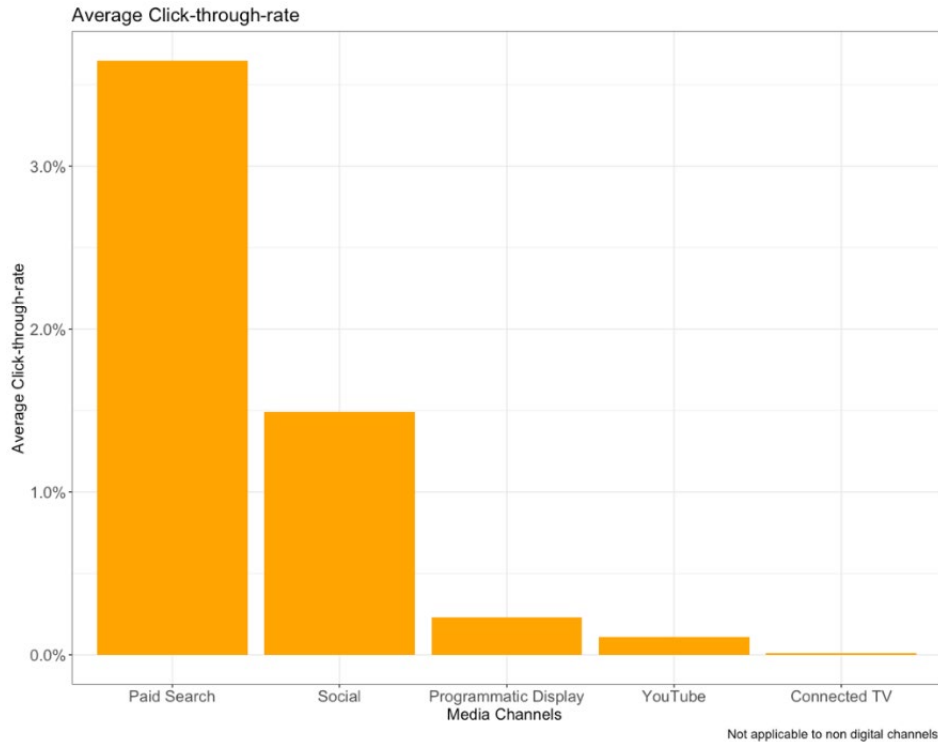


Power BI Dashboard – Bot Events by Date and Type

H.3.2- EXAMPLE ANALYSIS TO EVALUATE CAMPAIGN OPERATIONS

Data analysis, including exploratory and predictive modeling can be used to investigate the effectiveness of the campaign operations and make decisions on how to improve the campaign based on evaluation results.

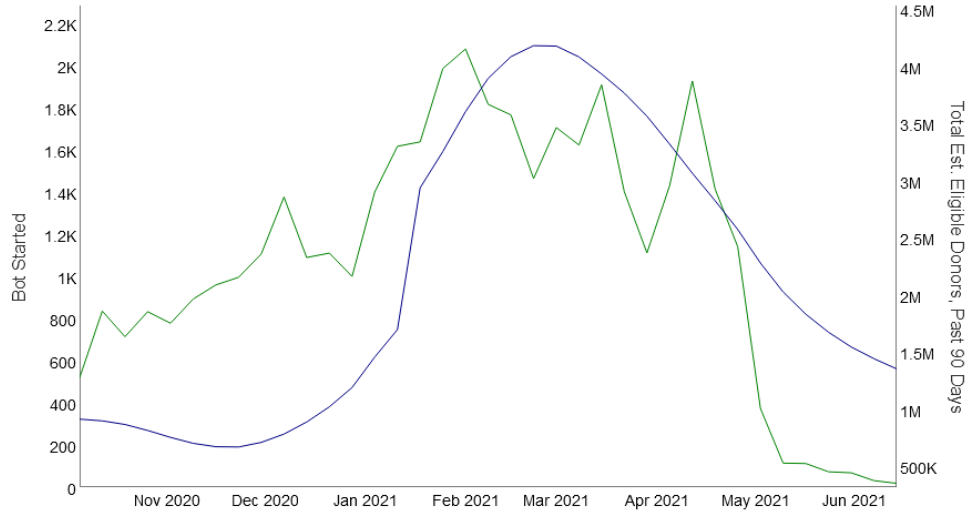
For example, FCR conducted an analysis to show impacts of the campaign on awareness and intent to donate. Looking at the different types of campaigns, paid search had the highest CTR from the ad to the site peaking in January and April with viral assets (see below).



Click-Through Rate

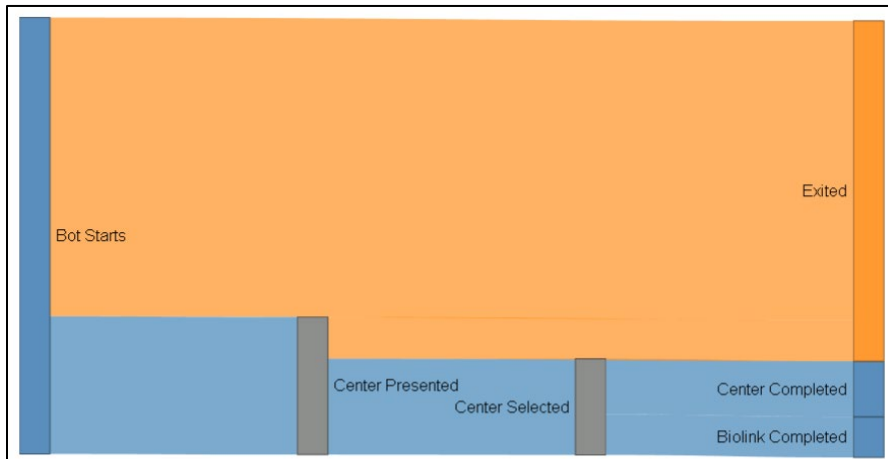
The impact of paid social media was confirmed in regression modeling to identify effective marketing strategies on bot starts. Bot starts, an event in which a visitor to the website initializes a form for donating plasma, can be considered an indicator of a user's intent to donate plasma. The models showed that paid search and social media were associated with an increase in the number of bot starts for both English and Spanish speaking visitors.

The data showed an increase in bot starts as the campaign progressed with steady activity until cases and the donor pool declined in April 2021.



Initialize Form to Donate (Bot Start in green)

Nearly a quarter of bot starts resulted in donation center selection.



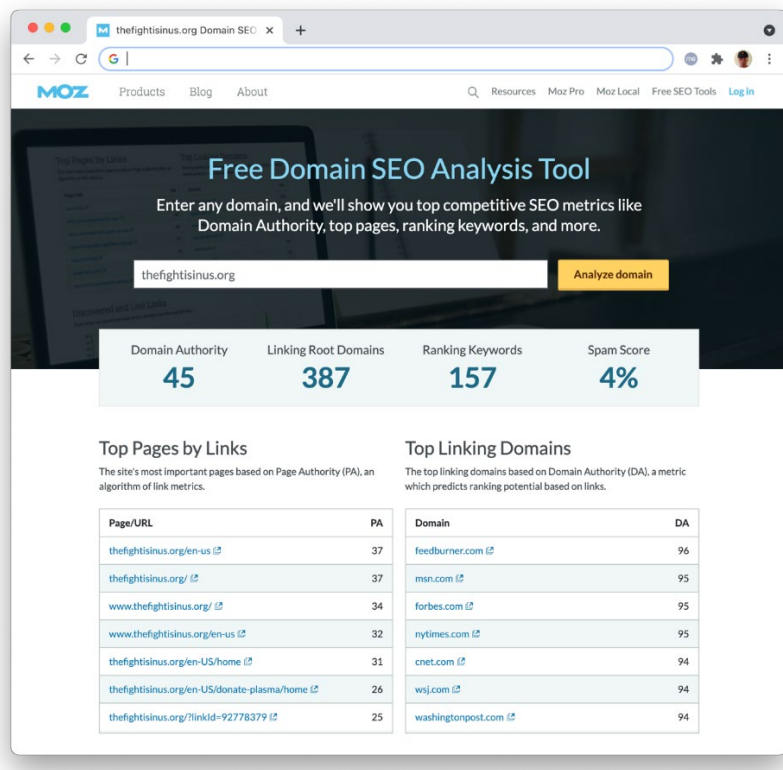
Initialize Form to Donate (Bot Start) and Portion Selecting a Center

H.3.3- EXAMPLE SEO METRICS FOR DATA-DRIVEN WEBSITE REFINEMENT

SEO is part of the operational monitoring activity in the monitoring and evaluation framework. Improving SEO will make it easy for search engines to find the website.

For example, Moz is a free online tool that analyzes websites in real time and provides SEO metrics, areas for improvement, and best practices. One indicator to increase community understanding and commitment is the *domain authority* score. This value predicts how likely a website is to rank in search engine results. The value ranges from 1 to 100, where a higher value indicates a greater likelihood. An example target for this value is 40.

The following figures are from the Moz tool. These examples depict basic SEO analyses, available for free, used for the FCR educational landing page. Each result in the Moz tool is a potential indicator for the monitoring and evaluation framework.



Moz SEO Analysis Tool – Introductory Information

thefightisinus.org Domain SEO x +

Search Google or type a URL

Keywords by Estimated Clicks

Estimated clicks for top keywords, based on volume and CTR.

Keyword	Visibility
plasma donation los angeles	13
the fight is in us plasma	2
donate plasma new orleans	2
fighting together org	2
selling plasma new orleans	0
us fight	0
donate plasma los angeles	0

Top Ranking Keywords

Your top keywords sorted by ranking position.

Keyword	Rank
fighting together org	1
the fight is in us plasma	1
us fight	2
for-profit plasma donation centers los angeles	3
plasma donation los angeles	4
selling plasma new orleans	6
plasma bank los angeles	6

Top Featured Snippets

Keywords the site ranks for that trigger a featured snippet.

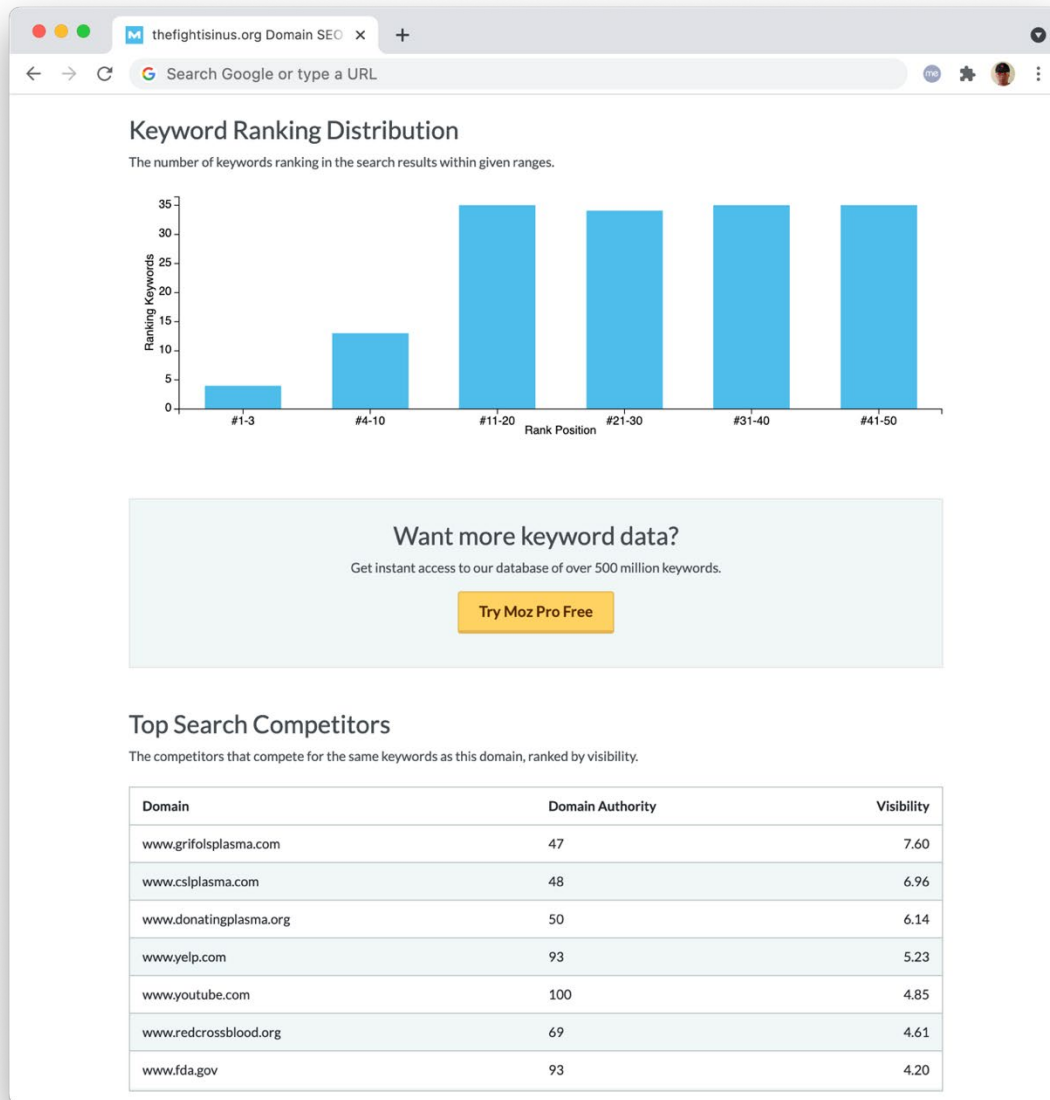
Keyword	Owned?
selling plasma new orleans	No
blood plasma for money los angeles	No
cash for plasma los angeles	No
first commercial plasma us	No
what is la plasma	No
can you be registered at two plasma centers	No
whatdo u call mma list of fights	No

Branded Keywords

The highest-volume keywords reflecting the site's brand.

No branded keywords found for this domain.

Moz SEO Analysis Tool – Keyword Analysis



thefightisinus.org Domain SEO

Search Google or type a URL

Top Questions

Top questions mined from People Also Ask boxes for relevant keywords.

Question	Relevance
Who can donate plasma for COVID-19?	13.82
How much do you get for donating plasma in California?	13.12
Can I donate plasma during the coronavirus disease pandemic?	11.51
Can someone recovering from the coronavirus donate plasma?	11.51
Which plasma centers pay the most?	8.52
Where can I sell plasma in Los Angeles?	8.52
Are blood, platelet, and plasma donations being tested for COVID-19?	7.60

Moz SEO Analysis Tool – Top User Questions

H.4 SUMMARY

Being able to define and monitor metrics and outcomes is key to managing any communication campaign to allow decision makers to track progress and provide a basis for refining campaign activities.

APPENDIX I- ANNOTATED ONLINE SURVEY USED FOR CCP

The following online survey created by the Federal COVID-19 Response (FCR) for The Fight Is In Us COVID-19 convalescent plasma (CCP) donor activation program aimed to identify potential barriers and motivators for plasma donors. The callout boxes in this appendix identify areas to consider when designing a survey during a public health emergency that requires a community activation response.

The research team that created this survey holds expertise in behavior change and behavioral science, public health, health communication sciences, and marketing research. These research areas develop understanding regarding why people do or do not choose to perform certain behaviors, as well as the best techniques for reaching specific groups of people to encourage them to engage in certain behaviors. However, existing research did not answer all pertinent questions regarding how to activate plasma donors in the COVID-19 pandemic. To support the donor activation program goals, the online survey aimed to fill this research gap.

The online survey asked specific questions regarding respondents' demographic characteristics, as well as their attitudes, beliefs, and behaviors related to COVID-19, including their adherence to public health guidelines. It also asked questions to discern their sources of health information, including media consumption and influential community voices.

Data from the survey informed different aspects of the CCP donor activation campaign, including:

- **Refine the creative assets.** Using data from the survey and other sources guided character designs and customized messages for audience needs (e.g., literacy level).
- **Motivate certain populations more specifically.** Research supports that the best approach to reach individuals is to make messaging as specific and direct as possible. This survey allowed the team to segment the audience more specifically than just at the Metropolitan Statistical Area (MSA) level.
- **Understand community engagement approaches.** Data from this survey helped the team understand where people get trusted health information (e.g., influential leaders, healthcare providers, social media).
- **Revise FAQs, PSAs, or Testimonials** to know which barriers the team can address for different MSAs and for specific populations within those MSAs, including how to donate plasma, access to donation centers, and, if necessary, how to build trust in the medical community.

When designing a survey, be clear about the goals of the research.

Consider who is being asked the questions and how the data will be used.

Respondents have limited time to take the survey, and analysis can take time to complete. Every question asked should have a rationale and a strategic use.

Avoid questions that are unnecessary or that will generate responses that will not be used.

Survey development should be guided by research questions and anticipated analysis.

Consider what the analysis goals are and how the type of analysis will impact interpretation of the results. For example, how will the results impact the community activation strategy?

Analysis could include quantitative analyses (e.g., descriptive statistics and/or statistical modeling), qualitative analyses (e.g., thematic analysis), or a mixed-methods approach.

Consult with trained statisticians to ensure appropriate methods are used.

Survey Introduction

Thank you for your time. **The Fight Is In Us** educates people regarding the importance of donating plasma to fight COVID-19. The project is focused on treating those hospitalized with COVID-19 with plasma from donors who have recovered from COVID-19. Your answers will improve **The Fight Is In Us** campaign.

The Fight Is In Us outreach campaign is managed by The MITRE Corporation on behalf of the U.S. Government.

This survey will ask you about your life and activities during COVID-19. We will not ask questions regarding your personal health. We will ask about your thoughts and feelings regarding your community, COVID-19, blood and plasma donation, and health.

We will not share your information or answers with anyone. Our final report will not identify you or anyone else by name or other identifiable information.

This survey should take you about 20 minutes to finish.

Please click continue to begin the questionnaire. By answering questions in this survey, you consent to participating in this survey and sharing your answers.

We would like you to answer every question. You can skip a question if you do not want to answer it. You can stop the survey at any time by clicking [EXIT]. If you exit the survey before finishing it, your responses will not be saved.

If you have any questions regarding this survey, please contact: [name and contact information of principal investigator or other appropriate research team contact].

When you are ready to begin, please click continue.

Pre-Screening Questionnaire

First, let us see if you qualify for this survey.

- Do you live in <MSA or near The Greater <MSA> area? [Multiple choice, Single option]
 - Yes
 - No [Thank You - Survey Ineligible Page]
- How old are you? [Multiple choice, Single option]
 - Under 18 [Thank You - Survey Ineligible Page]
 - Over 18

Main Questionnaire

Section 1: Community Connections

This section will ask you questions regarding COVID-19 and your community. Your community is not only where you work or live, but also where you interact, either

Keep the introduction short and informative.

Include details about how the responses will benefit the campaign, who is collecting the information, and how the person's privacy will be protected.

Obtain legal and ethical approvals including Human Subjects Review and Protection Institutional Review Board (IRB); Paperwork Reduction Act (PRA) (1995) burden reduction requirements or waivers.

Methods and approvals to survey protected populations (e.g., children, pregnant women) will require additional oversight.

If it is necessary to ask about respondents' health status as related to the PHE, be sure to get the necessary human subject protection approvals.

online or in-person, with friends, family, work colleagues, or neighbors. **[Freeze top frame for Section 1]**

- In the past 6 months of COVID-19, people in my community: (Select all that apply) [Multiple choice, Multiple choice]
 - Have checked on me
 - Have run errands for me (for example, grocery shopping)
 - Have provided mental or emotional support
 - Have provided food, rent, or other money-related support for me (for example, gift cards or cash)
 - Have formed a social bubble or pod [popup definition with text: A small group of trusted people who you do not live with, who agree to a shared set of rules for COVID-19 safety.]
 - Have formed a mutual aid group [popup definition with text: A formal or informal network which connects neighborhood-level individuals and groups to collect and share access to food, material, and financial resources and services.]
 - Other, explain [Text Field] [Require if selected]
- To what extent do you agree with the following statements? Click on the responses that matches the degree to which you agree or disagree with the statements. My community can count on me to help in times of need (for example, I would be willing to donate food, money, time, blood/plasma). [Likert Slide format, 1-5]
 - Strongly Agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - I Strongly disagree
- I get health information from my community regarding: (Select all that apply) [Multiple choice]
 - Blood donations
 - Plasma donations
 - Vaccinations
 - Medical research
 - I don't receive health information from my community
 - Other, explain [Text Field]
- I think my community follows public health guidelines for safe COVID-19 behaviors.
 - Agree
 - Disagree [Skip to Q11]
- For each of the categories, please select the safe COVID-19 behaviors your community follows. Please indicate the extent to which behaviors in your community have changed or remained the same in the past three months. (Select all that apply) [Multiple choice, Pick Group and Rank by the following Categories: This behavior has decreased in the past 3 months, this behavior has remained the same in the past 3 months, this behavior has increased in the past 3 months]

Reflect on the intended audience for the community activation campaign.

Ensure that the respondents are reflective of and representative of the population of interest.

The respondent sample could be based on demographics, geographical location, behaviors, or a combination.

The level of familiarity, trust, and willingness to participate in surveys will vary across different communities.

Special care should be taken to understand the barriers to participation. Ways to address barriers include recruitment of staff that speak respondents' preferred language, inclusion of key community leaders in surveying efforts, relationship building between the community and researchers, and availability of accommodations (e.g., internet).

- Wearing masks around others
- Washing hands
- Cleaning surfaces
- Social distancing or avoiding close contact with others
- Staying home
- Avoiding crowded or indoor spaces
- Avoiding large groups
- Other, explain [Text Field]
- I follow public health guidelines for safe COVID-19 behaviors.
 - Agree
 - Disagree [Skip to Q11]
- For each of the categories, please select the safe COVID-19 behaviors you follow. Please indicate the extent to which your behaviors have changed or remained the same in the past three months. (Select all that apply) [Multiple choice, Pick Group and Rank by the following Categories: This behavior has decreased in the past 3 months, this behavior has remained the same in the past 3 months, this behavior has increased in the past 3 months]
 - Wearing masks around others
 - Washing hands
 - Cleaning surfaces
 - Social distancing or avoiding close contact with others
 - Staying home
 - Avoiding crowded or indoor spaces
 - Avoiding large groups
 - Other, explain [Text Field]
- Who are the trusted voices in your community? (Select all that apply) [Multiple Choice, Survey logic opens text field Q11a. for each response]
 - Local News Reporter
 - Radio Show Host
 - Grassroots Organization
 - Community Leader
 - Local Influencer or Celebrity
 - City Councilman or Politician
 - City Public Health Official or Department
 - I do not have a trusted voice in my community
 - Other, explain [Text Field]

13a. Please provide a name or an example of the trusted voice **[Insert each text answer response from a-g, from Q11]**.

Section 2: Tech/Digital Access

This section will ask you questions about your comfort using digital devices.

- Do you have reliable access to any of the following? (Select all that apply) [Multiple choice, Multiple option]
 - Laptop or Desktop Computer
 - Cell phone

Word choices matter in a survey.

Always consider literacy level and language accessibility.

Use plain language to ensure the survey questions can be understood by participants.

Define adjectives or qualifiers to make sure they are understood consistently by all respondents.

Define words that could be interpreted broadly if specificity is needed for survey results.

Avoid technical jargon.

- Smartphone
- Tablet
- None of the above
- Do you have reliable access to an internet connection in your home?
[Multiple choice, Single option]
 - Yes
 - No

Section 3: Access to Healthcare

This section will ask you questions about your thoughts and feelings about healthcare.

- How do you stay up to date with current health-related information? (Rank your preference for answers from 1 (highest) to 9 (lowest) by dragging the boxes to the numbers on the right.) **[Multiple choice, Rank Order format]**
 - Radio
 - Television
 - Newspaper (printed)
 - Digital Publications (for example, nytimes.com, washingtonpost.com, foxnews.com)
 - Internet (for example, Google search)
 - Social Media (for example Facebook, Twitter, Instagram)
 - Talking to people
 - From your nearest healthcare facility
 - I do not stay up to date (or actively avoid) with health-related information
 - Other, explain [Text Field]

This section will ask about your feelings about your healthcare provider. This could be anyone who provides you with health services, for example a doctor, dentist, local hospital, clinic, or urgent care center that can provide tests or treatment services.

[Freeze top frame for Section 3]

- In the past year, how often have you accessed healthcare services?
[Multiple choice, single option]
 - Every month
 - Every 3 months
 - Every 6 months
 - Every year
 - I have not accessed healthcare services in the past year [Skip to Q19]
 - Other, explain [Text Field]
- Which of the following best describes the type of healthcare provider you have accessed in the past year? **[Multiple choice]**
 - Community or Free Clinic
 - Urgent Care Clinic (for example, “Minute Clinic”, Pharmacy In-Store Clinic)

Response options can impact data analysis.

A “none” or “none of the above” category for each relevant question can help to discern whether respondents found no option that applied to them, or if they just skipped the question.

Including “Other” allows the respondent with the opportunity to provide additional information. However, this can also complicate analyses.

Think about response structures. Some questions may be better answered with a single response option, while other questions should offer multiple options.

Consider whether listing several items together in a question is beneficial for your survey purposes or if listing items individually would work better.

- Private or Family Practice
- Medical Group
- Military healthcare facility
- VA Medical Center
- Other, explain [Text Field]
- In the past year, have you experienced any barriers to accessing healthcare?
 - Yes
 - No [Skip to Q19]
- If yes, which barriers related to health services have prevented you from accessing healthcare? (Select all that apply) **[Multiple choice, Multiple choice]**
 - Costs
 - I do not have health insurance
 - Issues with government provided health insurance (for example, Medicaid, Medicare, Tricare)
 - I do not have a healthcare provider (for example, a personal doctor) **[Skip to Section 4/Q26]**
 - Transportation
 - I do not feel comfortable being around sick people right now. (For example, I might get COVID-19 if I go to the doctor)
 - Other, explain [Text Field]
- Do you have a healthcare provider (for example, a personal doctor)?
 - Yes
 - No **[Skip to Section 4/Q26]**
- My healthcare provider gives me information on health initiatives, such as: (Select all that apply) **[Multiple choice, Multiple Option]**
 - Blood donations
 - Plasma donations
 - Vaccinations
 - Medical research
 - My healthcare provider does not provide me with information on health initiatives
 - Other, explain [Text Field]

Survey structure can sometimes prime certain responses. If this is a concern, randomizing the questions can help to avoid bias.

Please answer the following questions based on how much you agree with each statement.

- My healthcare provider understands my health needs. [Multiple choice, Single option]
 - Strongly Agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
- My healthcare provider has my best healthcare interests in mind. [Multiple choice, single option]
 - Strongly Agree
 - Agree
 - Neither agree nor disagree

- Disagree
- Strongly disagree
- I trust my healthcare provider to give me public health information that is timely and accurate (through phone calls, text notifications, email communications, mail). **[Multiple choice, single option]**
 - Strongly Agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree

Section 4: Blood/Plasma Donation and Medical Research

This section will ask your thoughts and feelings about your possible experience with blood or plasma donation.

- Have you ever donated blood? [Multiple choice, Single option]
 - Yes
 - No [Skip to Question 25]
- If you have donated blood, what *most* influenced your decision? [Multiple choice, Single option]
 - There were blood drives or blood donation events in my community
 - I knew someone who has donated (for example, family or friend)
 - I knew someone in need
 - I wanted to help others
 - Other, explain [Text Field]
- If you have not donated blood, why? (*Select all that apply*) [Multiple choice, Multiple option]
 - I do not know how to donate
 - I do not have time to donate
 - I do not have access, or I do not have transportation
 - It has never crossed my mind
 - It is against my religious beliefs
 - I do not trust the medical community
 - I heard someone else's negative experience
 - I am not allowed to because of blood donation rules
 - Other, explain [Text Field]
- Have you ever donated plasma?
 - Yes [go to question 27]
 - No [Skip to Question 29]
- Have you donated plasma since March 2020?
 - Yes
 - No
- If you have donated plasma, what *most* influenced your decision? [Multiple choice, Single option]
 - There were plasma drives or plasma donation events in my community

If the survey includes a time frame (e.g., six months) for reference, consider why that time period is included, how long data collection and analysis will take, and whether responses will remain relevant past the selected time frame.

- I knew someone who has donated (for example family or friend)
- I wanted a financial incentive
- I knew someone in need
- I wanted to help others
- Other, explain [Text Field]
- If you have not donated plasma, why? (*Select all that apply*) [Multiple choice, Multiple option]
 - I do not know how to donate
 - I do not have time to donate
 - I do not have access, or I do not have transportation
 - It has never crossed my mind
 - It is against my religious beliefs
 - I do not trust the medical community
 - I heard of someone else's negative experience
 - I am not allowed to because of plasma donation rules
 - Other, explain [Text Field]
- Have you ever participated in medical research (for example, drug treatment trials)?
 - Yes
 - No [Skip to Question 32]
- If you have participated in medical research, what most influenced your decision? [Multiple choice, Single option]
 - It was recommended by my healthcare provider (for example, personal doctor or specialist)
 - I knew someone who has participated (for example, family or friend)
 - I wanted a financial incentive
 - I knew someone in need
 - I wanted to help others
 - Other, explain [Text Field]
- If you have not participated in medical research, why? (*Select all that apply*) [Multiple choice, Multiple option]
 - I do not know how to participate
 - I do not have time to participate
 - I do not have access, or I do not have transportation
 - It has never crossed my mind
 - It is against my religious or personal beliefs
 - I do not trust the medical community
 - I heard of someone else's negative experience
 - I am not allowed to because of medical research rules
 - Other, explain [Text Field]

Consider the demographic questions, the specificity of response options, and how demographics might affect the analysis, and inferences about the sample.

Surveys aimed at specific subpopulations should use terminologies and response options reflective of possible demographic identities within the group.

Section 5: Demographics

- What is your age range? [Multiple choice, Single option]
 - 18-34
 - 35-64
 - 65+
- What is your ethnicity? [Multiple choice, Single option]

- Hispanic or Latino or Latina or Latinx
- Non-Hispanic or Latino or Latina or Latinx
- Prefer not to say
- What is your race? [Multiple choice, Multiple option]
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Prefer not to say
- What is your gender identity? [Multiple choice, Single option]
 - Male
 - Female
 - Trans Male/Trans Man
 - Trans Female/Trans Woman
 - Genderqueer or Gender Non--Conforming
 - Prefer not to say
- What is the highest level of education you have completed? [Multiple choice, Single option]
 - 8th grade or less
 - Some high school
 - High school graduate or GED (high school equivalency)
 - Some college or two-year college
 - Technical school or associate degree
 - College graduate
 - Some graduate school or post-graduate degree
 - Graduate or professional degree
- Which of the following best describes your employment *before* the COVID-19 pandemic (before March 2020)? [Multiple choice, Single option]
 - Employed full-time (40 hours per week)
 - Employed part-time (Less than 40 hours per week)
 - Self-employed
 - Full-time student
 - Part-time student
 - Unemployed or laid off
 - Unable to work for health reasons
 - Retired
 - Stay at home parent or caregiver
 - Prefer not to say
 - Other, explain [Text Field]
- Has your employment status changed since the COVID-19 pandemic (after March 2020)? [Multiple choice, Single option]
 - My employment status has not changed since the COVID-19 pandemic
 - I have gained employment
 - I am unemployed
 - I am still employed but am working reduced hours

- I had to quit my job to take care of people who depend on me (for example children, parents)
 - Other, explain [Text Field]
- In which category was your employment or education *before* the COVID-19 pandemic (before March 2020)? [Multiple choice, Single option]
 - Transport, Retail, or Wholesale
 - Business and Other Services, Finance, or Insurance
 - Manufacturing, Construction or Agriculture
 - Computer and Mathematical
 - Food Preparation and Serving
 - Legal Occupations
 - Healthcare Specific Occupations
 - Hospitality, Leisure, or Entertainment
 - Farming, Fishing, Forestry
 - Community and Social Service
 - Public Sector
 - Research, Academia, or Education
 - Military Specific Occupations
 - Other, explain [Text Field]
- Finally, which of the following best describes your approximate level of combined household income for the past 12 months? This includes all income from both formal and informal employment. [Multiple choice, Single option]
 - Less than \$25,000
 - \$25,000 to \$74,999
 - \$75,000 to \$149,999
 - \$150,000 or above
 - Don't Know or Not Sure
 - Prefer Not to Say

Click [SUBMIT] to end this survey. [Thank You - Survey Complete Page]

Thank You [Survey Ineligible]

Thank you for your interest in completing this survey. Based on our screening criteria for age and geography, you are ineligible to participate in this research study.

If you have any questions, please contact us at [INSERT EMAIL]. To learn more about The Fight Is in Us campaign, you can visit our website here <hyperlink TheFightIsInUs.org opens into new window>.

Thank You [Survey Complete]

Thank you for completing this survey. Your responses have been saved. If you have any questions, please contact us at [INSERT EMAIL]. To learn more about The Fight Is In Us campaign, you can visit our website here <hyperlink TheFightIsInUs.org opens into new window>.

Confidentiality & Protection of Privacy

All information gathered in this study will be kept completely confidential. No reference will be made in written or oral form that could link you to this study. All records will be stored for at least three years after completion of the study.

Where and how the survey is deployed can impact how accessible the survey will be to various populations.

If responses are needed quickly, consider deploying the survey to pre-screened individuals. There are also benefits to deploying the survey through other platforms, such as social media.

Some populations might take longer to find and gather enough responses. Weigh the time to collect data against gathering enough data to make generalizable interpretations of responses.

APPENDIX J1- GUIDED INTERVIEW DEVELOPMENT WORKSHEET

UNDERSTANDING AND CONNECTING TO YOUR AUDIENCE: A LINGUISTIC AND CULTURAL LENS FOR MATERIAL DEVELOPMENT AND INTERVIEWS.

Language and culture considerations should be integrated into all creative materials, community communications, and audience analyses.

Language Considerations

A key consideration for a national public health outreach and education campaign is the language or languages in which information is presented to an audience. This includes the language that campaign material is written in, and the tone, formality, reading level, and style in which the material is written.

The checklists below identify topics to consider to better understand a community when designing multilingual public health outreach and education campaign material.

The Federal COVID-19 Response (FCR) community activation campaign produced materials in English and Spanish to reach a broader audience in its communities of focus. Transcripts and written copy were reviewed across all materials to ensure alignment between the two languages. For example, when translating material into Spanish, the team assessed whether a request or recommendation to donate plasma sounded more urgent in Spanish than it did in English, and whether it misrepresented the potential that plasma had to impact health outcomes.

WRITTEN MATERIAL CHECKLIST

- Perform copy editing (some words are not translated, typos, accents, spacing, etc.).
- Ensure information is conveyed with equivalent strength in all languages. For example, consider whether a word choice may make a statement sound stronger or weaker/more or less convincing than the English version, and whether that could change the impact on or decision of the reader/listener.
- Consider tone and word choice across all languages.
- Aim for a universal style, broadly acceptable to as many speakers of the target language as possible. For example, watch for word choices that may be appropriate or clear to some readers/listeners, but not for all, such as words that may have different meanings in different regions.
- Write material in plain language, approximately a fifth-grade reading level.
- As creative material is updated, check for color choices/combinations or accessories that could look like they are directed to one community or another.
- Do not rely on machine translation. A professional translator can help the message connect with the communities of interest and build trust in both the campaign and the information presented.

Audio-visual Material

- Open and watch all visual products.
- Compare subtitles across all visual products to ensure they are consistent and aligned across languages.
- If material is edited, make sure the subtitles in all versions reflect the current version.
- If material is re-edited, make sure any previously requested changes (such as corrections) are carried through to newer versions, if appropriate.
- Make sure the subtitles convey the spoken information and meaning. For example, would the listener get the same information from both the audio and subtitles?
- Make sure the speed and size of the subtitles is accessible to readers with different literacy and visual levels.
- When alternate text and/or quotes are available, check for alignment between languages.

CULTURAL ASPECTS CHECKLIST

The following list, while not exhaustive, includes suggestions on what to consider when launching public health outreach and education campaigns in a multicultural community.

Define the Community

- Determine how the community of interest will be defined. Consider segmenting the audience by demographic, geographical, religious, or other characteristics. This will impact how each of the following questions and considerations are addressed.

Social Norms

- What do individuals perceive to be the expected behavior in their community during a public health emergency (PHE)?
- Does the community prioritize the collective (e.g., maintaining social harmony; helping one another during a crisis) or does the community have a more individualistic culture (e.g., prioritizing independence and self-reliance)?
- Has the community been resistant to following public health guidelines during a public health emergency? And if so, why?

Values

- Which takes priority: the health of the community, family, or self?
- What is the strongest motivator for action following an emergency: the desire to get back to “normal” life, the desire to see family and friends again, or something else?

Beliefs

- How strongly does the community trust the safety and/or efficacy of existing or novel treatments, vaccines, or other therapeutic interventions?
- How does the community perceive the seriousness of contracting the disease or being personally impacted by the emergency?
- How might religious, cultural beliefs, or community experiences affect decisions and choices by individuals or communities affected by the emergency?

Social Networks

- How is the community connected socially?
- Who are the credible messengers for your communication efforts? For example, community opinion leaders, frontline workers, gatekeepers?
- What community organizations or civic groups have strong ties to the community?
- Is there a local faith center or business where community members meet?
- How is the community connected through online social networks? (Note: online networks are often targets or forums for mis/disinformation).
- Are there some community members who are unlikely or unable to use social networks and prefer to access information in person?
- Where does the community turn for information, and what proportion of the community uses each type of resource: For example, media channels serving specific audiences (e.g., Spanish-language media channels), local news, online social networks (Facebook, Twitter, Nextdoor), word-of-mouth, community newspapers?

Resources

The CDC Clear Communication Index - [The CDC Clear Communication Index | The CDC Clear Communication Index | Centers for Disease Control and Prevention](#)

Identifying Community Partners: Tips for Health Departments - [identifying_community_partners_tips_for_health_departments.pdf \(umn.edu\)](#)

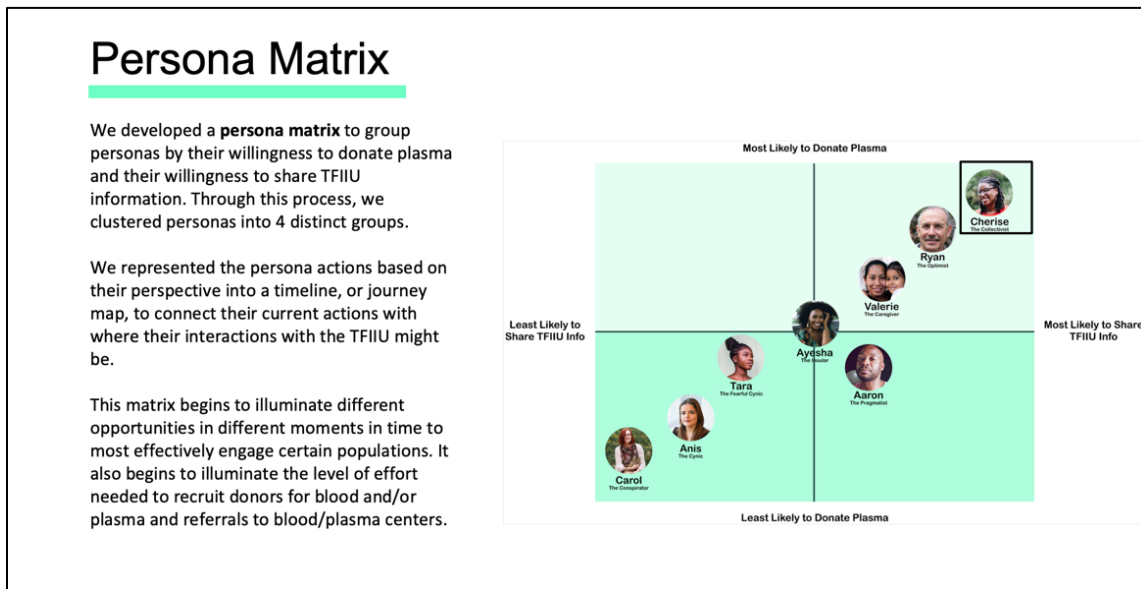
DISCUSSION GUIDE CHECKLIST

Interviews can provide insights about a community and can be used to inform the development of communication strategies, enhance creative materials, and build donor awareness, education, and activation.

When designing interviews, consider the subsequent analysis and how the results will be used. Data from foundational interviews undertaken for the FCR CCP Campaign were synthesized and analyzed thematically using design thinking methodology. Design thinking is a human-centered design process used to empathize with research participants, challenge assumptions, redefine problems, and create innovative solutions to prototype and test. Personas were created to guide community outreach and engagement activities.

- ❑ Obtain legal and ethical approvals including Human Subjects Review and Protection Institutional Review Board (IRB); Paperwork Reduction Act (PRA) (1995) burden reduction requirements or waivers.
 - Methods and approvals to interview protected populations (e.g., children, pregnant women) will be different than for general American adults.
 - It could be important to ask about respondents' health status as related to the pandemic or PHE. If so, be sure to get the necessary human subject protection approvals.
- ❑ Consider the analysis goals and how the analysis will impact interpretation of the results.
 - Analysis could include quantitative analyses (e.g., descriptive statistics and/or statistical modeling), qualitative analyses (e.g., thematic analysis), or a mixed-methods approach.
 - Consult with trained statisticians to ensure appropriate methods are used.
- ❑ Reflect on the intended audience for the community activation campaign. Consider the information learned in the Cultural Aspects Checklist above.
- ❑ Consider the demographic questions, the specificity of response options, how demographics might affect the analysis, and inferences about the sample.
- ❑ Surveys aimed at specific subpopulations should use terminologies and response options reflective of possible demographic identities within the group.
- ❑ To ensure that respondents have time to complete the interview, every question asked should have a rationale and a strategic use.
- ❑ Begin the interview discussion with informal and conversational questions. The intention is to build rapport with the interviewee, so they feel more comfortable discussing their thoughts and feelings.
- ❑ Consider word choices carefully in a survey.
 - Always consider literacy level and language accessibility. Use plain language to ensure the survey questions can be understood by participants.
 - Define adjectives or qualifiers to make sure they are understood consistently by all respondents.
 - Define words that could be interpreted broadly if specificity is needed for survey results.
 - Avoid technical jargon.
- ❑ The level of familiarity, trust, and willingness to participate in surveys will vary across different communities. Special care should be taken to understand the barriers to participation, which may include:
 - Recruitment of staff that speaks target respondents' preferred language
 - Inclusion of key community leaders in surveying efforts
 - Building relationships between the community and researchers
 - Ensuring the availability of accommodations (e.g., internet)

APPENDIX J2- EXAMPLE DISCUSSION / INTERVIEW GUIDE



This Discussion Guide below focused on understanding people’s perceptions about COVID-19 and their impressions about the creative materials in the campaign.

Background

The donor activation program is a partnership between the U.S. Federal Government’s Federal COVID-19 Response for Therapeutics (FCR) and the Health FFRDC. The donor activation program is focused on treating those hospitalized by COVID-19 with convalescent plasma from people who have recovered from the illness, as well as developing treatments and medicines for COVID-19. FCR is working on a creative campaign to encourage those who have had COVID-19 or know people who have tested positive to donate plasma as a possible aid in the fight against COVID-19.

Research Goal

The purpose of this market research is to understand the perceptions, ideas, behavior, and identity as they relate to COVID-19, blood + plasma donation, government, and healthcare in order to assess communication strategies and creative materials for audiences and to enhance existing strategies, marketing assets, and tactics.

Stakeholders: U.S. Federal Government, Health FFRDC

Methodology: Individual one-hour interviews

Participants: (45) Interviewees total from 14 Metropolitan Statistical Areas (MSA). Over 18 years of age

Researchers: [Researchers from Health FFRDC]

Interview Dates: September 2020 -- October 2020

Introduction (10 MIN)

Hi, I'm [Researcher's Name], a researcher with the Health FFRDC, on behalf of the U.S. Federal Government's Federal COVID-19 Response team, or FCR. I also have my Health FFRDC colleague(s) [interviewer(s) name] and [colleague name] on this video call who will be listening and taking notes during our session together. Let me tell you about the Health FFRDC and this project. The Health FFRDC is supporting a project called The Fight Is In Us, which is a joint effort between U.S. Federal Government and the Health FFRDC, to build a creative campaign which will encourage individuals who have recovered from COVID-19 to donate their COVID-19 convalescent plasma to help others.

We're currently interviewing people to understand more about their lives during the time of COVID-19. We will not be discussing your personal health matters but instead we'll talk more about your life, community, and health, more broadly. Then, we'll have a conversation about your thoughts and feelings about creative materials that aim to encourage people to donate blood and plasma.

There are no right or wrong answers. You will not hurt our feelings if you don't like something. We also don't get a paid bonus if you love something so, please feel free to respond honestly. We're just very interested in your unique point of view. Our conversation will take about an hour.

You should have received a copy of the consent form from our recruiting partner, Focus Insite. I will now review the consent form with you and ask that you verbally reply so we may capture your consent on this video call. With your permission, I will now start recording video. Is this okay?

I will now read each section of the consent form and ask you for verbal consent for each section afterward.

[Note: consent form is also emailed to interviewee prior to interview for review and familiarization.]

[RESEARCHER BEGINS RECORDING SESSION]

[Researcher verbally reviews each section of the consent form and gets verbal consent for each section.]

I want you to know that taking part is voluntary: Your participation in this conversation is completely voluntary. You may inform us that you wish to end your participation in the interview at any time. Should you want us to delete any part of our conversation from the research record, we can accommodate your request with no adverse consequences to you.

Do you consent to this section?

[Wait for participant answer.]

Keep the introduction short and informative.

Include how the information used in the responses will benefit the campaign. Who is collecting the information? What will the questions be about? Where will the information be stored and who can see responses? Why are these questions being asked? How long will it take respondents to answer?

Reflect Human Subjects Review and Protection Institutional Review Board (IRB) approval, Paperwork Reduction Act (PRA) (1995) burden reduction requirements or waivers, and other legal and ethical considerations.

With regards to your data: After all our interviews, our research team will review the conversations to identify key findings, derive themes and establish patterns and determine whether there may be opportunity to improve our products, tools, systems, or processes.

Do you consent to this section?

[Wait for participant answer.]

Your confidentiality is important: We will take necessary and appropriate precautions to protect your confidentiality and your data. Anything you say during our conversation will not be linked to your identity. Our research records will be kept in a secure and encrypted location, and raw notes will not be shared outside of our project team.

Do you consent to this section?

[Wait for participant answer.]

For the Video/Audio that we'll take: The research team will record video and audio during our conversation. The video and audio will be used for our internal research purposes. In the event we share the video and audio with our project team, your name will not be used.

Do you consent to this section?

[Wait for participant answer.]

I will now read the Statement of Consent and ask for your verbal consent afterwards: *I have been given the consent information and received answers to any questions I have asked. I consent to take part in this interview and to have any information I provide be used in the manner described. I understand that my name will not be used in connection to my words, or any photos taken during the duration of this interview. I represent that I am at least 18 years of age, have listened to and understand the foregoing statement, and am competent to execute this Consent and Release.*

Do you consent to this section?

[Wait for participant answer.]

Thank you for your providing your consent for all the sections.

If at any point during this interview you feel uncomfortable answering a specific question, we can just skip it and move on to the next one. If you prefer, we can also end the interview, no questions asked. I'll also check in with you throughout the interview to make sure you're ok.

Before we begin, do you have any questions for me?

[Wait for participant answer.]

So, with that, let's begin.

PART A – Warm Up (10 MIN)

First, I'd like to learn a little about you.

- What's your preferred name?
- How long have you lived in **[City, State]** or the Greater **[City]** area?

- What does a typical day for you look like?
 - On an average day, what did your day look like before COVID-19?
 - Where would you go?
 - What would you see?
- Who do people resonate with in your community? Please think about your community as a place where you live or work and interact with people you are close with like your friends, family, neighbors, or work colleagues.
 - Who connects your community together?
 - Is there anyone specific that comes to mind?
 - Could you tell me more about them?
 - Is there a place in your community that is important to you?

Part B – Review of Creative (30 MIN)

[For Universal Print + Metropolitan Statistical Area, or MSA, print testing: researcher conducts PDF/Screenshare of stimuli for 4 Universal Print images and repeats questioning for MSA print images]

[For Universal Print + Radio/TV: researcher conducts PDF/Screenshare of stimuli for 4 Universal Print and conducts Video/Screenshare of Stimuli]

PDF/Screenshare of Stimuli

So now, I'd like to share my screen with you and show you some images on the screen. I'll ask you a few questions about each image. Please remember there are no right or wrong answers. We're interested in your thoughts and feelings.

[Researcher shares screen of PDF/Screenshare of Stimuli]

- If you could describe this image in one word, what would that be?
 - Why do you say that?
- What are you feeling?
 - Can you describe that feeling?
 - Why do you feel that way?
 - What does that mean to you personally?
 - Have you seen this image in your community? [If yes] Could you tell me a little more about [place in your community]?
 - What is that place like?
 - Why would you see it there?
 - What is interesting about it?
- Imagine if you saw this image in [place in community], what would you do, if anything?
 - Why would you react that way?
 - What would you do next?
 - How do you think others would react?
 - Is this for anyone you know?
- Do you feel these characters/does this character represent people in your community?
 - If yes, how so?
 - If no, why?
 - If no, what changes would you make to represent people in your community?
 - How would you feel if you saw [person from Question 4] in this image?

Video/Screenshare of Stimuli

[For Universal Print + Radio/TV: researcher shows first 4 Universal Print + 1 Radio/TV spot]

So now, I'd like to share my screen with you to show you a short video. After I show you the video, I will ask you a few questions about it. Please remember there are no right or wrong answers. We're interested in your thoughts and feelings.

[Researcher shares screen of 30-second Video/Screenshare of Stimuli]

- If you could describe this video in one word, what would that be?
 - Why do you say that?
- What are you feeling?
 - Can you describe that feeling?
 - Why do you feel that way?
 - What does that mean to you personally?
- Where would you imagine seeing this video?
 - Could you tell me a little more about that?
 - What is that like?
 - Why would you see it there?
 - What is interesting about it?
- Imagine if you saw this video in [place from Question 12], what would you do, if anything?
 - Why would you react that way?
 - What would you do next?
 - How do you think others would react?
 - Is this for anyone you know?

PART C – COVID-19 Reactions (5 MIN)

I'd now like to ask you about your community's role during COVID-19. As a reminder, please think about your community as a place where you live or work and interact with people you are close with like your friends, family, neighbors, or work colleagues.

- What do you think your community's role is during this time to combat COVID?
 - What do you think your role is during this time?
 - [if different from pre-COVID roles]
 - Why do you think that change occurred?

Part D – Plasma Donation (5 MIN)

So, in this final section, I'll ask you about plasma donation.

- What are some attitudes people in your community may have toward plasma donation?
 - Why do you think they have those feelings?

Wrap Up / Thank You (5 MIN)

Thank you so much for your feedback. Those are all the questions that I have so this concludes our interview for today. Before we wrap up, I wanted to know if you have any questions for me and my colleague(s)

[RESEARCHER ENDS RECORDING SESSION]

As a reminder, the information that you have provided us today will only be used for the sole purpose of informing our research.

Your honorarium will be sent by our recruiting partner to the mailing address you provided at the beginning of the recruitment process. Typically, this takes about 1-2 weeks. If you don't receive your honorarium within two weeks, please reach back out to the Health FFRDC and we'll help to resolve the issue. I will email you this information after this interview, so you have it all in one place.

Also, we want you to continue to feel comfortable even after this interview ends. The email will also include information about COVID-19, blood and plasma donation, and additional support services.

Thank you again for speaking with us today. You have helped us a great deal. ***[Researcher sends email with additional contact info on honorarium as well as support links and plasma donation links to interviewee.]***

APPENDIX K- CHARACTERISTICS OF A CLINICAL AND SCIENTIFIC ADVISORY GROUP

A clinical and scientific advisory group is comprised of practicing clinicians (physicians, nurses, and potentially allied health professionals), researchers, and scientists who are willing to share and discuss scientific insights and therapeutic approaches to address a public health emergency (PHE). These individuals may volunteer their expertise and time to serve as advisors or to take on other roles, as directed by the federal oversight team or its executive lead. The oversight team also may reach out directly to individuals to request their service, or to organizations to recruit (or designate) individuals to serve.

The Clinical and Scientific Advisory Group may serve for the duration of the PHE or for a more immediate time frame, depending on the oversight team's needs. General structural parameters and group expectations should be clearly expressed to the group to facilitate decision-making and provide understanding of how the group's input will inform oversight team decisions and actions. The oversight team may also set parameters on how group deliberations are referenced with other stakeholders and to the public or media (e.g., whether a group member speaks on behalf of the group or as an individual).

Group Structure:

- Appoint a chairperson or co-chairpersons and grant them authority to organize agendas and invite new members.
- Commit to critically seeking the scientific truths underlying the PHE.
- Invite new members to attend meetings and participate in group activities.
- Establish weekly meetings to present research findings, interpret case studies, and review pre-print evidence and peer-reviewed publications on the basic science and clinical aspects of the emergency.
- Maintain a tone of humbleness as new evidence emerges about the pandemic or threat.
- Include all voices and points of view in the discussion.
- Build trust across members and encourage collegial debate.
- Consider how regulatory science will impact the research or interpretations of clinical findings science and vice versa.

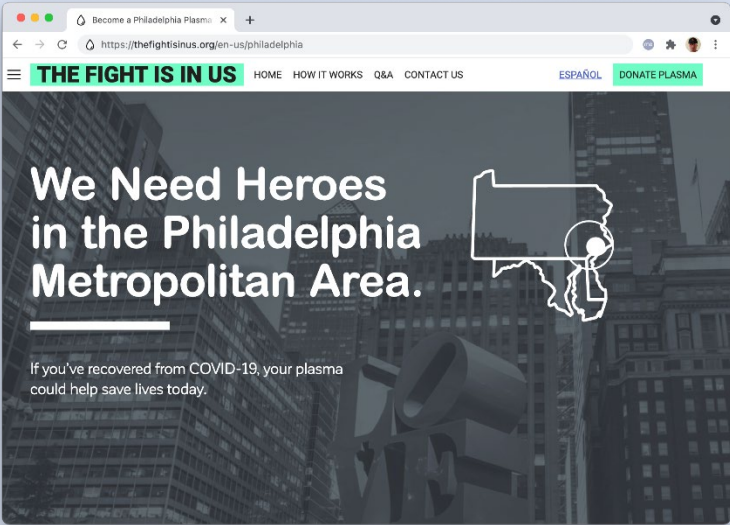

Membership Characteristics:

- Seek diversity among members (e.g., demographic, geographic, and socioeconomic).
- Include a diverse cross-section of scientists, clinicians, nurses, and public health individuals with a range of expertise, perspectives, and backgrounds.
- Include members who are actively conducting research on the emergency (e.g., prevention strategies, diagnostic innovations, treatments, health impact). They can include persons from the private sector, universities, bio-pharma companies, foundations, national labs, federal and state employers.

APPENDIX L- WEBSITE FEATURES AND CAMPAIGN STRATEGY

This table lists examples of website features that had direct application to the overall campaign strategy.

Application of Website Features to the Campaign Strategy

Website Feature	Application
<p>Local Engagement</p> 	<p>Determine if local engagement is a key element of the campaign strategy. If local engagement is not required, more development effort is available to maintain a single, national page.</p> <p>If local engagement is necessary, using city names in the website URL and providing local images, icons, and messaging make the website more regional. This delivers more personal and direct messaging to communities.</p>
<p>Prescreening Potential Donors</p> 	<p>Numerous visits to a website can overwhelm the process of identifying potential donors. In such cases, a prescreening step such as a health bot may reduce the overall pool of potential donors and decrease the lines and processing times at the donation centers.</p> <p>If prescreening is not necessary, the website should reduce the number of steps for users. A single form or direct communication with the donation center server can reduce the steps and time that a user must invest to donate.</p>

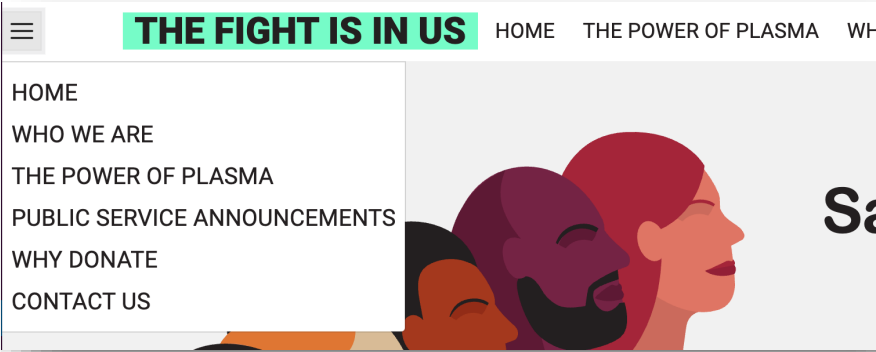
Website Feature	Application
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Call to Action



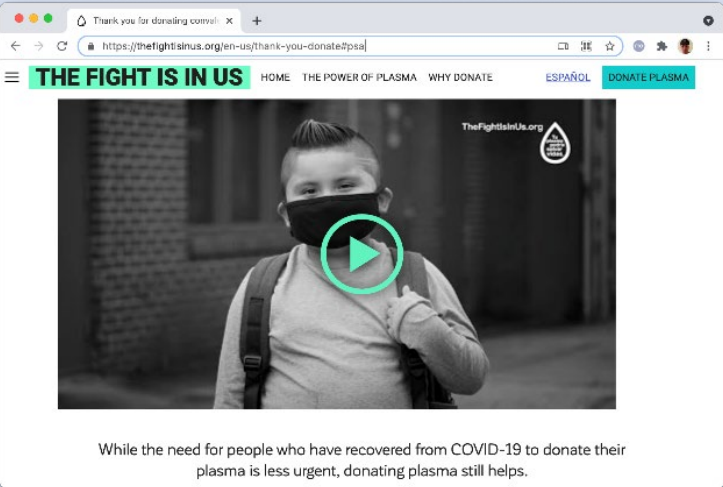
Large buttons and fonts, highlighting, and other UI/UX considerations make it easy and clear for users to recognize and act on a call to action.

Content Discovery and Navigation



Use a “hamburger” menu and navigation bar to make it easy for users to discover content.

Engaging Content



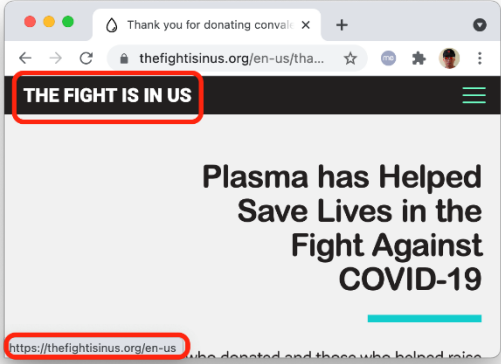
Provide informative, interesting, and engaging video content such as testimonials and public service announcements.

Display large video previews, thumbnails, and text summaries to enhance the presentation of video content. Avoid navigation away from the main website by embedding video content on the page.

Use video carousels to make it easy for users to navigate through video content.

Website Feature	Application
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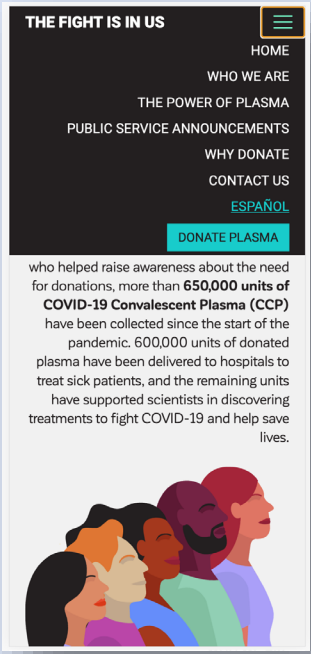
Improve Search Engine Optimization (SEO)



Apply best practices and other conventions to improve SEO and increase the reach to potential donors.

An example of a best practice is to link to an established parent or partner site to increase credibility.

Consider Various Form Factors



Determine the devices that users will use to access the website. If mobile devices such as smartphones and tablets are likely, then use mobile responsive coding techniques.

Emphasize the Call to Action

Why Donations Remain a Tool in the Fight Against COVID-19

- 1 PLASMA CAN HELP SAVE LIVES**
The Food and Drug Administration's COVID-19 Convalescent Plasma (CCP) Emergency Use Authorization (EUA) remains in place and aligns with multiple peer-reviewed studies showing that treating hospitalized patients who are early in the course of illness with high-titer plasma can reduce their risk of serious illness and death. The EUA also states that CCP may be particularly helpful for immunocompromised patients. Randomized Control Trials (RCTs) and observational studies have shown mixed results about the use of CCP in the inpatient, emergency room, and outpatient environments. CCP is optimally effective when transfused as close to symptom onset as possible. CCP is unlikely to provide benefits for patients with late-stage disease or on mechanical ventilation. More U.S. studies continue and will report out soon.
- 2 PLASMA MAY BE AN EFFECTIVE WEAPON AGAINST VARIANTS**
As COVID-19 patients survive the variants in their area, locally sourced, recently collected plasma may have neutralizing antibodies that can help others with those variants survive the illness. Research continues on the impact of variants on the effectiveness of monoclonal antibodies, CCP, and vaccines.
- 3 38% OF HOSPITALS WILL CONTINUE TO USE PLASMA**
Healthcare providers continue to use CCP as the only FDA authorized in-hospital only intervention treatment for COVID-19. A recent survey performed by the American Association of Blood Banks showed that 38% of hospitals plan to continue to use CCP in accordance with EUA guidelines. More than 600,000 units of plasma have been collected in the U.S. since the beginning of the pandemic.
- 4 MORE PLASMA DONATIONS MEAN MORE EFFECTIVE TREATMENTS**
The need for high-titer plasma makes it more vital than ever for people to respond to the call for donations. Plasma donations are needed to maintain the supply of antibody-rich, high-titer plasma authorized for use. Given that severity of illness is not a predictor of how much the most people who donate, the more high-titer plasma can be identified and used as treatment for sick patients.
- 5 MORE PLASMA DONATIONS CAN HELP PRESERVE VITAL BLOOD SUPPLIES FOR NON-COVID-19 PATIENTS**
Plasma donors may help support critical whole blood needs and research. Many blood centers are using whole blood donation as a method of collecting CCP. How does it work? Blood donations are sent to a lab to undergo routine screening and infectious disease testing. If COVID-19 antibodies are detected in the blood, the plasma from the donation may be processed into CCP. Donors who test positive for antibodies may also be contacted to participate in life-saving research studies.

Outline reasons, steps, and Q&As to send clear messages to users and emphasize the call to action.

APPENDIX M- VETTING SOFTWARE DEVELOPMENT/ IT OPERATIONS (DEVOPS) TEAMS

The information below is a resource for vetting candidates for the Agile/DevOps software development team. In the table below, “Assessments” are some standard interview goals, while “Questions” provide qualitative inquiries to help determine if the candidate has the appropriate knowledge, understanding, and mindset for working in an Agile/DevOps project.

Vetting Candidates for the Agile/DevOps Software Development Team

Assessment / Question	Description
Development Skills	Conduct standard coding and behavioral interviews to find software developers that have relevant coding skills. Try to find “10x” engineers.
Experience	Prioritize relevant and recent coding experience.
Agile Software Development Methodology	Identify candidates who have recent experience with working in an Agile software development project. This ensures the right mindset and culture for the Agile approach.
DevOps Domain	Identify candidates who have recent experience with working in a DevOps environment. The ideal candidate will be familiar with the approach and culture as described in The DevOps Handbook (2016) by Gene Kim, Jez Humble, Patrick Debois, John Willis.
What team sizes have you worked on? What do you prefer?	A typical Agile team includes between 5 to 9 people.
Have you built a CI/CD pipeline?	A CI/CD pipeline is the backbone of a DevOps process.
What are your thoughts on development meetings? How often? Discussion topics?	Agile teams usually have daily 15-minute standup meetings, as well as planning, close-out, and retrospective meetings.
Who is responsible for resolving production issues?	In DevOps, it is a shared responsibility. All team members should immediately “swarm” and resolve the issue as fast as possible.
How do you gather requirements?	In the waterfall approach, requirements occur once, at the beginning. In Agile, requirements occur often, with frequent feedback from the business owner. Requirements change often, from sprint to sprint, as teams learn more about the project.
What software tools are you familiar with?	Version control and DevOps orchestration: tools like Git, GitHub, GitLab, Bitbucket, Jenkins. Task management: tools like Trello, JIRA. Code editors: tools like VS Code, Eclipse, PyCharm, NetBeans, IntelliJ IDEA.
What does “failure” in software development mean to you?	In DevOps, failure is an opportunity to learn and move forward. Organizations hold “failure parties” to celebrate lessons learned. The key is to fail early, fast, and often.
How do you communicate with team members?	For DevOps, real-time voice, video, and text is preferred. Tools: Slack, Skype, MS Teams, Zoom, Trello, etc. Communication is frequent (e.g., daily standups).

Assessment / Question	Description
Do you prefer strict or flexible boundaries to separate functional groups and responsibilities?	DevOps features shared responsibilities, not bureaucracies. Whether it is a production or development issue, functional groups should come together to freely exchange knowledge and solve problems.
In your experience, how often were software releases?	Unlike waterfall where releases can be several months apart, Agile sprints are typically 1 to 4 weeks, with 2 being common. Small releases may even be released hourly.

APPENDIX N- INFORMATION ON FDA'S CONTINUUM OF THERAPEUTIC APPROVALS

Updated: July 1, 2021

Introduction

During the COVID-19 pandemic, the U.S. Food and Drug Administration (FDA) drug authorization and approval process for therapeutics gained national attention. There was great public interest in the processes associated with the development of novel therapies, as well as the use of repurposed drugs to treat COVID-19.

As part of its mission to review and authorize use of products that are safe and effective, FDA developed novel regulatory approaches to streamline its processes. Part of these approaches aimed to be responsive to the feedback from sponsors, clinicians, and patient advocates that challenged the scientific rigor of the accelerated processes. This scientific rigor was important to remain a central component of the process, even as bureaucratic improvements expedited administrative due diligence. As a result, FDA adopted a wider integration of real-world evidence into its decision-making, in conjunction with more rapid evaluation of randomized controlled trials (RCTs) evidence and other scientific methodologies results (FDA, 2020a). In this way, FDA established emergency use authorization (EUA) options for use during a public health emergency (PHE).

On January 31, 2020, the United States Department of Health and Human Services (HHS) first declared a public health emergency. On March 24, 2020, the FDA announced a single patient emergency Investigational New Drugs (eIND) pathway for COVID-19 Convalescent Plasma (CCP). Due to numerous requests for the use of CCP, FDA announced the national Expanded Access Program (EAP) for CCP on April 3, 2020. This allowed for collection of CCP data in a clinical registry. On August 23, 2020, the CCP Emergency Use Authorization (EUA) was granted enabling widespread use as a therapeutic. Both real world studies and randomized controlled trials were established to further study how best to use CCP, leading to an amended EUA on February 4, 2021.

The FCR donor activation program recognized the importance of helping clinicians and general public audiences gain understanding on CCP. Therefore, campaign activities were modified to educate them about the rapidly evolving role of CCP in the treatment of COVID-19 infection. A strategic shift in the donor activation campaign strategy resulted in the development and distribution of educational materials during the campaign.

Expanded Access Program (EAP)

The FDA can designate a drug or other treatment for “expanded access” usually for individual patients who are faced with an “immediately life-threatening condition or serious disease or condition” outside of a clinical trial. (Ref: <https://www.fda.gov/news-events/expanded-access/expanded-access-information-physicians>). This designation can also be used when there are no comparable treatments available using an FDA approved treatment. During a public health emergency, it is likely that existing products or completely new products will be considered as investigational medical products. Getting early access to these could be considered through expanded access. Typically, the licensed physician under whose immediate direction an investigational drug is administered or dispenses for an expanded access use is considered an investigator. This includes responsibility for obtaining informed consent and for reporting potential adverse events (U.S. Food and Drug Administration, 2020b).

Emergency Use Authorization (EUA)

The FDA may authorize otherwise unapproved drugs and other medical products for use during an emergency. This is allowed under section 564 of the Federal Food, Drug and Cosmetic Act and is considered a medical countermeasure to help protect the nation's public health (U.S. Food and Drug Administration, 2021). The EUA status allows licensed providers to prescribe such a treatment during the public health emergency under specific criteria. Under EUA, physicians do not need to seek individual permission for each new patient. During the COVID-19 pandemic, several treatments including antiviral therapy (Remdesivir), convalescent plasma, monoclonal antibodies and vaccines all received EUA status. The FDA uses all available evidence to help understand if a treatment offers potential benefit and assesses the risk of potential harm when deliberating about emergency use authorization status. It is expected that each treatment will be under ongoing investigation including various study designs to help generate insight into safety and effectiveness. Studies might include laboratory (in vitro) experiments, retrospective real-world data analysis and prospective randomized controlled trials. The FDA can update the EUA at any time as new evidence becomes available.

The U.S. Food and Drug Administration offers updates to the public through regular email communication via subscription. To receive important FDA news and information as they become available. To sign up, please select the topics of interest via a valid e-mail address, used only to deliver the requested information or to give access to subscription preferences. Topics include Emergency Preparedness and Response, FDA Medical Countermeasures Initiative (MCMi) News, Guidance Documents, and Spanish-language newsletters and alerts. Register by visiting <https://www.fda.gov/about-fda/contact-fda/get-email-updates>

APPENDIX O- MEDIA FORMATS AND THEIR KEY FEATURES

A well-rounded campaign should include a mix of owned (campaign-managed), paid (advertisements, paid search), earned (news coverage, writeups), and social (online networking) media. Each media type has its own benefits and drawbacks, and selection of the appropriate media mix will depend on campaign goals. For example, the extent of social media use will depend on the campaign’s focus on audience engagement via two-way interaction vs. one-way message dissemination. The table below summarizes key features and considerations for each media type, as well as examples of how that media type was leveraged by the FCR COVID-19 Convalescent Plasma campaign.

Media Type	Key Features	Key Considerations*	FCR Strategy Highlights
Owned Media	Under direct management of the campaign (e.g., campaign websites, landing pages, blogs), owned media allow for total control of how and when messages are delivered.	Owned media vehicles should: Include relevant content for the audience, opportunities for two-way interaction, a clear drive to action, and regular frequency of new content. Utilize a keyword strategy to drive SEO. Ensure a cohesive experience with the paid, earned, and social media campaign design (i.e., look and feel).	The MSA landing pages included distinct calls to action (e.g., a “donate” button)
Paid Media	Paid media can be traditional (billboards, point of service advertisements) or digital (website banners, paid search, connected TV ads). While not owned by the campaign, paid media placements allow the campaign to control to whom, when, and how often the message is delivered.	To ensure the most effective use of paid media, determine: Whether audience awareness is minimal and campaign benefits are not observable (i.e., when ads can demonstrate the outcome). The extent to which paid media content can be targeted and personalized to the audience of focus. Whether paid media placements will increase the amount of noise to which the audience is exposed, potentially limiting impact.	As the preferred method of TV consumption during the COVID-19 pandemic, Connected TV advertising allowed the campaign to reach a broader audience.

Media Type	Key Features	Key Considerations*	FCR Strategy Highlights
Social Media	Referring to online social networking sites, social media can reach many people in a relatively short amount of time by leveraging word of mouth and online natural networks (Berkowitz, 2017; MITRE COVID-19 Health Communication Playbook, 2021). These channels allow for bi-directional communication that allows campaigns to not only “push” messages to the audience, but also allow the audience to respond.	Use of social media requires: Frequent monitoring to identify misinformation and disinformation and a plan to address these issues when they arise. Frequent engagement, as the interactive nature of social media allows the audience to change the message through their comments, reposting portions of the message, and putting it in a different context.	Twitter allowed the campaign to mirror local news sources and target similar handles for engagement.
Earned Media	With earned media, the campaign lacks control over how and when messages are delivered. These decisions are driven by journalists, editors, and other earned media stakeholders. Despite this lack of control, earned media coverage is essential to adding credibility to the campaign, and can drive interest through storytelling.	Earned media engagement requires: Quick and continuous action to identify threats and opportunities. Tailored communications to specific outlets/ journalists, with an understanding of how stories are typically presented on target outlets (e.g., focus, time given).	FCR identified local news resources and focused on a combination of print and digital placements for better coverage.

*For additional earned, social, and paid media considerations, see Appendix Q.

APPENDIX P- CAMPAIGN PARTNER TYPES AND OPINION LEADERS

This appendix shows the various partner types and opinion leaders to consider when engaging the community. Those selected for engagement should be based on the communities of focus identified in the response strategy and from the research completed to understand the community ([Section 3.1](#)). For all health campaigns, it is important to have multiple organizations of various types and opinion leaders advocating for the campaign and amplifying its message.

Use the following information as a reference when building your community engagement plans:

- **Partner Types.** To ensure an optimal partner mix, research the following types of partners: local government, health systems, blood donor centers, federally qualified health centers, media organizations, faith-based organizations, civic organizations, schools, influential or large businesses, sports, and media organizations.
- **Online Opinion Leaders.** These opinion leaders can influence their followers within a community. They can be impactful in health behavior change because they can focus on a health topic, and more importantly, they can inspire their followers with their health message. An advantage to these online opinion leaders is that they are easily accessible virtually when compared to in-person opinion leaders (Mohamad, Ahmad, Salleh, & Sulaiman, 2017).
- **Community Opinion Leaders.** These opinion leaders are members of the community who have already established trusting relationships with its members. They may include faith leaders, community healthcare providers, and small business owners.
- **Frontline Workers Opinion Leaders.** These opinion leaders interact with community members daily and have developed trusted relationships with them. They are located in places that community members visit such as faith centers, health centers, beauty salons, barber shops, community centers, local pharmacies, and small community grocery stores. Their daily interaction and proximity help them to meet and translate local culture, beliefs, norms, and values, and can break through communication barriers that would be difficult for outsiders.

APPENDIX Q- MEDIA OPERATIONAL PLAN CHECKLIST

Foundational research on the target audience and a scan of the media landscape will inform a strategy to guide tactical decisions regarding the use of media to disseminate campaign messages and materials. A media operational plan is a helpful tool for implementing this strategy, identifying key dissemination activities and their corresponding budgets, timelines, and contextual considerations. The below checklist describes the operational activities required for successful media dissemination:

- Determine the media mix (e.g., if the strategy is to broadly disseminate campaign messages to an audience that uses traditional media types, a corresponding tactic might be to purchase television and radio advertisement space).
 - A well-rounded campaign should include a blend of owned, earned, social, and paid media (with proportions for each determined by an understanding of what will best reach the target audience).
- Determine if advertising, monitoring, and/or technology development firms are needed to support the campaign.
- Develop functional budgets for major expenses, including paid media purchases, staff, websites, and agency fees.
- Determine the timing of message publication. Should it be seasonal (heavier at the onset of peak demand or another period), steady (constant awareness for each new audience member), or flighting (heavy amount of dissemination during short periods, like bursts of information)? What time of day is best to reach the target audience?
 - Audience analyses and media landscape assessments will inform these decisions.
 - Consider reach (what is the aim for many individual people will be exposed to the campaign?) and frequency (how many times should individuals be exposed to the content?) when determining content dissemination and audience interaction.
- Establish specific tactics and approaches for earned media engagement. For example:
 - Define local story angles, working with local spokespeople and community partners to determine the right story to tell, the appropriate voice it should come from, and the media platform it belongs to.
 - Continuously monitor the environment for earned media opportunities and engage with reporters and other contacts to gain placements.
 - Develop a targeted earned media list for 1:1 pitching, based on relevance to the campaign and expected reach/ impact on the target audience (e.g., top-tier national outlets, health sector outlets, local trusted news outlets).
 - Include print, radio talk shows, online outlets, local morning, or nightly news segments in the list.
 - Develop proactive earned media tools: targeted pitches, press releases, op-eds, press conference runs of show, campaign assets (e.g., PSAs and testimonials), event calendars, research briefings, and media kits (the tools listed above, plus backgrounders and/or fact sheets and bios for key personnel).
 - Note that having existing rapport with journalists is more successful than cold calls. Consider this when hiring staff for earned media outreach positions.
 - When calling attention to a specific campaign activity, event, or milestone, develop press releases tailored to each outlet's audiences and focus areas (i.e., if it is a healthcare-focused publication, emphasize the health benefits of the program; if it is a technology-focused publication, emphasize the technological aspects of the program).
- Establish specific tactics and approaches for social media engagement. For example:
 - Identify relevant online handles to follow.
 - Develop and disseminate clear policies on how and when to engage in online conversations.
 - Determine if/ how online influencers might be leveraged for a "people like me" approach, and establish a process for engaging them (e.g., vet their background, story, expertise, interest, and readiness for campaign engagement).

- Establish an approach for monitoring and addressing online misinformation and disinformation.
- Plan to monitor and engage with social media accounts at least twice per day.
- Establish specific tactics and approaches for paid media engagement. For example:
 - The paid media budget should include splits by channel type.
 - Consider launching a paid media plan in phases (e.g., phase I – paid social, hyperlocal display and programmatic display, phase II – all other paid channels simultaneously).
 - Define targeting parameters with neighborhood and demographic data for paid media placements.
 - Before delivering digital assets to paid media outlets, tag content for performance tracking.
- Develop a detailed timeline (week by week) to plan for publication of key messages and creative assets on each media channel, including the target publication date, activities needed to reach the target, responsible parties, resources needed, and cost.
 - Prior to rollout, build time for spokesperson and key staff media training.
 - Determine internal lead time for development and editorial reviews of creative materials, PSAs, earned media tools, and other campaign materials.
 - Map out the lead times needed by media outlets for editorial reviews and publication planning to determine target delivery dates.
 - Be aware of potential messages or content overlap across channels, including similar or competing messages external to the campaign.
 - Build in time for media plan evaluation. This should begin at the start of the media strategy with identification of performance metrics, data requirements, and data sources aligned with the overall campaign goals. It should be a continually iterative process that informs media strategy adjustments.
- Establish a data collection plan and a system for tracking and documenting data.
- Develop a reporting template, structure, and cadence (e.g., dashboards, weekly performance reports). Generate content to share best practices and provide easy-to-understand insights to amplify efforts.
- Assess and capture issues management topics. Develop a proactive list of questions and answers to support readiness for challenging media queries (and update in reaction to emerging issues).
- Track and monitor performance over time. Identify trends and patterns (e.g., the channels driving the most traffic or action). Use data to adjust the approach as needed.

APPENDIX R- LESSONS LEARNED METHODOLOGY AND PLANNING WORKSHEET

LESSONS LEARNED METHODOLOGY

Lessons learned evaluations can be highly informative resources that assist development and implementation of future project operations, strategic planning, goal setting, and tactical decision making for a reinstated campaign. They should be planned in advance and executed incrementally as the campaign concludes.

The evaluation aims will depend on the scope and nature of the campaign, the context of the public health emergency (PHE), and consideration of what insights are most valuable and actionable to internal and external stakeholders. These aims will determine what questions are asked, and the data collection methods used to ask those questions.

Evaluation questions may be broad, for example:

- What did we do well?
- What could we have improved?
- How well did we anticipate new challenges or barriers?
- What is the one thing you think would have helped to know before beginning this project?

Or, they may be specific to campaign tasks, such as:

- How can we improve the overall efficiency of the inputs from the modeling process to our planning and roll out?
- How could we have better identified which social media influencers have broader influence scores?
- How could we better identify sources for data collection?

Evaluations may draw on a variety of qualitative and quantitative data sources, including:

- Monitoring and evaluation metrics
- Project tracker
- Project document review
- Workshops or listening sessions
- Interviews

PLANNING A LESSONS LEARNED EVALUATION

Use this guide to plan lessons learned evaluation for your campaign.

- After selecting each question, consider the appropriate data collection method. Broader questions and ones without quantifiable measures or metrics may be better suited to qualitative methods, while narrower or more quantifiable questions may be better suited to quantitative methods.
- Next, consider the data source. What data source will best answer this question? Is it a data source the campaign already has access to, like a project tracker or project documents? Or will data need to be collected from a new source?
- After identifying the appropriate data source, consider the data analysis methods.
- Finally, consider what tools are needed to collect and/or analyze data. Tools may include software or web platforms, or physical materials like whiteboards, sticky notes, or a digital recorder.

Question	Data Collection Method	Data Source	Data Analysis Method(s)	Data Collection & Analysis Tool(s)	Team Member
What did we do well?	Qualitative	Listening Session	Affinity mapping, thematic coding	Mural, Virtual meeting platform with video recording, Microsoft Excel	A, B, C
Did outreach cold calls work as well as personal introductions?	Quantitative	Project tracker	Descriptive statistics	Microsoft Excel	D

CONDUCTING LESSONS LEARNED LISTENING SESSIONS: EXAMPLE FROM THE FCR COVID-19 CONVALESCENT PLASMA DONOR ACTIVATION PROGRAM

Over the last two months of the project period, the campaign management team completed a final lessons-learned evaluation.

- First, the team reviewed existing project documents for context and objectives for each individual campaign team.
- Based on these objectives, facilitators conducted 15 listening sessions with individual task teams (e.g., Creative Assets, Landing Pages, Strategy and Project Management) to ascertain what worked well and what could be improved in each area.
- Listening sessions followed a semi-structured format, using the online whiteboarding tool Mural to allow participants to add comments sync synchronously, collaborate on comment affinity grouping, and vote on the most resonant comments.
- Open-ended discussion questions, tailored each individual campaign team’s objectives and specific context, prompted additional thinking and dialogue, using either an additional Mural session or in an online focus group format.
- Following data collection, the campaign team coded qualitative comments for themes. They conducted a simple content analysis in Microsoft Excel to thematically code data and identify the most salient themes.
- Finally, based on the themes identified in the data and attention to stakeholder needs and priorities, recommendations were drafted for each task area.

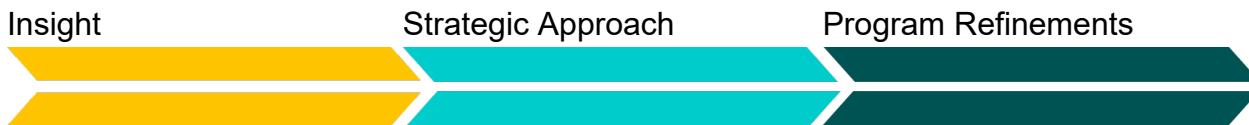
When evaluating lessons learned during the active phases of the campaign, the team followed the processes outlined in Sections [4](#) (monitoring and evaluation) and [5](#) (refinement) of the Playbook for application of learnings and recommendations.

APPENDIX S- EXAMPLE COUNTER MESSAGING PLAN

Below is a sample counter messaging plan that was used as part of the CCP Activation Campaign.

Topic: State of the Science: Promoting an Accurate Narrative Overview for CCP

- Audience: Researchers, public health officials, reporters who influence the national scientific narrative.
- Goal: Promote a more accurate narrative to ensure potential local market partners hold an accurate scientific understanding of CCP and the merits of supporting the campaign; Promote narratives that are accurate to increase visibility among desired audiences.



Insight	Strategic Approach	Program Refinements
A negative narrative is forming around CCP's state of the science and clinical merits of use; a new positive narrative is forming	Influence the scientific narrative with counter-messaging/ message promotion	Evolve multi-channel tactics to shift/ raise the discussion

Insight



Inputs:

- Misinformation and disinformation research
- Social media monitoring
- Daily media clips monitoring
- Scientific publications monitoring
- Community Engagement Team intel

Strategic Approach



- Message assessment: Fold any new qualitative insights from research stakeholders, including counterparts within other federal agencies, into existing insights from current input.
 - Assess concerns/nuances from other federal agencies that we may have awareness.
- Develop counter-messaging / message elevation: Re-align messaging based on stakeholder concerns, aggregate positive messages into a stronger single narrative.
- Continue monitoring for messaging opportunities: Continually assess inputs, develop refined/additional counter-messaging based on key criteria like the following:

- What is the message? A negative study is overamplified, method limitations are not cited, there is a critique on the integrity of the process
- Who is the messenger? National scientific influencers, including researchers, journalists, public health officials, community leaders/ elected officials
- How is it being delivered? Social media, media coverage, professional or scientific meetings, other public channels
- Who is receiving this message? Other national scientific influencers, local potential partner/decision makers

Program Refinement



Develop Assets

- Create graphics/social cards to capture:
 - “Guardrails” on how to spot CCP study strengths/limitations
 - Key studies to date “highlights”
 - “What RCTs will add to the body of knowledge” explainers
- Develop key research stakeholders video testimonials.
 - Key influencers in medical community video segments
 - Government officials

Amplify Messages via Social Media

- Deploy new graphic and video assets organically.
- Create visibility for research-oriented assets with paid follower look-alike campaign, using key research influencers (positive and negative voices) as targeting anchors.

Leverage Earned Media

- Continue and expand existing national research briefing pitches to include local market health/science reporters.

Engage Stakeholders

- Amplify discussion within existing forums by pitching experts for engagement and educational opportunities, like webinars, conferences, 1:1 briefing; offer template resources for communication channels like social media, member newsletters.

APPENDIX T- TRANSITION CHECKLIST

This Appendix provides a series of requirements to effectively transition or suspend campaign operations. As the need for community activation ends, the campaign operations and assets should be suspended or transitioned to another responsible party for continuity of operations. Below are sample campaign transition activities:

TRANSITION PLANNING AND EXECUTION

Transition planning and execution involve the identification of activities that will either be suspended or transitioned to another responsible party for continuity.

If continued:

- Identify the organization (e.g., government agency, public entity, private entity) responsible for continuing elements of the campaign. These elements may include the maintenance of community partner and scientific advisory group member relationships, campaign asset management, and campaign media management.

If suspending:

- Identify the government agency responsible for archiving the campaign assets.
- Understand the state of the public health emergency (PHE) at the time of campaign close-out and the probability of a future need to reactivate the campaign.
- Identify the strategy for resuming the campaign in the future if needs arise and ensure transition plan activities align with a potential resuming of the campaign in the future.

General activities:

- Determine the transition roles and responsibilities of community groups, civil rights experts, coalition (volunteers and other organizations that supported the PHE) members, and federal stakeholders
- Identify the activities and assets (e.g., creative assets, technology) that will be transitioned
- Develop a plan and schedule for transitioning technology assets to the new responsible party. These technology products may include websites, source code, servers, ongoing assets storage, and archive requirements.
- Develop a close-out or transition plan for the current campaign media, including paid media, social media, and other media commitments.
- Identify all contracts or grants that should be transitioned to a new responsible party or closed out per the suspension of campaign activities, including all budget considerations and contract and grant protocols.
- Create an acceptance criteria and validation tracker.

COMMUNITY PARTNERS

It is important to notify community partners of the campaign transition activities, especially if the campaign responsibilities will be suspended, and continuously keep them informed as things evolve.

If campaign activities will suspend and will not be transferred to a community partner:

- Inform community partners and other stakeholders of all technology transition plans. Community partners may be impacted by the loss of access to technical campaign resources, including websites, data repositories, and asset libraries.
- Develop a transition plan for community partners to include the following:
 - Timeline for all activities that impact a community partner such as technology transition dates and media communication
 - Final messaging, including ways to thank participants for their contributions to the campaign along with the timeline

- Introductions to other stakeholders to continue relationships within the campaign ecosystem
- Any partner activity and partner contact information reports to be delivered for all contributing stakeholders

RISK MANAGEMENT

Risk management is a material component of campaign management and should continue throughout the transition. For successful risk management, the campaign management team (CMT) should:

- Identify all risks associated with the transition or suspension of the campaign. These risks may include budgetary risks, reputational risks, or other risks associated with the suspension of campaign activities. If the campaign suspends, the CMT should document all risks into a risk register for future reference. If the campaign activities will be transitioned, the CMT should document all risks into a risk register and identify mitigation strategies into a risk management plan.
- Create a transition risk management plan as input to transition planning. Risks can mature into issues if an effective risk mitigation plan is not in place. The risk management plan should include the following:
 - Definitions of common terms used during campaign activities
 - Risk assessment processes used by the campaign
 - Risk response and mitigation strategies to outline the way that risks will be resolved
 - Risk monitoring approaches to identify new risks and to reassess existing risks throughout the next campaign

FINAL REPORTING

To appropriately document the activities associated with the campaign, the CMT should:

- Document procedures the campaign established for required activities such as content creation, issue reporting, task generation, requirements gathering, and final reporting
- Conduct a final assessment of campaign outcomes and impact
- Conduct lessons learned sessions and document the findings for application on future campaigns and policy
- Package and archive all documentation and assets associated with the campaign
- Modify the community activation campaign playbook, as appropriate

ARCHIVE

The campaign activities will be executed using federal funding. Therefore, the CMT must properly archive materials generated as part of the campaign and in compliance with government policies.

- Archive all documents and assets including:
 - Data contained on performance dashboards (e.g., website activity, modeling, social media) for future benchmarking and reference
 - Documented procedures
 - Technology
 - Creative assets and materials developed as part of the campaign

APPENDIX U- ONLINE RESOURCES

NOTE: All hyperlinks were active at time of Playbook production on July 24, 2021. Changes made or actions taken by the website host may make these hyperlinks inactive in the future.

Declaring a Public Health Emergency (PHE)

The Secretary of the Department of Health and Human Services (HHS) may declare a public health emergency (PHE) after consultation with necessary public health officials. Learn more about how a PHE declaration is made and what actions the Secretary can take in response to the PHE, including establishing emergency management and the Incident Command System, using the links below:

<https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx>

<https://www.phe.gov/Preparedness/planning/mscc/handbook/chapter1/Pages/emergencymanagement.aspx>

Incident Command System (ICS)

ICS is the combination of procedures, personnel, facilities, equipment, and communication operating within a common organizational structure, designed to aid in the management of on-scene resources during incidents such as public health emergencies. The U.S. Federal Emergency Management Agency's (FEMA) resource center provides in-depth information and training programs, available at the link below:

<https://training.fema.gov/emiweb/is/icsresource/trainingmaterials/>

Food and Drug Administration Real-World Data and Real-World Evidence

The U.S. Food and Drug Administration (FDA), a division of the Department of Health and Human Services, uses real-world data and real-world evidence to develop guidelines and support decision making in healthcare. Discover how these data are incorporated into the FDA's responsive process below:

<https://www.fda.gov/science-research/science-and-research-special-topics/real-world-evidence>

FDA Expanded Access Program (EAP)

An individual with an immediately life-threatening condition or serious disease can gain access to an investigational medical product (drug, biologic, or device) for treatment outside of clinical trials when no alternative therapies are available. Learn more about the FDA's Expanded Access Program (EAP), the different types of EAPs, informed consent, and EAP monitoring using the links below:

<https://www.fda.gov/news-events/expanded-access/expanded-access-information-physicians>

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.305>

Food and Drug Administration Serious Adverse Events (SAE)

A Serious Adverse Event (SAE) is any undesirable experience associated with the use of a medical product. These can include death, disability, birth defects and more. Read more about what constitutes a SAE, how to report an SAE, and how the FDA identifies unknown risks below:

<https://www.fda.gov/safety/reporting-serious-problems-fda/what-serious-adverse-event>

FDA Emergency Use Authorization (EUA)

The FDA may authorize unapproved drugs and other medical products for use during a public health emergency. To understand the scope of a EUA, use the FDA's resource below:

<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#euaguidance>

Effective Communication – Centers for Disease Control and Prevention Resources

Developing effective communication campaigns during an emergency is a critical part of disseminating information and guiding recommended behavior. Before the development of these campaigns, it is important to understand your audience. Use this resource from the U.S. Centers for Disease Control and Prevention (CDC), a division of the Department of Health and Human Services (HHS), to learn more about how to gather information about your audience of focus:

<https://www.cdc.gov/ccindex/tool/develop.html>

After taking the steps to understand your audience, utilize the CDC's Clear Communication Index to enhance the clarity and aid understanding of your message:

<https://www.cdc.gov/ccindex/index.html>

Using Visuals to Communicate – CDC Resources

Visual communication such as pictures and infographics can benefit all audiences, especially people with lower literacy and numeracy skills. This can make complex health information and/or recommended behaviors easier to comprehend. The CDC has a public health image library and other resources to help guide visual communication development:

<https://www.cdc.gov/healthliteracy/developmaterials/visual-communication.html>

Rehabilitation Act – Accessibility and Compliance Resources

Under Section 508 of the Rehabilitation Act, the federal government is required to provide the same (or comparable) access to, and use of, information and communication technology (ICT) to all individuals. Learn more about ICT accessibility, including HHS compliance guidance with, at the links below:

<https://www.hhs.gov/web/section-508/index.html>

<https://www.section508.gov/>

Social Listening and Sentiment Analysis Tools

Social listening is the process of tracking mentions of words, phrases, or complex queries across social media and the web, followed by an analysis of the data to determine public sentiment. External software and programs can help systematize this social listening and analysis. The Health Information Persuasion Exploration (HIPE)[™] provides a holistic approach to understanding individual and population influences as well as environmental influences on health behavior. Explore some social listening resources below:

HIPE[™] Framework, MITRE Corporation: <https://covidhealthcomm.org/audience-analysis-overview/>

Social Integrity Platform, MITRE Corporation: <https://socialintegrity.mitre.org/>

Talkwalker: <https://www.talkwalker.com/>

Indiana University's Bot Detector: <https://botometer.osome.iu.edu/>

Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Social Vulnerability Index: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

Human Research Ethics – HHS Office for Human Resource Protections

Any research activity that involves human subjects is governed by strict guidelines to ensure the rights, wellbeing, and welfare of the individuals. The Office for Human Resource Protections, within HHS, provides clear direction on ethics in human research:

<https://www.hhs.gov/ohrp/>

Logic Model Tip Sheets – HHS

Several agencies within HHS have developed tip sheets and examples to help develop logic models for planning and program implementation. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has resources, including How to Include Social Capital in a Human Services Logic Model. The Administration for Children and Families (ACF) developed a Logic Model Tip Sheet that also includes additional resources and references:

ACF Tip Sheet: https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf

ASPE Human Capital example logic model: https://aspe.hhs.gov/system/files/aspe-files/263496/social-capital-logic-model-tool_0.pdf

Freedom of Information Act (FOIA)

Since 1967, the Freedom of Information Act (FOIA) has provided the public the right to request access to records from any federal agency. It is often described as the law that keeps citizens in the know about their government. Federal agencies are required to disclose any information requested under the FOIA unless it falls under one of nine exemptions which protect interests such as personal privacy, national security, and law enforcement. A FOIA request can be made for any agency record. Citizens can also specify the format in which they wish to receive the records (for example, printed or electronic form). The FOIA does not require agencies to create new records or to conduct research, analyze data, or answer questions when responding to requests:

<https://www.foia.gov/about.html>

Paperwork Reduction Act (PRA)

The Paperwork Reduction Act “governs how federal agencies collect information from the American Public.” The PRA seeks to ensure that data collected from the public is accurate and appropriate for intended use, is kept private, and that the data collection process is not overly burdensome. More information on data collection activities that require PRA clearance, and on the PRA clearance process:

<https://pra.digital.gov/>

OPEN Government Data Act

The Open, Public, Electronic and Necessary (OPEN) Government Data Act provides a mandate for federal agencies to publish their information as open data in standardized and non-proprietary formats. The U.S. Government’s open data can be found at the following source:

<https://www.data.gov/>

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