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Assessment for
Disaster Engagement
with Partners Toolkit

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ACKNOWLEDGEMENTS

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ASSESSMENT FOR
DISASTER ENGAGEMENT
WITH PARTNERS
TOOLKIT
(ADEPT)

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PROLOGUE

In 2011, a local health department (LHD) and several communities consisting of a population more than 425,000 experienced multiple wildfires. The LHD partnered with their community- and faith-based organizations (CBOs/FBOs) along with local government agencies through the Voluntary Organizations Active in Disasters (VOAD) organization. Some of the larger or more prominent CBOs/FBOs had their own independent and pre-existing relationships with local government agency partners outside of the VOAD. However, local government agency partners suggested that having a relationship with the VOAD helped them better manage the demands of maintaining these relationships along with separate relationships with many individual (and smaller) CBOs/FBOs.

In building partnerships with their community partners, the following activities were utilized by the LHD. These four kinds of activities form the basis of this toolkit and were developed based on research findings and practice.

1. Communication outreach and coordination

Communication in this county was more limited to "proper channels," and some local government agencies seemed to favor "pushing" messages (one way) to their CBO/FBO network (through the county VOAD) rather than fostering two-way communications. It was clear that CBOs/FBOs were more satisfied with their government partnerships when communication was more open and two-way.

2. Resource mobilization

Multiple examples of resource sharing among CBOs/FBOs were demonstrated. Resource sharing across sectors was more limited.

The best examples of resource sharing between government partners and CBOs/FBOs were identified with schools, universities, and with the network of independent health clinics. The LHD was very active with these partners.

3. Organizational capacity building

This stage was accomplished by LHD and local government partner support to the county VOAD. While government partners interacted with the VOAD and its member organizations, it was seen as a distinctly separate group to be developed and supported by government partners. In other words, the CBOs/FBOs were essentially seen as "customers" (not partners) to whom government agencies provided organizational capacity building services (e.g., though training, workshops, etc.). The VOAD often served as an intermediary between government partners and individual CBOs/FBOs.

4. Partnership developmen and maintenance

This stage was illustrated by membership in the VOAD. In this case, the VOAD served multiple aims. It existed for CBOs who may not have the capacity to form their own one-on-one relationships with the government or as a means for organizing and expanding CBO/FBO participation in disasters. Not all CBOs/FBOs operate at the same scale or in a similar scope. Certain CBOs/FBOs distinguish themselves from others based on their activity level, their organic capacity or resources, or other related topics. Large noteworthy CBOs/FBOs may establish their own independent partnerships with government agencies outside the scope of the VOAD rather than as a function of their membership in the VOAD.

INTRODUCTION

Toolkit Purpose

The purpose of this toolkit is to increase your community's disaster resilience through building community partnerships. The information provided in this toolkit is grounded in theory, research and practice and will guide local health departments (LHDs) toward building effective and mutually beneficial partnerships with community-based organizations (CBOs) and faith-based organizations (FBOs).

Toolkit Use

The use of this toolkit is two-fold.

First, it is an assessment tool that helps LHDs evaluate their partnership activities through the ADEPT organizational assessment tool.

Second, we recommend sets of activities to enhance your LHD's collaboration efforts with CBOs and FBOs based on your ADEPT assessment and your LHD's needs.

We guide you through these activities with strategies to build and improve effective linkages within your community before, during and after a disaster.

Assessment for Disaster Engagement with Partners Tool (ADEPT)

The first step is to use the ADEPT assessment tool to inventory your existing community partnership activities.

LHD-CBO/FBO relationships are characterized by four types of activities:

(1) Communication outreach & coordination
(2) Resource mobilization
(3) Organizational capacity building
(4) Partnership development and maintenance.

These activities are interdependent and not meant to be mutually exclusive. They are everyday activities that you and your LHD may be doing already and can be leveraged to increase your community's resilience for disasters through existing or future partnerships with community sectors.

COMMUNICATION OUTREACH & COORDINATION

RESOURCE MOBILZATION

PARTNERSHIP DEVELOPMENT & MAINTENANCE

ORGANIZATIONAL CAPACITY BUILDING

**ADEPT
ASSESSMENT
TOOL**

Directions: Indicate how often your organization engaged in each listed activity. Then record the total for each domain below.

ACTIVITIES	Never	Occasionally 1-2 times/yr	Frequently 3-5 times/yr	Always 6+ times/yr
Domain 1: COMMUNICATION OUTREACH AND COORDINATION				
1.1 Disseminated emergency preparedness and disaster response awareness campaigns or materials to CBOs/FBOs	1	2	3	4
1.2 Participated in educational sessions, health fairs, or community events on emergency and disaster preparedness at CBO/FBO locations	1	2	3	4
1.3 Developed or promoted educational activities, resources, websites for emergency preparedness and disaster response and provided them to CBOs/FBOs	1	2	3	4
Domain 2: RESOURCE MOBILIZATION				
2.1 Coordinated the use of a CBO/FBO facility during a disaster	1	2	3	4
2.2 Organized Points of Dispensing (POD) with CBOs/FBOs	1	2	3	4
2.3 Utilized CBO/FBO staff and/or volunteers for emergency and disaster preparedness or response	1	2	3	4
Domain 3: ORGANIZATIONAL CAPACITY BUILDING				
3.1 Engaged CBOs/FBOs to provide services in a disaster	1	2	3	4
3.2 Worked with CBOs/FBOs to train their staff for emergency work	1	2	3	4
3.3 Worked with CBOs/FBOs in preparing them to have emergency supplies on hand	1	2	3	4
3.4 Conducted community outreach side-by-side with CBO/FBO staff for vulnerable and hard-to-reach populations	1	2	3	4
Domain 4: PARTNERSHIP DEVELOPMENT AND MAINTENANCE				
4.1 Worked with CBOs/FBOs in creating a community-wide disaster preparedness plan with defined roles and responsibilities	1	2	3	4
4.2 Established a National Incident Management System (NIMS)-compliant plan to be used in an emergency with CBOs/FBOs	1	2	3	4
4.3 Established formal agreements (e.g., Memoranda of Understanding or prearranged reimbursement agreements) with CBOs/FBOs	1	2	3	4
4.4 Established informal agreements with CBOs/FBOs	1	2	3	4
4.5 Incorporated mechanisms for CBOs/FBOs to provide input about emergency preparedness for vulnerable populations	1	2	3	4

1. In each domain, which did you score low, medium or high?
2. How do you feel you can improve your scores?
3. Which areas would you focus on?

Domains:	Total Score	Possible ranges of scores
1. COMMUNICATION OUTREACH AND COORDINATION		3-12
2. RESOURCE MOBILIZATION		3-12
3. ORGANIZATIONAL CAPACITY BUILDING		4-16
4. PARTNERSHIP DEVELOPMENT AND MAINTENANCE		5-20

**COMMUNICATION
OUTREACH &
COORDINATION**

One of the most important components of community preparedness, response, and recovery is building integrated public and organizational communication strategies and networks, both formal and informal. There are a variety of well-established and tested communications procedures and practices available, and jurisdictions are required to have plans and procedures in place.

A well-integrated public and organizational communication strategy can lead to more efficient and effective message distribution, especially with regard to overcoming social, cultural, and language barriers for hard-to-reach populations (as one example).

In the context of disasters, we typically think about two types of communication outreach: Non-emergency Risk Communication and Crisis and Emergency Risk Communication (CERC). Non-emergency communication is focused on preparedness, and CERC is focused on response and recovery. Both rely on trusting networks and partnerships.

There are multiple forms of CERC outreach and coordination. These include "push" messages through local news media and alert systems (e.g., reverse 911), personal social networks and word-of-mouth, and social media (which rely on connected networks of subscribers). CERC messages pushed through coordinated and centralized official entities (e.g., the emergency operations centers or public affairs officers) can be effective if done properly, but these messages do not always reach their intended audiences or have the desired effect.

Major concerns include misinformation or message distortion. This can be especially true when cultural barriers or message pathways affect dissemination. Trusted community centers-of-influence should be identified to support messaging efforts. Also, many citizens still seek confirmation of emergency messages through their personal social networks.

The widespread expansion of social media has also been evident in recent disasters. Widespread social media changed the dynamics with information coming in from the outside. Traditionally, emergency and non-emergency risk communication took a top down approach, in terms of both message content and delivery.

Most disaster messages through social media are from people who are experiencing the event, reporting on the event, needing a service, or offering services. The utility of these messages depends in part on government agencies, CBOs/FBOs, and citizen responders groups. It helps if they have organized themselves and their partners to use specific sites for threaded discussions or have adopted certain protocols and procedures for reporting. Challenges can be information overload and misinformation. LHDs should join and lend their expertise to these exchanges.

The following sections are activities and resources to assist you with your communication outreach and coordination efforts.

💡 Suggested Activities

Non-emergency Risk Communication
- Formulate and review risk communication objectives with your community partners.
- Select appropriate media and dissemination channels.
- Ensure messages and materials work for your audience and community organizations.
- Acknowledge partner roles in creating and disseminating messages.

Crisis and Emergency Risk Communication (CERC)
- Confirm data and information concerning a disaster or emergency.
- Define stakeholders (who get the messages), partners (who amplify or pass along messages) and communication objectives (What you want the public to know?).
- Write basic messages.
- Convene media, representatives of partner agencies.
- Disseminate priority warning and hazards messages to media and partner agencies through news and/or through other means such as digital, text messages or social media.
- If you are a partner agency, disseminate messages to your constituency with updates on a regular basis until disaster has started to resolve.

Social Media and Risk Communication
- Sign up for social media sites and determine which sites are effective.
- Develop disaster social media sites for internal and external risk communication.
- Conduct social media training for your staff and community partners.

Resources

👆 HealthCommWorks. Centers for Disease Control and Prevention. This tool is for planning, managing, and evaluating public health communication.
https://cdc.orau.gov/healthcommworks

👆 CDCynergy. Centers for Disease Control and Prevention. This tool is used to guide health communication planning and implementation.
http://www.cdc.gov/healthcommunication/CDCynergy

👆 Crisis and Emergency Risk Communication. Centers for Disease Control and Prevention. This CERC training program guide draws from lessons learned during public health emergencies, and incorporates best practices from the fields of risk and crisis communication.
http://emergency.cdc.gov/cerc/pdf/CERC_2012edition.pdf

RESOURCE MOBILIZATION

LHD emergency preparedness and response planners have a wide array of resource sharing opportunities and options available to them for strengthening relationships with their community sectors. The resources can flow both ways; your health department can benefit from unrealized resources within the community, just as community organizations can benefit from resources in the health department.

Most importantly, the increased interaction between you and the community organization can lead to new community engagement opportunities as your relationship develops. During a crisis, you must be able to get supplies, people, equipment, and space. Furthermore, coordination and planning are essential to ensuring that these resources can be mobilized when required.

One important feature of resource sharing is that it can be easily quantified. Documenting the flow and exchange of resources over time can offer several benefits. First, it can be reported as a concrete measure of collaboration. Second, it can be used for goal setting and planning purposes. Finally, it can also help you assess resource gaps for further development of your own capacity and that of your community partners.

Collaborations start by making small steps. You don't know how much of a positive impact these activities can make until you start the process. Furthermore, you don't want to wait until the time of greatest need to seek partners. You need these relationships in place beforehand. However, it is important to note again that the ultimate results of these collaborations and resource exchanges are yet to be realized. They can only be fully appreciated and understood after the relationship has developed.

Training is a resource that you can offer to your community organization partners. However, it is a dual-function activity. From the perspective of the community organizations, it is also a capacity building activity. The lesson from this example can also apply to other activities.

Resources fall into several categories:
- Competencies
- Money and In-Kind Donations
- Facilities and Infrastructure
- Vehicles and Equipment
- Services
- Relationships and Access
- Data

Groups and organizations in these community sectors can be particularly helpful:
- Emergency management
- Healthcare
- Cultural and faith-based
- Housing and sheltering
- Media
- Mental/behavioral health
- Social services
- Senior services
- Businesses
- Community leadership
- Education and childcare settings

Each community organization has its own network ties, both within and outside of the community. Thus, community partners could access resources from its own partners outside the disaster affected area if the need arose.

The following section are suggested activities and resources to assist you and your LHD with your resource mobilization efforts.

Suggested Activities

Again, here are some suggested activities to strengthen your partnerships in resource mobilization

- Create an inventory of resources for ongoing/routine activities.
- Compare the required resources with your department's actual resources.
- Conduct a review of your existing community partnerships and list of resources.
- Include unmet needs in your community resource map.
- Ask partners what resources they need.
- Determine existing opportunities you have for meeting with these organizations and act.

Resources

Ready, Set, Go! Faith Community Emergency Preparedness Toolkit. Bloomington Public Health Division. This toolkit is a collection of resources that will assist FBOs in preparing for an emergency, including writing an All-Hazards Emergency Plan.
http://www.ci.bloomington.mn.us/cityhall/dept/commserv/publheal/emerprep/toolkit.htm

National Network of Libraries of Medicine (NN/LM) Emergency Preparedness & Response Toolkit. This is an online toolkit created to serve as a disaster planning resource for local communities and the nation. Links to a shelter-in-place plan and sample disaster plans are included.
http://www.webcitation.org/6OJs5j1hJ(Archived by WebCite® at http://www.webcitation.org/6OJs5j1hJ

Public Health Emergency Exercise Toolkit. Columbia University School of Nursing. This toolkit provides guidance, templates, checklists and forms to assist with every stage of the exercise process.
http://www.nycepce.org/Documents/PHEmergencyExerciseToolkit.pdf

ORGANIZATIONAL CAPACITY BUILDING

Disasters and public health emergencies disrupt the functioning of a community, and organizations might become isolated from each other by the effects of a disaster.

The effects of a disaster can be compounded if organizational partners who require the assistance of another organization to perform their mission are isolated from them. This is why it is important for organizations to be prepared, self-sufficient, and self-sustaining.

Capacity building consists of intra-organizational communication, training, resource and information sharing, and disaster planning. As a part of a health department's emergency functions, it is important to develop the capacity of community partner organizations to increase their disaster resilience by providing the necessary knowledge, skills and capabilities that will remain within the community. Building organizational capacity and capabilities directly increases their ability to make the community more resilient and to develop sustainable relationships with community partners.

A shortened time span for a community to recover from disasters is the key to resilience. LHDs can help build a CBO or FBO's capacities.

One example of this is a LHD who has partnered with its local VOAD to build their internal capacity for governance and fiscal management. The LHD facilitated this by bringing on the expertise of another partner CBO to act as the VOAD's fiscal agent and provide training and mentorship.

Public health departments can prioritize their organizational capacity building efforts in a manner that makes the most sense for their jurisdiction.

- CBOs/FBOs that control mission-critical resources needed by the LHD for disaster response.
- CBOs/FBOs that serve vulnerable populations (with priority given to those with the broadest reach within a particular population).
- CBOs/FBOs which serve as community network hubs or who serve multiple CBOs/FBOs.
- CBOs/FBOs with broad constituencies or communications capabilities.

PARTNERSHIP DEVELOPMENT AND MAINTENANCE

Suggested Activities

- Focus on training that is focused on the community organization's self-sufficiency if isolated from its partner organizations by a disaster's effects.
- Assist CBOs/FBOs with creating and maintaining their own disaster checklists, plans and supplies.
- Promote dual-function training and cross-training among CBOs/FBOs.
- Facilitate alternative and redundant communications methods.
- Include CBOs/FBOs in disaster and public health emergency planning so that they can better understand the priorities and activities of government partner agencies.

Resources

Organizational Capacity Assessment Tool. Marguerite Casey Foundation. This tool is an online self-assessment instrument that helps nonprofits identify capacity strengths and challenges and establish capacity building goals. http://caseygrants.org/resources/org-capacity-assessment.
Accessed: 2014-03-24. http://www.webcitation.org/6OJsLKQOq (Archived by WebCite® at http://www. webcitation.org/6OJsLKQOq)

Coalitions Work. This online resource contains tools, checklists and a survey for building and sustaining coalitions and partnerships, developing and supporting new initiatives and assessing their effectiveness. http://coalitionswork.com. Accessed: 2014-03-24. http://www.webcitation.org/6OJsQF7ir (Archived by WebCite® at http://www.webcitation.org/6OJsQF7ir)

Prevention Institute. The website offers a collection of tools to support the crafting, implementation, and evaluation of comprehensive prevention initiatives and effective coalitions. http://thrive.preventioninstitute.org/tools.html. Accessed: 2014-03-24. http://www.webcitation.org/6OJsT9kjn (Archived by WebCite® at http://www.webcitation.org/6OJsT9kjn)

To reiterate, developing cross-sector social networks are important for effective disaster response and recovery. Organizational social networks are integral in building resilience for disasters. Organizations with significant/numerous network ties typically have more effective service delivery outcomes than less connected organizations.

Partnerships are essential, however developing, building and maintaining require work, time and commitment. Partnerships are integral to solving problems, preserving community assets, and building collective social capital and social cohesion. The stages of partnership development are formation, building, and maintenance. As partnerships evolve, new members are added, or goals are renewed or expanded, the stages are revisited.

Formation

This stage involves identifying and recruiting partner organizations representing the eleven community sectors focusing on those who can help the LHD meet planning or resources gaps.

Building

This stage includes training partners, exchanging information, and ensuring that communication is in place. It includes developing infrastructure, procedures, capacity, and commitment.

Maintenance

This stage focuses on outcomes and partnership sustainability. Begin each new partnership with maintenance in mind.

Partnerships and groups can begin informally and then develop over time. However, both formal and informal members should be treated as respected contributors toward accomplishing the shared mission, goals, and objectives. Our case study illustrates partnership strategies whereby an LHD can partner with existing community networks (e.g. VOAD).

The following section are suggested activities and resources to assist you and your LHD with your partnership building efforts.

Suggested Activities

- Involve partners in your plans, exercises, and after action reviews.
- Ensure regular training and exercises throughout the year to increase contact with your partners (and build capacities).
- Establish effective communications and participation through regular meetings and joint decision-making activities.
- Ensure partnership maintenance processes are in place from the beginning of your engagement.
- Clarify and reaffirm the shared vision and mission.
- Recruit and retain active and diverse membership.
- Establish a memorandum of understanding (MOU) that outlines clear roles and responsibilities.
- Create investment in the partnership through mutual respect and trust.

Resources

Partnership Trust Tool Survey. Centers for Disease Control and Prevention. This partnership-building tool is designed for all partners – community, health department, academic and others to address the concept of trust in their partnerships.
http://www.cdc.gov/prc/program-material/partnership-trust-tools.htm

Partner Tool. University of Colorado. This online social network analysis tool allows stakeholders, partners, evaluators, and funders to monitor collaborative activity and track how progress in regard to how community members and organizations participate.
www.partnertool.net

Partnership Self-assessment Tool. Center for the Advancement of Collaborative Strategies in Health. This is an online tool to assess how well the collaborative process is working among partnerships and to identify specific areas ti make the process work better.
http://partnershiptool.net

APPENDIX A
Checklist of Partnership Activities

Communication Outreach & Coordination

Non-emergency Risk Communication

- ☐ Formulate and review risk communication objectives with your community partners.
- ☐ Select appropriate media and dissemination channels.
- ☐ Ensure messages and materials work for your audience and community organizations.
- ☐ Acknowledge partner roles in creating and disseminating messages.

Crisis and Emergency Risk Communication (CERC)

- ☐ Confirm data and information concerning a disaster or emergency.
- ☐ Define stakeholders (who get the messages), partners (who amplify or pass along messages) and communication objectives (what you want the public to know?).
- ☐ Write basic messages.
- ☐ Convene media, representatives of partner agencies.
- ☐ Disseminate priority warning and hazards messages to media and partner agencies.
- ☐ through news and/or through other means such as digital, text messages or social media.
- ☐ If you are a partner agency, disseminate messages to your constituency with updates on a regular basis until disaster has started to resolve.

Social Media and Risk Communication

- ☐ Sign up for social media sites and determine which sites are effective.
- ☐ Develop disaster social media sites for internal and external risk communication.
- ☐ Conduct social media training for your staff and community partners.

Resource Mobilization

- ☐ Create an inventory of resources for ongoing/routine activities.
- ☐ Compare the required resources with your department's actual resources.
- ☐ Conduct a review of your existing community partnerships and list of resources.
- ☐ Include unmet needs in your community resource map.
- ☐ Ask partners what resources they need.
- ☐ Determine existing opportunities you have for meeting with these organizations and act.

Organizational Capacity Building

- ☐ Focus on training that is focused on the community organization's self-sufficiency if isolated
- ☐ from its partner organizations by a disaster's effects.
- ☐ Assist CBOs/FBOs with creating and maintaining their own disaster checklists, plans and supplies.
- ☐ Promote dual-function training and cross-training among CBOs/FBOs.
- ☐ Facilitate alternative and redundant communications methods.
- ☐ Include CBOs/FBOs in disaster and public health emergency planning so that they can
       better understand the priorities and activities of government partner agencies.

Partnership Development & Maintenance

- ☐ Involve partners in your plans, exercises, and after action reviews.
- ☐ Ensure regular training and exercises throughout the year to increase contact with your
       partners (and build capacities).
- ☐ Establish effective communications and participation through regular meetings and
        joint decision-making activities.
- ☐ Ensure partnership maintenance processes are in place from the beginning of your engagement.
- ☐ Clarify and reaffirm the shared vision and mission.
- ☐ Recruit and retain active and diverse membership.
- ☐ Establish a memorandum of understanding (MOU) that outlines clear roles and responsibilities.

APPENDIX B
Community Resources
Mapping Worksheet

SECTOR	COMPETENCIES	MONEY	INFRASTRUCTURE OR EQUIPMENT	SERVICES	RELATIONSHIPS	DATA
Community Leadership						
Cultural and faith-based groups and organizations						
Education and childcare settings						
Emergency Management						
Health care						
Housing and sheltering						
Media						
Mental/behavioral health						
Social services						
Senior services						
Businesses						

*Adapted from: Acosta, J., Chandra, A., and Ringel, J. (2013) Nongovernmental Resources to Support Disaster Preparedness, Response, and Recovery. Disaster Medicine and Public Health Preparedness

APPENDIX C
Community Resilience Asset Chart Example

SECTOR Brief	COMPETENCIES Knowledge, skills and expertise	MONEY Financial or economic assets	INFRASTRUCTURE OR EQUIPMENT Physical assets and bulit or constructed facilities, such as gyms, kitchens, etc..	SERVICES Help or aid supplied	RELATIONSHIPS Social or professional ties, or connective organizations	DATA Information collected
Business	Financial and organizational management, local supply chains	Investors and customers	Warehouses, transportation, trucks, goods (supplies, food, etc.)	Variety of goods or services to local residents	With supply chains, transport, customers, connector to chambers of commerce	Purchasing patterns, supply chain distruption
Community	Policy development enforcement, advocacy	Community funds or foundation	Public Buildings local government, local law enforcement	Advocacy for community change, develop and enforce policies	with constituency and other local leaders, connect to national leaders	Pending policies
Cultural and faith-based groups and organizations	Community values, spiritual and emotional support	Philanthropic support	Congregations or constituencies, churches or cultural centers, religious texts, donations of food or clothes	Donations and volunteer management, spiritual and emotional care, transportation support	With congregations or constituencies, and other cultural and faith-based groups, connector to the U.S. Department of Heath and Human Services and White House Office of Faith-based and Neighborhood Partnerships	Needs and assets of congregations and constituents
Emergency management	Incident Command System (ICS), disaster resources and financing, emercency plans	Disaster financing	ICS, operations or command center, emercency communication systems, surveillance systems	Management of emergency operations, conduct surveillance systems	ICS, with public health government, connector to Federal Emergency Management Agency and U.S. Department of Homeland Security	Risk and hazards, damage and threat assessment
Health care	Patient triage, care, management, and transfer	Government programs (Medical and Medication) and private insurance companies	Hospitahs, community health centers, private practices, urgent care facilities, medical equipment, vaccines and other counter- measures	Coordination and delivery of physical health care	With patients providers, pharmacies, medical suppliers, insurers, connector to Hospital Preparedness Program	Patient needs, service access and utilization, medical supplies, pharmaceutical supplies
Social services	Case management, employment, child protection, disabilty services	Primarily government programs	Intake centers, service agencies	Coordination and delivery of social services	With clients, social service providers and case managers, connector to administration for Children and Families and Department of Social Services	Client needs, service access and utilization

SECTOR Brief Discription	COMPETENCIES Knowledge, skills and expertise	MONEY Financial or economic assets	INFRASTRUCTURE OR EQUIPMENT Physical assets and bulit or constructed facilities, such as gyms, kitchens, etc.	SERVICES Help or aid supplied	RELATIONSHIPS Social or professional ties, or connective organizations	DATA Information collected
Housing and Sheltering	Assessing housing needs (permanent and temporary), providing housing and shelter service	Primarilly government programs	Temporary and permanent dwellings, intake center, blenkets etc.	Short-and long-term housing	With builders, construction, lenders and mortgage/ insurers, connector to U.S. Department of Housing and Urban Development	Availability of housing (e.g., waiting list, tradition list)
Media	Communications, information dissemination	Investors and customers	Print and networking center, broadcast center, (video and radio). offices, mass printing, web capabilities, microphones, cameras and computers	Information dissemination	With other print/ radio media, connector to national media	Circulation statistics (e.g., demographics, reach)
Mental/ behavioral health	Assessment of problems, inpatient and outpatient care	Government programs (Medicare and Medicaid) and private insurance companies	Assessment centers, emercency or after-hours care, mobile care units, inpatient facilities, outpatient clinics or private practice offices, psychotropic and other medications, evidence-based therapeutic approaches	Mental health care, substance abuse prevention and treatment	With clients, behavioral health providers, pharmacies, connector to Substance Abuse and Mental Health Services Administration	Clients needs, service access and utilization
State office of aging or it's equivalent	Survellance, non-medical services, education, andresources for seniors, caregiver education	Primarily government programs	Government office, local service providers (transport, civic, nutrition, etc.), transport vehicles, senior resources directory, senior educational materials	Non-medical services for seniors	With seniors and senior service providers	senior needs, senior service access and utilization
Education and childcare settings	Child development, multi-modal education, child transport and food service	Local tax base	Schools (pre-college) that house gyms and kitchens, daycares, (commercial and residential), program specific providers (e.g., Gymborees, books, and toys, duplication and audiovisual equipment, desks and chairs	Educational programming, Head Start nutrition programs (e.g., free or reduced school lunch)	With children, parents, childcare providers and educators, connector to U.S. Department of Education	Students needs, academic performance, rates of students receiving free/ reduced lunch, shifts in student demographics or enrollment

*Sectors (e.g., education, media) are based on the Centers for Desease Control Public Health Emergency Preparedness Capabilities (2011)

Source: Acosta, J., Chandra, A., and Ringel, J. (2013) Nongovernmental Resources to Support Disaster Preparedness, Response, and Recovery. Disaster Medicine and Public Health Preparedness.

APPENDIX D
Message Development for Emergency Communication Worksheet

First, consider the following:

Audience	Purpose of Message	Method of Delivery
• Relationship to event • Demographics (age, language, education, culture) • Level of outrage • (based on risk principles)	• Give facts/update • Rally to action • Clarify event status • Address rumors • Satisfy media requests	• Print media release • Web release • Through spokesperson • (TV or in-person appearance) • Radio • Other (e.g. recorded phone message)

Six emergency message components:

1. Expression of empathy: _____

_____

2. Clarifying facts/Call for action:

Who _____

What _____

Where _____

When _____

Why _____

How _____

3. What we don't know: _____

4. Process to get answers: _____

5. Statement of commitment: _____

6. Referrals: _____

Adapted from Social Media Communications Strategy Worksheet 9–1: (CERC, pg.289)

APPENDIX E:
Immediate Response Communication Plan

Situation: Notifications:

Notify Person/Group	Phone	Should be contacted by	Date contact made

Crisis Level – Communication Response Needed:

Assignments for Team Leaders:

Spokesperson Preparation Required:

Target Audience(s):

Communication Objectives by Target Audience:

Audience:

Objective:

Key Concepts/Messages:

Audience:

Concept/Message:

Communication Channels:

Audience Materials:

Provisions for Releasing to Public:

For Immediate Release:

Projected Time of Next Release:

Process Being Used to Obtain Further Information:

Provisions for Monitoring:

Provisions for Evaluation:

Adapted from Emergency Risk Communication CDCynergy http://www.webcitation.org/6OJrsViiQ(Archived by WebCite® at http://www.webcitation.org/6OJrsViiQ)

APPENDIX F
Social Media
Communications Strategy
Worksheet

1. **Target Audience**
   Describe the person(s) you want to reach with your communication; be as specific as possible. More than one audience may be listed. Include a primary and secondary (influencers) audience if appropriate.

2. **Determine your objective**
   What do you want to achieve through your social media outreach and communication? This could include something you want your target audience to do as a direct result of experiencing the communication.

   Restate your objectives in **SMART** terms:
   Specific – state in concrete, detailed and well-defined terms – What exactly are we going to do for whom?
   Measurable – should be quantifiable and the source of measurement has been identified.
   Attainable/Achievable – can the objective be achieved in the proposed time frame with the resources available?
   Relevant/Realistic – is the objective directly related to the overarching communication goal from your communication plan?
   Time-bound – have deadlines been set?

   Additional information on writing SMART objectives can be found at
   http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf

3. **Define Audience Communication Needs**
   People access information in various ways, at different times of the day, and for different reasons. If possible, define your audience needs by using market research and other data.

   You can use the following resources:

   Pew Internet and American Life Project: http://www.pewinternet.org/

   CDC eHealth Data Briefs: http://www.cdc.gov/healthcommunication/
   Accessed: 2014-03-24. http://www.webcitation.org/6OJxjiyHA(Archived by WebCite®
   at http://www.webcitation.org/6OJxjiyHA)

4. **Goal Integration**
   a) Describe how your social media objectives support your organization's mission and/or overall communications plan.

   b) How does it support other online or offline components – what events (either national/state/local) present communication opportunities?

5. **Message Development**
   Develop the key messages based on the target audience and objectives identified. (

6. **Resources and Capacity**
   Determine who in your organization will be responsible for implementation and the number of hours they can allocate for content creation and maintenance.

7. **Identify Social Media Tools**
   Determine what tools will effectively reach your target audience. Match the needs of the target audience with the tools that best support your objectives and resources. (Example: Because Facebook has a large population of young women who have children, is free, and requires minimal technical expertise, it may be a good tool for a mom-centered program while only requiring a small amount of funding for social media activities.)

8. **Define Activities**
   Based on all of the elements above, list the specific activities you will undertake to reach your communication goals and objectives.

9. **Identify your key partners and their roles and responsibilities**

10. **Define Success for Evaluation**
    What are your measures of success? Your measures of success may be different depending on your goals and objectives.

11. **Evaluate**
    Create an evaluation plan; see the Social Media Evaluation Plan for more information.

   Adapted from The Health Communicator's Social Media Toolkit
   http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit_bm.pdf

APPENDIX G
Sample Memorandum of Understanding Worksheet

PARTNER ORGANIZATIONS

1. _____

2. _____

3. _____

STATEMENT OF INTENT

We, the undersigned, acknowledge and common commitment to / concern about…

By working together as partners, we see the added value each of us can bring to fulfill the is commitment / address this concern

Specifically we expect each partner to contribute to the project in the following way(s):

Partner 1…

Partner 2…

Partner 3…

All partners…

STRUCTURES AND PROCEDURES

Partner roles and responsibilities…

Coordination and administration…

Working groups / committee(s)

Decision-making processes…

Accountability arrangements…

RESOURCES

We will provide the following resources to
a) the partnership and
b) the project…

REVIEWS / REVISIONS

We agree to make available all information relevant to this partnership to partners as necessary

We agree to review the partnership every ….. months

We agree to make adjustments to the partnership (including re-writing this agreement) should either a review or a revision indicates that this is necessary for the partnership to achieve its objectives

CAVEATS

This agreement does not permit the use of copyright materials (including logos) or the dissemination of confidential information to any third party without the written permission of the partner(s) concerned

This agreement does not bind partner organizations or their staff / officers to any financial or other liability without further formal

Signed

_____
on behalf of Partner 1

_____
on behalf of Partner 2

_____
on behalf of Partner 3

_____
Date

_____
Place