



GOVERNMENT
ACCOUNTABILITY
PROJECT

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Via Email

February 2, 2021

Hon. Henry Kerner
United States Special Counsel
Office of Special Counsel
1730 M St. NW #218
Washington, DC 20036

Re: **Unlawful Gag Orders Issued by the Department of Health and Human Services**

Dear Special Counsel Kerner:

The Office of Special Counsel (OSC) has shown its effectiveness in investigating and obtaining corrective action against nondisclosure policies, forms and agreements that violate the “anti-gag” provisions in the Whistleblower Protection Enhancement Act (WPEA), 5 U.S.C. 2302(b)(13), as well as every Consolidated Appropriations Act passed since FY 1988

It has come to our attention that the Department of Health and Human Services (HHS) leadership on multiple occasions violated the anti-gag laws enforced by your Office. Separate Freedom of Information Act (FOIA) requests by BuzzFeed News and our organizations recently returned records evidencing these violations in primary documents, including email correspondence and agency communication policies. These violations are discussed in depth below.

Congress passed and presidents signed laws creating anti-gag rights for federal workers because agency gag orders frequently contradict whistleblowers’ long-established legal rights and protections. The alarming violations of these rights by HHS leadership require a strong response. Otherwise, a workforce chilled from disclosing substantial and specific threats to public health and safety may never thaw. This chilling effect can be especially deadly during a historic health emergency.

Our organizations therefore request you reaffirm your past efforts by investigating violations of these anti-gag laws and ordering corrective action.

Former HHS Spokesman and His Senior Advisor Issued Illegal Gag Orders

According to records obtained by BuzzFeed News through the Freedom of Information Act (FOIA), on July 15, 2020, HHS Assistant Secretary of Public Affairs (ASPA) Michael Caputo wrote in an email to HHS and Center for Disease Control and Prevention (CDC) personnel: “According to longstanding policy, no media interviews are permitted without HHS ASPA clearance. There are no exceptions.”¹

Beyond this blatant restriction on HHS workers’ First Amendment speech, Mr. Caputo specifically and repeatedly demanded insight into the approval process behind a National Public Radio interview with an HHS official, adding CDC Director Dr. Robert Redfield into the email chain.² The records released of this exchange do not evidence any objection from Dr. Redfield to Mr. Caputo’s gag order, nor do they discuss HHS workers’ whistleblowing rights—an obvious exception required by law to the longstanding policy Mr. Caputo cited. Because significant portions of these records were withheld from public release, our organizations encourage OSC to request these records in unredacted form. However, the unqualified policy on its face violates section 2302(b)(13).

Additionally, on August 8, 2020, a senior advisor to Mr. Caputo wrote a lengthy email to a number of HHS and CDC personnel, including both Mr. Caputo and Dr. Robert Redfield, requesting alterations to both the substance and review process of two recent CDC Morbidity and Mortality Weekly Reports (MMWR):

I am asking that you put an **immediate stop** on all the CDC [Morbidity and Mortality Weekly Report] reports due to the incompleteness of reporting that is done in a manner to mislead the public...CDC to me appears to be writing hit pieces on the administration and meant at this time to impact school re-openings and they then send it to the media knowing it is deceiving. I ask it to be stopped now!...[sic]

This immediate stop will ensure that reports are only cleared if I get ahead of time, the: actual ‘full’ MS Word version and NOT the summary, we must clear the full report, with the relevant tables...FINAL, not scratched up. Their final. I must read it, refer back to the CDC writers, and get agreement on 1-2 lines before it is posted...If I see the final report, and we agree on my 2 lines, only then can it be posted. If this is not done, then cannot be reported and cleared by APSA. Period. CDC cannot police itself...Nothing to go out unless I read and agree with the findings how they CDC, wrote it and I tweak it to ensure it is fair and balanced and ‘complete’...Please put a stop on all immediately Michael...[sic]

I am asking that the CDC immediately go back to the 2 reports and adjust the summary and if this is not done, then the stoppage be immediate...

¹ Michael Caputo, email to Nina Witkofsky et al. (July 15, 2020), available at <https://beta.documentcloud.org/documents/20464527-leopold-hhs-foia-caputo-alexander-emails> p. 78.

² Michael Caputo, email to Robert Redfield et al. (July 16, 2020), available at p. 76.

So I request that CDC go back to that report and insert this else Michael, pull it down and stop all reports immediately...³ [emphasis in original]

Among the HHS and CDC personnel receiving this email was Dr. Christine Casey, an editor for the CDC Morbidity and Mortality Weekly Report (MMWR). POLITICO reported on a portion of this exchange, saying “the politically appointed HHS spokesperson and his team demanded and received the right to review CDC’s scientific reports to health professionals.”⁴ This message sought an “immediate stop” to CDC MMWR’s disclosure of information concerning substantial and specific dangers to public health and safety. None of the correspondence our organizations reviewed contained an exception to this “immediate stop” concerning whistleblowing protections. Our organizations therefore request you investigate this incident.

HHS Communications Policy Constitutes an Illegal Gag Order

Our organizations obtained through FOIA the January 2020 “ASPA Playbook” which is a document detailing ASPA’s purpose, policies, and procedures. The Playbook is attached as Exhibit 1.

Page 23 of the Playbook states “Please do not pre-arrange interviews [with the media] before receiving ASPA approval. Also, do not pitch news, blogs and op-eds before receiving ASPA approval.”⁵ The Playbook reasserts this requirement in Appendix III: “Press materials (including press releases, media advisories, talking points, Q&As, and interview requests, as well as op-eds and blogs)...must be submitted to ASPA via email at [redacted]@hhs.gov. All media interview requests must be submitted to the ASPA News Division for clearance via email at [redacted]@hhs.gov.”⁶

OSC once found that HHS explicitly violated anti-gag laws with three gag orders between January 2017 and May 2018.⁷ Although HHS may have rewritten their anti-gag policies as a result of those violations, this Playbook lacks any acknowledgement of whistleblowers’ right to make protected disclosures despite its restrictions on HHS workers’ speech.

The ramifications of this violation should not be trivialized as merely semantical omissions. Employees reading the Playbook may not understand that their right to make protected whistleblower disclosures supersedes restrictions its policies place on this right. Our organizations request you review this Playbook and other HHS communications policies as a part of this investigation.

³ Paul Alexander, email to Michael Caputo and Robert Redfield et al. (August 8, 2020), available at p. 106-110.

⁴ Dan Diamond, “Trump officials interfered with CDC reports on Covid-19,” POLITICO (Sept. 11, 2020), available at <https://www.politico.com/news/2020/09/11/exclusive-trump-officials-interfered-with-cdc-reports-on-covid-19-412809>.

⁵ Exhibit 1 at 23.

⁶ Exhibit 1 at 36-41.

⁷ Irvin McCullough and Zack Kopplin, “Gag Orders at Federal Agencies Are Violating Whistleblower Laws,” Washington Post, (June 8, 2018), available at <https://www.washingtonpost.com/news/posteverything/>.

Full Investigation Warranted to Reveal Other Illegal Gag Orders

Further, while the full scope of violations remains unknown, there are indications that speech has been suppressed. OSC should conduct a full investigation into these violations and the concerning incident described below.

According to records BuzzFeed News obtained through FOIA, on June 27, 2020, a CNN Senior Medical Correspondent wrote to Mr. Caputo seeking to confirm that the HHS Operation Warp Speed “is working on a vaccine education campaign for the public to increase the chances that people will get the COVID vaccine when it comes out.” Mr. Caputo declined to confirm the tip and sought to squash the story instead, responding that the correspondent’s source “does not have actual visibility of the issue...I’d hate to see CNN put out an [sic] wildly incorrect story.”⁸

The correspondent replied that her two sources were Anthony Fauci, a leading member of the White House Coronavirus Task Force, and Kristen Nordlund, a CDC spokeswoman. She disclosed Ms. Nordlund’s response to a query about the program: “This question would be better suited for HHS as they are handling Operation Warp Speed work... Would suggest reaching out to the new assistant secretary for public affairs [sic] at HHS, Michael Caputo re: covid vaccine campaign. For [sic] what I understand he is spearheading it.”⁹ An assumingly angered Mr. Caputo wrote to Ms. Nordlund, Dr. Redfield, and a number of other HHS and CDC staff: “In what world did you think it was your job to announce an Administration public service announcement campaign to CNN? Dr Redfield, is [sic] like us all to get on a call ASAP Monday to discuss this.”¹⁰

On Monday, June 29, 2020, Mr. Caputo wrote a short, one-sentence email titled “Staff” to Dr. Redfield and his acting Chief of Staff: “Can we have a teleconference meeting with the CDC communications [redacted][?]”¹¹ It is likely that this email and its resultant teleconference responded to the weekend’s events. Mr. Caputo’s aforementioned, egregious violation three weeks later leads our organizations to recommend OSC seek records regarding this teleconference—notes, subsequent correspondence, etc.—and fully investigate the entire incident to evaluate whether Mr. Caputo issued any other illegal gag orders.

Gag Orders Violate the Whistleblower Protection Enhancement Act and Appropriations Laws

Both the Whistleblower Protection Enhancement Act (WPEA) and Congressional Appropriations Acts contain language prohibiting Congress from funding agencies that “implement or enforce” any “non-disclosure policy, form, or agreement if such policy, form, or agreement does not contain” provisions reaffirming that employee whistleblower rights are controlling, despite any nondisclosure restrictions.¹² The anti-gag provision of the Whistleblower Protection Enhancement Act (5 U.S.C. § 2302(b)(13)) specifically states that employees with authority to take personnel

⁸ Michael Caputo, email to Elizabeth Cohen (June 27, 2020), available at p. 28.

⁹ Elizabeth Cohen, email to Michael Caputo (June 27, 2020), available at p. 27.

¹⁰ Michael Caputo, email to Kristen Nordlund and Robert Redfield et al. (June 27, 2020), available at p. 27.

¹¹ Michael Caputo, email to Robert Redfield and Nina Witkofsky (June 29, 2020), available at p. 41.

¹² 5 USC §2302(b)(13); §§713 and 743, Consolidated Appropriations Act, 2020.

actions cannot implement or enforce any non-disclosure policy unless the policy statement contains the explicit language guaranteeing whistleblower rights as set forth in the footnote, below.¹³

OSC has repeatedly instructed that agencies cannot implement or enforce nondisclosure policies, forms or agreements (NDAs), including management communications, that restrict federal employees' speech without including that a statutorily required exemption for speech that constitutes protected whistleblowing activity. As OSC recognized:

Nondisclosure agreements and policies can chill would-be whistleblowers from coming forward. These orders must clearly state that federal employees have a right to make disclosures of wrongdoing.¹⁴

OSC broadly interprets the anti-gag statutes to cover all authoritative management communications and has ordered corrective actions to federal agencies that have issued unlawful gag orders. Those agencies include HHS.¹⁵ While HHS may have taken corrective action to recognize the anti-gag requirements on its website, under section 115(a)(2) of the Whistleblower Protection Enhancement Act, the website is additive to including the required addendum whenever relevant. HHS does not have the discretion to ignore this law in daily operations.

HHS personnel are heroically working to end a historic pandemic. Unfortunately, under unlawful gag orders from their Department, would-be whistleblowers championing science have been silenced, hampering Congress' oversight capabilities and citizens' right to know. OSC must investigate these violations in full and order HHS to reissue corrective communications to Department employees with modified language that conforms with the statutory mandate of 5 USC §2302(b)(13), as discussed above.

¹³ 5 U.S.C. § 2302(b)(13) reads as follows:

Any employee who has authority to take, direct others to take, recommend, or approve any personnel action, shall not, with respect to such authority—

(13) implement or enforce any nondisclosure policy, form, or agreement, if such policy, form, or agreement does not contain the following statement: "These provisions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower.

¹⁴ OSC Press Release, *OSC's Enforcement of the Anti-Gag Order Provision in Whistleblower Law* (Jan. 25, 2017), available at <https://www.scribd.com/document/337635299/OSC-s-Enforcement-of-the-Anti-Gag-Order-Provision-in-Whistleblower-Law>.

¹⁵ See McCullough and Kopplin Washington Post Op-Ed, n. 7.

Very truly yours,

/s/

Tom Devine
Government Accountability Project

/s/

Irvin McCullough
Government Accountability Project

/s/

Freddy Martinez
Open the Government

EXHIBIT 1

**Office of the Assistant Secretary for
Public Affairs Playbook**

January 2020





Table of Contents

ASPA Overview	3
Portfolios	
Speechwriting	
Broadcast & Video Production	
ASPA Digital Service Desk	
Strategic Communications Planning Tool	
Collecting Customer Feedback on HHS Communications Products	
Executive Secretary Policy Clearance	
Advance Planning/Calendar	
ASPA Contacts	
Materials Review and Coordination Process	10
Review and Coordination Process and Timing	
Op-ed Review and Coordination Process	
Rollout Planning	
Materials Distribution Process	
Appendix I - Templates	16
Press Document Submission	
HHS.gov Blog Submission	
Op-Ed Concept Submission	
Rollout Plan	
Media Interview Request	
Press Release	
Media Advisory	
Appendix II - Examples	27
Rollout Plan	
Interview Request	
Op-Ed Concept Review	
Digital Rollout Plan	
Appendix III – Strategic Communication Planning Tool	32
Appendix IV – Collecting Routine Customer Feedback of HHS Communications	37
Appendix V – Acronyms	42



Overview

The Office of the Assistant Secretary for Public Affairs (ASPA) builds and maintains relationships with the public through multiple communications channels including the news media, websites, broadcast, social media, journals, speeches, meetings/events, and the Freedom of Information Act (FOIA). The information communicated supports leadership and program priorities and represents a comprehensive view of the Department.

To foster intra-departmental visibility and coordination of messaging for major announcements, ASPA in collaboration with agency/office communications leadership developed the following criteria for communication and public affairs officials to use to determine when to send information to ASPA for review.

- Is it **Newsworthy?** - e.g., this issue has received coverage from major news outlets, is generating traffic in social media, you plan to promote widely to the press, there is significant reporter interest in the issue.
- Does it contain **New Information?** - e.g., a change in policy, a substantial new research finding or development, a new campaign or program.
- Is the subject/content **Controversial?** - e.g., has received interest from Congress, subject of investigations, issue raised significant criticism by advocacy groups or associations, involves pending legislation or litigation, has received widespread or critical media attention.
- Is it a **Public Education Campaign?** e.g., a coordinated set of materials designed to inform or persuade an audience to take action and/or adapt a behavior about a specific public health/human services issue e.g. AdoptUSKids, The Real Cost, Civil Rights Protections.
- Does it relate to **Administration, Secretarial priorities?** i.e., the opioids crisis, health insurance reform, drug pricing, and value-based care.

NOTE: The criteria for ASPA review applies to the information being released, not the mechanism used – videos, speeches, social media, blogs, op-eds, etc. - for release.

ASPA uses the following organizational structures, processes, tools and templates to manage day-to-day communications activities.



Portfolios

ASPA uses three policy portfolios to organize and align public affairs work.

Public Health

The Public Health team works with the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, U.S. Food and Drug Administration, National Institutes for Health, Office of Global Affairs, Office of the Assistant Secretary for Emergency Preparedness and Response, and Assistant Secretary for Planning and Evaluation/Public Health issues and offices of the Assistant Secretary for Health and the Surgeon General on initiatives and strategies to promote public health, improve health outcomes, prevent disease and outbreak, and accelerate scientific discovery.

Healthcare

The Healthcare team works to advance a healthcare system that delivers high-quality, affordable care to all Americans. The team works with the Agency for Healthcare Research and Quality, Office of the National Coordinator for Health Information Technology, Health Resources and Services Administration, Centers for Medicare & Medicaid Services, and Assistant Secretary for Planning and Evaluation/Health Care issues to improve access, quality, safety, efficiency and effectiveness of the nation's healthcare.

Human Services

The Human Services team helps Americans of all ages and backgrounds live full, productive lives: kids getting a "Head Start" through early childhood education, families transitioning out of poverty to economic independence, teens and adults recovering from mental illness and addiction, and seniors participating in communities that value their contributions. These and other human service programs are carried out by the Administration for Children and Families, Administration for Community Living, Indian Health Service, Office for Civil Rights, Substance Abuse and Mental Health Services Administration, Office of the Chief Technology Officer, Center for Faith-Based and Neighborhood Partnerships, Office of the Chief Information Officer and Assistant Secretary for Planning and Evaluation/Human Services issues.

Portfolio Team Responsibilities

Portfolio team members and their respective deputy assistant secretary for public affairs:

- Work with agencies and offices to forecast strategic priority and other announcements during the upcoming three-month period.
- Coordinate the development of rollout plans for priority announcements in the nearer term -- one to two weeks out from the date they become public.
- Coordinate review of news media requests and communications materials.



- Coordinate ASPA review of policy documents, such as Secretarial correspondence, Reports to Congress, Rulemaking and guidance circulated by the HHS Executive Secretariat.
- Work with agencies and offices to ensure communication plans, including press materials align with Administration, HHS and agency priorities, and have well-defined target audiences, clear goals, and measurable outcomes.
- Coordinate the creation and development of web content.
- Work with social media and digital communication leads on coordinating announcements on a weekly and daily basis.
- Coordinate digital strategy based on public release date of content.
- Share strategic priority announcements with the HHS Digital Community.
- Coordinate the development and dissemination of videos and live streams with the HHS-TV Studio Team.

Speechwriting

The speechwriting and editorial team writes, edits and reviews speeches, quotes, talking points, commentaries, and op-eds; the team also contributes background materials and Q&A documents for the Secretary and Deputy Secretary. It also assists with messaging for other department principals and composes blogs by various authors.

These materials are reviewed by ASPA, the Immediate Office of the Secretary, the Office of General Counsel, and relevant agencies/offices.

Broadcast & Video Production

The HHS Studio and Video Production Services Team provides a wide range of communication services including:

- Creative and cost-effective solutions to deliver messages anywhere, anytime, and to any device.
- Broadcast capabilities include HD equipment; satellite and fiber transmission.
- Live streaming, on-demand and fully produced videos.
- Support for Federal Advisory Committee Meetings – streaming and AV services.
- Productions from the Studio, Auditorium, Great Hall and anywhere in the field.
- Support to all Agencies and Offices.

For more information about Broadcast and video production services go to - <http://hhs.tv/downloads>



ASPA Digital Service Desk for Web-related Requests

The ASPA Digital [Service Desk](#) is for website-related tasks and questions for HHS.gov, the HHS Intranet, and other ASPA Digital-managed websites. Staff across the department with accounts are able to [submit content and other website requests](#) into this tool. Members of the ASPA Digital team work with offices on the requests. The tool allows for easy tracking of where requests are at within the process and allows for all involved to comment, collaborate and receive notifications.

Social Media

The ASPA Digital Engagement team manages various Department-level, secretarial and topic-oriented social media channels. In addition to managing content on those accounts, the team also provides guidance and support for social media campaigns in Agencies/Offices interested in extending their reach.

The Strategic Communications Planning (SCP) Tool

The Strategic Communications Planning (SCP) Tool is a Web-based application (b)(6) that supports the development of strategic communication plans to impact a targeted external audience(s) in a measured way and is to be used for submitting the plan and materials to ASPA for review and coordination.

The SCP tool applies to content --digital and print -- (e.g., brochures, new websites and subsites, social media campaigns, reports, videos, toolkits, and public education public service campaigns, including their social media and digital components for promotion).

The tool is intended to help ensure content aligns with HHS performance goals, objectives and measures; has a well-defined target audience; and has measurable outcomes. It also allows for sharing and comparing strategies and outcomes, as well as helps facilitate collaboration throughout HHS, expedite review, and track progress.

Please contact (b)(6) [@hhs.gov](mailto: @hhs.gov) to obtain access to the SCP tool or for assistance. For more information about the SCP Process, see *Guidance Regarding Strategic Communication Planning for the Development of Content for Digital and Print Dissemination* (Appendix III).

Collecting Routine Customer Feedback on HHS Communication Products

Part of strategic planning for communication products includes understanding the audience and measuring the impact of the effort. ASPA has obtained Office of Management and Budget



(OMB) approval under the Paperwork Reduction Act (PRA) for a generic clearance that allows for fast track collection of qualitative feedback on HHS communication products.

HHS agencies can use this Generic Clearance to collect information about their communication product from the concept phase to the end of the product life cycle. Keeping in line with the department’s mission to enhance the health and well-being of all Americans, obtaining feedback through this process will help ensure HHS communication products meet the needs of the audience; use effective media for delivering messages to audiences; and motivate the desired change within the audience and achieve expected impact.

For more information about using the Generic Clearance contact [\(b\)\(6\)](#) [@hhs.gov](mailto:(b)(6)@hhs.gov) and see *Guidance for ASPA’s Generic Clearance for Collecting Routine Customer Feedback of HHS Communications* (Appendix IV).

Executive Secretariat Secretary’s Policy System (SPS) Clearance

ASPA reviews departmental regulations, correspondences to the Secretary, reports to Congress, informational memos, and related policy documents assigned to divisions for clearance.

Advance Planning/Calendar

As soon as an agency/office begins to plan for the public release of information that may generate press, legislative, intergovernmental and/or constituency interests, it should be added to the ASPA planning tracker in ASANA, which is a web and mobile application ASPA uses to organize, track, and manage strategic communications activities. This tool allows ASPA to assess external-facing communications activities and align these activities with defined priorities. ASPA portfolio teams collect and enter the information from agencies, offices and other department sources into ASANA. The teams are responsible for keeping the ASANA up-to-date. The ASPA Digital team uses ASANA to plan, prioritize and communicate on department social media channels.

FOIA (Freedom of Information Act)

The Freedom of Information Act (FOIA) is a federal statute that allows individuals to request access to federal agency records, except to the extent records are claimed as exempt from disclosure under one or more of the nine (9) exemptions of the Freedom of Information Act. If you have any questions or concerns regarding FOIA, please feel free to send an email to

[\(b\)\(6\)](#) [@hhs.gov](mailto:(b)(6)@hhs.gov).



ASPA Contacts

Acting Assistant Secretary for Public Affairs

Ryan Murphy

National Spokesperson and Senior Advisor

Caitlin Oakley

Strategic Communications & Campaigns

Michael Pratt, director

Speechwriting and Editorial Services

Patrick Brennan, director

Public Health Portfolio

Bill Hall – Deputy Assistant Secretary for Public Affairs/Public Health

Michael Robinson – Public Health Portfolio Team (Human Services Back Up)

Andrew Palczewski and Janell Muhammad – Digital Engagement Leads

Katie Messner - Digital Website Lead

ASPR—Assistant Secretary for Preparedness and Response

CDC—Centers for Disease Control and Prevention

FDA—Food and Drug Administration

NIH—National Institutes of Health

OASH—Office of Assistant Secretary for Health/Surgeon General

OGA—Assistant Secretary for Global Affairs

ASPE/Public Health Portfolio – Assistant Secretary for Planning and Evaluation

Healthcare Portfolio

Ryan Murphy – Principal Deputy Assistant Secretary for Public Affairs

Tasha Bradley – Healthcare Portfolio Team

Simone Myrie – Healthcare Portfolio Team

Brittany Glauser—Digital Engagement Lead

Lauren Sundquist – Digital Website Lead

CMS—Center for Medicare & Medicaid Services

ACA—Affordable Care Act

AHRQ—Agency for Healthcare Research & Quality

ONC—Office of National Coordinator of Health IT

HRSA—Health Resources & Services Administration

ASPE/Healthcare Portfolio – Assistant Secretary for Planning and Evaluation



Human Services Portfolio

Mark Weber – Deputy Assistant Secretary for Public Affairs/Human Services
Carla Daniels – Human Services Portfolio Team (Public Health Back Up)
Brittany Glauser – Digital Engagement Lead
Kelley Smith – Digital Website Lead
ACF—Administration for Children & Families
ACL—Administration on Community Living
IHS—Indian Health Service
OCR—Office of Civil Rights
OMHA – Office of Medicare Hearings and Appeals
SAMHSA—Substance Abuse and Mental Health Services Administration
ASPE/Human Services Portfolio – Assistant Secretary for Planning and Evaluation
OS Staff Divs (e.g. ASPA, ASFR, ASA, PSC, CFBNP, IEA, ASL etc.)

Strategic Communications Planning Tool

Gloria Barnes

Broadcast & Video Production

Michael Wilker

HHS TV Studio Manager

Sam Nix

Executive Secretariat Secretary’s Policy System (SPS) Clearance

Paula Formosa

Social Media, Content Marketing & Websites

Dan Kuhns

Technical Operations

Leticia Kursar

Digital Analytics & Portfolio Management

Lindsey Ross

Internal Digital Communications (Intranet)

Brooke Dine

Freedom of Information Act (FOIA) Division

Michael Marquis



Materials Review and Coordination Process

ASPA reviews agency/office materials (e.g. press releases, media advisories, statements, speeches, blogs and op-eds [see page X for separate discussion of op-eds], letters to the editor, etc.) and coordinates the timing of the release with the agency/office.

Upon receipt, ASPA circulates the materials with relevant subject matter experts, policy leads, finance, legislative and intergovernmental contacts and general counsel to confirm materials are accurate, well-written, up-to-date and representative of the position of the Administration and Department. Materials are revised based on feedback provided through this process before public release.

NOTE: At times agencies may have close-hold information due to their specific duties/oversight (confidential commercial information, market sensitive information, law enforcement actions, etc.) when either broad clearance is not necessary/appropriate. In these cases, materials are at minimum shared in advance with the ASPA and principal deputy.

The ASPA review and coordination process has four primary distribution lists (summarized below).

- ASPA – IOS, ONC, ASPE, ASPA, ASL, IEA, OGC, OS, ASFR.
(POCs for this distribution list are: Michael Robinson, Carla Daniels, Paula Formoso, Simone Myrie)
- Healthcare – This distribution list reaches the following offices: IOS, IEA, ASPE, CMS [OC; CCIIO; OSORA; OMH], OCR, AHRQ, ASL, OHR, ONC, IHS, HRSA, ASPA, OASH.
(POCs for this distribution list: Simone Myrie)
- Public Health – This distribution list reaches the following offices: ASPE, OASH, ASL, CDC, NIH, IHS, ASPR, SAMHSA, FDA, IOS, IEA and Global Affairs.
(POC for this distribution list: Michael Robinson.)
- Human Services – This distribution list reaches the following offices: IHS, ACF, ASL, IEA, OCR, SAMHSA, IOS, ASPE. *(POC for this distribution: Carla Daniels and Paula Formoso.)*

The ASPA list is used by default on all press materials as staff from the legal and legislative divisions are on this list. The Healthcare, Public Health, and Human Services lists are included in the review depending on the issue. For instance, there may be a press release being issued from CDC about an increase in health insurance coverage. Since CDC is part of the public health portfolio, this release would be sent to the Public Health list. However, since it is also discussing healthcare, this release would also be sent to the Health Care list. The lists are divided so that every agency/office is not inundated with press materials that have no bearing on their agency/office. ASPA team members (as divided by portfolios and in consultation with ASPA leadership) make the determination how and when materials should be sent to specific distribution lists.



Deadlines

To meet a desired agency/office deadline for distribution, materials must be submitted with enough time in advance to allow for appropriate review and coordination. While expedited review and coordination may be necessary, a 48-hour lead time is requested for most materials.

Submitting Materials for Review and Coordination

Q. How do I submit a press release or other communications materials for review?

Submit an email with the completed template (see Appendix 1) and the materials intended for review (video scripts, live even plans, speeches, releases, advisories, statements, blogs, fact sheets, etc.) to (b)(6) [@hhs.gov](mailto:media@hhs.gov).

Please do not put the documents on letterhead of any kind. This helps remind reviewers that the material is in draft form.

Q. What if I have an urgent document that needs an expedited review, or if I have to submit something after hours?

As soon as you become aware that an urgent press document is in the works, please alert your ASPA portfolio team, their respective deputy assistant secretary for public affairs and (b)(6) [@hhs.gov](mailto:media@hhs.gov). Do not wait until you have the document. An early alert allows us to notify reviewers and the Digital team in advance to be watching for a rush review and prepare for web, email and social media posting.

Once the agency/office public affairs office receives the document that needs a rush review, follow the same steps outlined above for submitting the document(s).

Q. How do I submit a Service Desk request?

[The ASPA Digital Service Desk instructions are available on the Intranet.](#)

Q. What if I need to refer a reporter to ASPA?

Please refer reporters who are interested in contacting ASPA to media@hhs.gov or the appropriate ASPA public affairs team members.



Review and Coordination Process and Timing

After you submit materials for review and coordination, the relevant ASPA portfolio team will:

- Review the Template and draft material.
- Assign a tracking number and enter it into a tracking database.
- Add to ASANA as necessary.
- Send to appropriate agencies and offices for review with deadline.
- Return edits to the submitting agency or office by deadline to update per comments and recommended edits.
- Once submitting agency or office returns the update to ASPA, the portfolio team will review reconciled documents and approve as final.
- Facilitate additional review (sometimes the EOP or collaborating government agencies) as necessary.

Figure 1: Process and Timing Overview

Agency/Office Approval	Occurs prior to ASPA review
ASPA Review	24 - 48 hours
Submitter Reconciles	6-12 hours
IF additional Review Needed	48 hours
Submitter Fact Check	6-12 hours
ASPA Final Review and Approval	2 hours
Submitted to ASPA Digital Service Desk for Drafting Web Posting	1 hour (ASAP/urgent) 2+ hours (non-urgent)
Ready for Rollout	



Op-ed Review and Coordination Process

In addition to ASPA review, all op-eds required EOP review. This involves a two-step process:

- 1) Submitting a concept for review and approval.
- 2) Upon approval of the concept, submitting the draft op-ed for review.

Concept review and approval:

Submit a detailed concept for the proposed op-ed to your ASPA POC. The concept should include –

- The topic and summary of the content of the op-ed.
- Why the message is relevant and how it fits into the overall communications strategy.
- The proposed author of the op-ed.
- Proposed target publication and target date for publication (if applicable) and any other information appropriate/valuable for reviewers.

ASPA will submit the concept to the EOP.

Op-ed review and approval:

Upon approval of the concept by the EOP, your ASPA POC will communicate that you have the go-ahead to draft the op-ed. The draft op-ed is then to be submitted to your ASPA POC for Departmental review; upon completion of this process, comments and suggested edits will be provided to you for consideration and reconciliation. At this point, resubmit the op-ed to your ASPA POC and ASPA will submit the op-ed to the EOP for review.

Please do not pitch op-eds before receiving final approval from ASPA.



Rollout Planning

Each portfolio team will work with their respective deputy assistant secretary for public affairs and agency/office to develop or review rollout plans for high-priority announcements. Rollout planning is done to facilitate well-thought-out release of information to interested audiences.

Every rollout plan has multiple components. The goal of rollout planning is to outline roles and agree upon timing for each piece.

The rollout planning process will include:

- Step 1 - Develop a **Rollout Plan** (see template in Appendix I).
- Step 2 - Convene a **Rollout Call** as needed to go over the plan.
- Step 3 - Send a **Rollout Heads Up** the night before the announcement with the rollout plan.
- Step 4 – Send an internal **Rollout GO** with links to any materials when the announcement becomes public.

Not all announcements rise to the level of a “rollout.” As such, the relevant portfolio team works with the agency/office to build a clear understanding of their high-level announcements and strategic priorities. Examples of announcements that would likely be treated as high priority include, but are not limited to:

- Announcements involving the Administration or Secretary.
- Announcements that fall under a Secretarial priority (i.e., the opioids crisis, health insurance reform, drug pricing, and value-based care).
- Announcements that cut across multiple agencies or portfolios.
- Announcements that will garner significant press/public attention.

Materials Distribution Process

The respective deputy assistant secretary for public affairs or the relevant portfolio team provides final approval for all materials prior to distribution.

News releases are distributed through:

- Customized media management database system (can include HHS core, national and state media lists) (ASPA currently uses Cision).
- HHS News website (www.hhs.gov/news) and may be linked to or cross-posted on other related newsrooms (i.e. OASH Newsroom).
- HHS News Email List: This goes to individuals who have signed up on HHS.gov to receive news alerts (ASPA sends this through Salesforce).
- Social media: The portfolio team lead in coordination with the ASPA Engagement Team, should strategically determine what elements within a Digital First communications plan should be utilized for distribution of communications materials.



Media advisories are distributed through:

- Customized media management database system (can include HHS core, national and state media lists) (ASPA currently uses Cision).
- If requested, posted on @hhsmedia Twitter account.

Other materials such as fact sheets, statements, etc., may be distributed through one or more of these methods as appropriate. By default, they are posted in digital-first formats, such as HTML.



Appendix I: Templates

Press Document Submission Template

Use the Press Document submission template to submit all press releases and other relevant materials associated with media announcement. The information is required to more quickly review and coordinate the product release.

ASPA Review and Coordination Template

Agency/Office: *[e.g. NIH]*

Subject (or headline):

Materials *[Example below]*

- Press release
- Internal QA
- Blog
- [Other related web posting]
- Social Media
- Video

Deadline for comments: [ASPA use only]

Planned release date and time:

Driving event (Publication Date, Testimony, etc.):

Critical Context:



HHS.gov Press Release Submission Template

The following template should be used to submit press releases for publication on HHS.gov/news via the ASP A Digital Service Desk. If you're supplying a photo, please have a release from any non-HHS subjects. If you have questions, please reach out to your ASP A portfolio team lead.

SUBJECT LINE: [FOR HHS.GOV NEWS] Press Release title/for XX date & time

Attach this document or copy/paste the information below:

Field Title	Required	Content & Metadata
Title <i>Headline of the news release. Will be used as the H1 on the page and for social sharing. It will also be in the breadcrumb and browser title. (Recommended length <65 characters, including spaces.)</i>	X	
Subheadline <i>Subheadline of the news release, expanding on the information in the headline, if needed.</i>		
Date Published <i>Official date of the news release displayed at the top of the page.</i>	X	
Contact Office <i>Press office releasing this news release. The default is "HHS Press Office."</i>	X	
Contact Office Phone Number <i>Press office phone number. The default is "202-690-6343."</i>	X	
Contact Office Email Address <i>Press office email address. The default is media@hhs.gov.</i>		
Description <i>Copy the first sentence of the news release into this field. Used for social media and search. Shown on News homepage for 5 most recent releases.</i>	X	
Statement <i>Enter "Yes" if this news release is a statement by the Secretary or another HHS official.</i>		
Topic Category	X	



EXHIBIT 1

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<p>Select 1-2 categories from the “HHS Categories” list to represent the 1-2 main topics covered. Related content is shown based on these categories.</p>		
<p>Audience Choose the main target audience from the “HHS Audiences” list. This information will not be shown to site visitors. For news releases, the default is “Media/Journalists.”</p>	X	
<p>HHS Official List the official(s) from http://www.hhs.gov/about/leadership/index.html mentioned in this news release to associate the release with their name.</p>		
<p>“Tweet This” Custom Tweet The tweet is limited to 140 characters including a short URL and “via @HHSgov” – this leaves approx. 106-111 characters for the tweet content.</p>		
<p>Image Alt Text</p>	If images are included	
<p>Image Caption(s)</p>		
<p>Last Reviewed The date this news release was most recently reviewed and/or updated. This information is used for the page stamp.</p>	X	
<p>Created By The office responsible for maintaining this content on HHS.gov (e.g., News Division). This information is used for the page stamp.</p>	X	



HHS.gov Blog Submission Template

The following template should be used to submit blogs to for ASPA review for potential publication on HHS.gov/blog. If you're supplying a photo, please have a release from any non-HHS subjects. If you have questions, please reach out to your ASPA portfolio team lead.

TO: ASPA Engagement Team (b)(6) [@hhs.gov](mailto: @hhs.gov)

SUBJECT LINE: [FOR HHS.GOV BLOG] Blog title/for XX date and time

Attach this document or copy/paste the information below:

Field Title	Required	Content & Metadata
Title <i>Enter a short title for the blog post. Limited to 65 characters including spaces. This will be used as the browser title, breadcrumb, and for social media sharing.</i>	X	
Full Title <i>Enter the full title of the blog post.</i>		
Description & Summary <i>Limit to 160 characters including spaces.</i>	X	
Author Provide full author info for any individuals who have not already contributed to the HHS Blog, otherwise name only.	X	First Name: Last Name: Title & Organization:
Co-Author Provide full co-author info for any individuals who have not already contributed to the HHS Blog, otherwise name only.		First Name: Last Name: Title & Organization:
Date <i>Enter the date for intended posting of blog.</i>	X	
Blog Category(s) <i>Select 1-2 categories from the HHS Blog Categories list. Related content is shown based on these categories.</i>	X	
Blog Tags <i>Please enter relevant topic tags for the</i>		



EXHIBIT 1

ASPA Playbook

<i>blog. View a full list of HHS blog tags.</i>		
Review Process <i>Provide a brief description as to what the review process was prior to submitting to ASPA.</i>	X	
Publishing Agency <i>ACF, FDA, NIH, etc. Defaults to HHS Office of the Secretary for original HHS Blog posts.</i>		
“Tweet This” Custom Tweet <i>Please provide a custom tweet to share the blog. The tweet is limited to 140 characters including a short URL and “via @HHSgov” – this leaves approx. 106-111 characters for the tweet content.</i>		
Image Attachments <i>Please attach images or relevant multimedia that should be included in the blog. Please specify where in the blog it should be included.</i>		
Alternative Text <i>Please provide appropriate alternative text that describes the image for all images/graphics that are included with the blog submission.</i>	If images are included	
Image Caption(s) <i>Please provide appropriate captions for all images that are included with the blog submission that need a caption for understanding</i>	If images are included	

Below, please enter the blog post body content and insert placeholders for any in-body images where you would like them to appear on the live blog.

[PLACEHOLDER – insert body content]

Below, please share suggested social media content to accompany blog – including sample tweets, posts, related social media handles, or specific HHS agencies or offices you would like to share the blog with when the blog is published.

[PLACEHOLDER – insert social media content and details]



Op-Ed Concept Submission Template

Use the Op-Ed concept submission template to submit all concepts for consideration before drafting the Op-Ed. The information requested is required to more quickly review and coordinate the product release.

ASPA Op-Ed Concept Template

Agency/Office: *[e.g. NIH]*

Topic:

Summary:

Proposed Author:

Material: Op-ed

Planned release date:

Audience: Why the message is relevant and how it fits into the overall communications strategy.

Target Outlet:

Driver: Information appropriate/valuable for reviewers.

Goal:



Rollout Plan Template

- Title:
- Target Rollout Date:
- Topic:
- Background/Key Messages:
- Primary Target Audience (s):

High-level Tick Tock

- TBD Hill outreach
- TBD Stakeholder outreach
- TBD Event or call
- TBD Materials go public
- TBD Post rollout activities

Materials and Timing

Y/N	Material	Timing (Day, Date, Time)	URL(s)/ Account(s)	POC(s)
	Website content			
	Press release/ Announcement			
	Billboard/features			
	Blog (include author)			
	Content pages			
	Social Media			
	Twitter			
	Facebook			
	Instagram			
	Snapchat			
	Video/Live Event			
	Live streaming (web, social)			
	YouTube			
	Social media video			
	Email Marketing			
	Internal			
	External			
	Partner Outreach			
	Intergovernmental and External Stakeholders/Partners			
	Internal QA			
	Hill Outreach			
	HHS Digital Digest (goes to HHS social media contacts)			
	Legislative affairs			

Primary Points of Contact

- HHS/ASPA –
- HHS/ASL –
- HHS/IEA –
- HHS/ASFR –
- Agency/Communications –
- Agency/Legislation –
- Agency/Policy –

Any Risks? Is language pre-cleared and cannot change? Any nuances to be aware of with imagery?



Media Interview Request Template

Submit interview requests to (b)(6) @hhs.gov (a minimum of two hours for review is requested, unless urgent). ASPA expects interview requests to be approved, in final, by the agency head, or his or her surrogate, prior to submitting the request to ASPA for review/approval.

Along with proposed responses for interview queries, be sure to provide details about the outlet, the writer, and a sense of how the information requested will be used as well as when and how it will publish or air. Please include deadlines and do not submit requests with past-due deadlines; work to confirm the next deadline if your initial deadline has passed.

In extremely tight deadline situations, please call either the portfolio team point of contact or respective deputy assistant secretary for public affairs for verbal review/approval if necessary. However, if approval is provided verbally, the request still must be submitted via the e-mail process for tracking purposes; please note in the submission that the interview was previous approved

Please do not pre-arrange interviews before receiving ASPA approval. Also, do not pitch news, blogs and op-eds before receiving ASPA approval.

ASPA Media Interview Request Template

Reporter:

Organization:

Phone #(s):

Twitter Handle or other official social media handles/branded hashtags:

Reporter and/or media outlet

Subject:

Deadline:

Spokesperson:

Additional information/Driver for request:

(This should include information on what the outlet is asking, and a sense of what is proposed as a response. This section could also include special instructions or questions from the OPDIV to ASPA staff; seeking blanket clearance; etc.)



Press Release Template

NOTE: ASPA follows AP style for all press documents.



U.S. Department of Health & Human Services

News Release

202-690-6343

media@hhs.gov

www.hhs.gov/news

Twitter @SpoxHHS @HHSgov

FOR IMMEDIATE RELEASE

Day, Month/Date, Year

HEADLINE

[TEXT]

[TEXT]

[TEXT]

To learn more about today’s announcement and how to apply, please contact [INSERT CONTACT EMAIL].

For more information on the Quality Payment Program, please visit: [INSERT URL]

###

Connect with HHS and sign up for [HHS email updates](#).



Connect with HHS Secretary Alex Azar





Media Advisory Template



Media Advisory

U.S. Department of Health & Human Services

202-690-6343

media@hhs.gov

www.hhs.gov/news

Twitter @SpoxHHS @HHSgov

FOR PLANNING PURPOSES ONLY

FOR Day, Month/Date, Year

HEADLINE

[WHAT - SUMMARY TEXT - Brief description and/or special instructions]

WHO: [Name, Title, Agency]

WHEN: [Time AM/PM ET]
[Day, Date, Year]

WHERE: [Location/Address]

Example:

Humphrey Building
200 Independence Ave., SW
Washington, D.C.
Auditorium (credentialed press only)

DIAL-IN: [OPTIONAL; If used, separate media line is optional]

Media: [Phone number]
Listen Only: [Phone number]
Passcode: [Passcode]

Example: Reporters can participate by calling XXX-XXX-XXXX. The verbal passcode is "XXXXX."

LIVE WEBCAST: [OPTIONAL]

Example:



EXHIBIT 1

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This briefing will also be video Webcast.

To watch LIVE online, visit:

www.hhs.gov/live

If Facebook Live, use this link:

<https://www.facebook.com/pg/HHS/events/>

CONTACT: [Contact Name or Organization, telephone and/or email]

###

Connect with HHS and sign up for [HHS email updates](#).



Connect with HHS Secretary Alex Azar .





Appendix II: Examples

Rollout Plan Template

Title: HRSA/SAMHSA Behavioral Health Awards

Target Rollout Date: 12/31/18

Topic: Behavioral Health

Background/Key Messages: HHS awards more than \$44.5 million to expand the nation’s mental and behavioral health workforce, serving children, adolescents and transition-age youth at risk for developing, or who have developed a recognized behavioral health disorder.

Primary Target Audience(s): Grantees, Behavioral Health Professionals

High-level Tick Tock

- 12:00PM Hill notifications (ASFR)
- 12:15PM Hill notifications (ASL)
- 1:00PM HRSA begins notifying awardees
- 1:00PM Press release goes live (HHS.gov/HRSA repost)
- 1:00PM ASPA sends Rollout GO
- 1:00PM Stakeholder notifications via IEA bulletin
- 1:05 PM Social Media Posts Go Live (OpDiv/ASPA)

Materials and Timing

Y/N	Material	Timing (Day, Date, Time)	URL(s)/ Account(s)	POC(s)
	Website content			
Y	Press release/ Announcement	12/31/18, 1pm	hhs.gov/news	
Y	Billboard/features	12/31/18, 1pm	hhs.gov	
N	Blog (include author)			
N	Content pages			
	Social Media			
Y	Twitter	12/31/18, 1:05pm	@HHSgov	
N	Facebook			
N	Instagram			
N	Snapchat			
	Video/Live Event			
N	Live streaming (web, social)			
N	YouTube			
N	Social media video			
	Email Marketing			
N	Internal			
Y	External	12/31/18, 1:30pm		
	Partner Outreach			
Y	Intergovernmental and External Stakeholders/Partners	12/31/18, 1pm		
Y	Internal QA	12/30/18, 3pm		
Y	Hill Outreach	12/31/18, 12pm		
N	HHS Digital Digest (goes to HHS social media contacts)			
N	Legislative affairs			



Primary Points of Contact

- HHS/ASPA – John Smith
- HHS/ASL –
- HHS/IEA –
- HHS/ASFR – Jimmy Jack
- Agency/Communications – Jane Johns (SAMHSA)
- Agency/Legislation –
- Agency/Policy –

Any Risks? Is there pre-cleared language that cannot be changed? Are there nuances to be aware of with imagery?

No



INTERVIEW REQUEST EXAMPLE

ASPA Media Interview Request

Reporter: Mike Stobbe

Organization: Associated Press

Phone #(s): (212) 621-1926

Subject: New research will be presented at the STD Prevention Conference that suggests the only recommended gonorrhea treatment option may be losing effectiveness. CDC researchers will discuss efforts to stave off the emergence of drug-resistant gonorrhea. The embargoed interview will focus on these new developments in antibiotic resistant gonorrhea.

Deadline: 3:30 pm Today (9/19/16)

Spokesperson: Dr. Jonathan Mermin, Director, NCHHSTP

Additional information/Driver for request: *Advance/embargoed interview request for telebriefing that will occur at the National STD Prevention Conference; story will be embargoed until Wednesday, Sept. 21 at 2:30 p.m.*

Key messages

New warning signs that gonorrhea treatment may be losing effectiveness

- Scientists have identified the first cluster of gonorrhea (GC) infections in the U.S. that show decreased susceptibility to ceftriaxone *and* azithromycin -- the two drugs that make up the dual regimen that is the last available effective treatment option
 - Blood samples from 7 patients showed resistance to AZ at dramatically higher levels than typically seen in the U.S.
- Over the years, GC has developed resistance to nearly every class of antibiotics – the current dual regimen is the last available effective gonorrhea treatment option
 - The new findings are more concerning than data that CDC published earlier this year that showed evidence of emerging AZ resistance nationwide -- but those cases were susceptible to ceftriaxone

Prompt diagnosis and dual therapy necessary to prolong effectiveness of current treatment, but will work for only so long

- Screening is essential – GC is one of the most common STDs but many may not realize they have it



EXHIBIT 1

ASPA Playbook

- Once diagnosed, GC is still treatable and curable
- To slow development of resistance, providers must follow CDC guidelines and treat with combo of AZ and ceftriaxone right away

**OP-ED CONCEPT REVIEW EXAMPLE**

Topic: Netflix’s *13 Reasons Why* and Suicide Rates in the United States

Authors: NIMH Director Dr. Joshua Gordon [with potential coauthors NIMH Deputy Director Dr. Shelli Avenevoli; Dr. Jane Pearson, Chair of the NIMH Suicide Research Consortium]

Material: Op-ed

Audience: Public

Target Outlet: *The Washington Post*, *USA Today*

Driver: The publication of forthcoming paper, “Association Between the Release of Netflix’s *13 Reasons Why* and Suicide Rates in the United States: An Interrupted Times Series Analysis.” The lead author is a NIMH grantee, Dr. Jeffrey A. Bridge ([R01MH117594](#)); another author is Dr. Lisa Horowitz, a researcher in NIMH’s Intramural Research Program. Timing would coincide with the publication date of the study in *JAMA Pediatrics*. Publication date is still to be determined.

Goal: To offer further clarification on suicide prevention and the importance of responsible media messaging.

Key Messages:

- Suicide is a major public health concern in the United States.
- In the media and entertainment, responsible portrayals of suicide, mental illnesses, and related issues have the potential to promote awareness and help-seeking behaviors, reduce stigma, and refute misperceptions that suicide cannot be prevented.
- Media depictions about suicide also have the potential to do harm, often through a process in which direct or indirect exposure to suicide increases the risk of subsequent suicidal behavior.
- In March 2017, Netflix released an American teen drama [web television series](#), *13 Reasons Why* (*13RW*), which has generated controversy over its portrayal of suicide and self-harm.
- In a NIMH-funded study, researchers aimed to estimate the potential association between the release of *13RW* on Netflix and suicide rates in individuals aged 10-64 in the U.S.
- Results indicated a significant increase in suicide rates in U.S. adolescent males (10-17 years of age) in the month following the release of the show. Note: The study does not draw any causal conclusions between the release of *13RW* and increased suicide rates in adolescent males—only an association.
- It is possible and important to portray suicide in a way that cultivates hope by increasing awareness of available supports for those who struggle with suicidal thoughts or behaviors. This op-ed will describe ways to handle these portrayals based on media guidelines.



Appendix III: Guidance Regarding Strategic Communication Planning Tool for the Development of Content for Digital and Print Dissemination

Purpose

The Office of the Assistant Secretary for Public Affairs (ASPA) serves as the U.S. Department of Health and Human Services' principal public affairs office. ASPA's mission is to lead efforts across the department to promote transparency and accountability, and to ensure the American people receive the critical public health and human services information they need to live healthy, productive lives. One of ASPA's responsibilities includes the review and coordination of content developed by HHS components for public distribution through traditional and digital communications channels.

This guidance is for HHS agencies and offices to use when planning for the development of print and digital content (hereafter referred to as 'content') that meets one or more of the Review Criteria listed below.

Roles and Responsibilities

Under departmental authority, ASPA is responsible for:

- I. Determining and establishing content development guidelines that are to be followed by all offices.
- II. Monitoring compliance with these guidelines.
- III. Reviewing content as defined herein.
- IV. Ensuring that the impact and effectiveness of content are conducted.

In carrying out these responsibilities, ASPA serves as a source of technical assistance and monitors the development of content to assure compliance with this guidance.

The designated HHS agency and office communications and public affairs officials serve as the primary points of contact responsible for:

- I. Adhering to the guidelines stated in this document.
- II. Reviewing and approving strategic communication plans.
- III. Submitting strategic communication plans for content that meet the Review Criteria (outlined below) to ASPA for review.
- IV. Ensuring that a system is in place for measuring the impact and effectiveness of a content.

Strategic Communication Planning Tool

ASPA, in collaboration with HHS agencies and offices, developed a Web-based application, the Strategic Communications Planning (SCP) tool. The SCP tool, implemented in June 2014, is a tool that supports the development of strategic communication plans for content and is to be used for submitting the plan and content to ASPA for review.



The goal of the SCP tool is to move the communication planning process across HHS toward more proactive planning and strategic use of traditional and digital communication channels to ensure that content is consistent, accurate and available according to the principles of the Digital Government Strategy [<https://www.cio.gov/fed-it-topics/modernization/digital-strategy/>] and consistent with the Digital Services Playbook (b)(6)

The SCP tool is intended to help ensure content aligns with HHS performance goals, objectives and measures; has a well-defined target audience; and has measurable outcomes. It also allows for sharing and comparing strategies and outcomes, as well as helps facilitate collaboration throughout HHS, expedites review, and tracks progress.

This SCP tool applies to content targeting external audiences -- digital and print -- (e.g., brochures, new websites, social media campaigns, reports, videos, toolkits, and public education public service campaigns, including their social media and digital components for promotion).

Note: Press materials (including press releases, media advisories, talking points, Q&As, and interview requests, as well as op-eds and blogs) should not be submitted through the SCP tool. All clearance requests for press materials must be submitted to ASPA via email at

(b)(6)@hhs.gov. All media interview requests must be submitted to the ASPA News Division for clearance via email at (b)(6)@hhs.gov.

SCP Tool Review Criteria

The SCP review process empowers designated HHS agency and office communications and public affairs officials to use their discretion in determining whether content requires ASPA review by using the following Review Criteria. Content that meets one or more of the following Review Criteria must be sent to ASPA for review by submitting a communications plan via the SCP tool.

- Is it **Newsworthy** - (e.g., this issue has received coverage from major news outlets, you plan to promote widely to the press, there is significant reporter interest in the issue)
- Does it contain **New Information** - (e.g., a change in policy, a substantial new research finding or development, a new campaign or program)
- Is the subject/content **Controversial** - (e.g., has received interest from Congress, subject of investigations, issue raised significant criticism by advocacy groups or associations, involves pending legislation or litigation, has received widespread or critical media attention)
- Is it a **Public Education Campaign** (e.g., a coordinated set of materials designed to inform or persuade an audience to take action and/or adapt a behavior about a specific public health/human services issue such as AdoptUSKids, The Real Cost, Civil Rights Protections.



Please contact ASPA at the [\(b\)\(6\)@hhs.gov](mailto:(b)(6)@hhs.gov) if you are unsure whether the content meets the Review Criteria. Whether or not ASPA review is needed, ASPA encourages agencies/offices to use the SCP tool for content development and internal agency review.

These criteria also apply to blogs, even though blogs go through ASPA clearance.

Submitting Content for ASPA Review

The SCP tool can be found at [\(b\)\(6\)](#). Only registered users can access the system. To become a registered user, contact the SCP Help Desk at [\(b\)\(6\)@hhs.gov](mailto:(b)(6)@hhs.gov). Provide your name, agency/office; center/division/institute; phone number; and PIV number (10-digit number personal identifier number found on the back side of your HHS PIV card). Prior to submitting a strategic communication plan and content for ASPA review, users must –

- Complete all required fields of the SCP tool.
- Identify collaborators both inside and outside HHS and receive their concurrence.
- Obtain review and approval from their designated HHS agency and office communications and public affairs officials.

The SCP tool provides a mechanism for users to submit a strategic communication plan to their approving officials to document their approval of the plan. Upon approval by the designated approving officials, SCP agency managers can submit the plan to ASPA for review. (SCP agency managers are the only SCP users who have access to submit communication plans to ASPA).

Depending on the topic, complexity of the content, and circumstances involving other activities and events throughout HHS, review of a submission may take several weeks to ensure appropriate Office of the Secretary/ASPA review.

NOTE: In extremely tight deadline situations (i.e., public health crisis such as Zika, natural disaster), the SCP and PRA processes are not required. Please call/email either the portfolio team point of contact or respective deputy assistant secretary for public affairs for an expedited review/approval if necessary.

SCP Process

The SCP process is a ***way of thinking ahead*** about how to develop and disseminate content. It is based on five evidence-based principles for achieving impact through communications:

- Impact is more likely when there is a ***written communications plan*** for developing and disseminating content.



- Impact is more likely when the **target audience** for the content is clearly defined.
- Impact is more likely when the **goals** for developing the content are clearly defined – these goals highlight the expected impact to the health and well-being of people and communities.
- Impact is more likely when **outcome measures** are defined and used to evaluate whether the content contributed to achieving these goals.
- Impact is more likely when **collaborations** support content development and dissemination – these can range from information-sharing and review by other HHS offices to partnerships with other Federal agencies or community organizations.

A well-designed strategic communication plan includes these key elements:

- **Evidence of need** for the content.
- Specific **target audience(s)** for the content.
- Specific **Call to Action** for the audience.
- A set of **goals** for the content – what resulting impact is hoped for from the target audience, including reach and awareness, utilization and understanding, and behavior change.
- **Strategic Alignment** with the goals of the agency/office and HHS.
- Clearly defined **outcome measures** that will be used to determine whether the content contributed to achieving these goals.

Progress can be measured during the life of the content to determine the actual outcomes achieved by the content, and to determine to what extent goals have been achieved. Some of things to consider when measuring outcomes include:

- What are the possible and actual unintended consequences of disseminating content, and how can it be measured?
- What measures of impact on groups or social networks of people need to be included?
- How does impact vary over time and how can this aspect of outcomes be measured?
- How can outcomes be defined so that measuring them is minimally intrusive and time-consuming, thus increasing people’s willingness to provide the outcome data?
- How can social media be used to measure outcomes?
- How can outcome measurement be built in from the beginning as products are created by HHS grantees and contractors?

Impact and Outcomes of Content Dissemination

At the conclusion of a communication effort, the impact on the target audience must be captured in the SCP tool, based on the goals and measurements indicated. These outcome measures will be entered periodically on the SCP tool throughout the life of the content at least



once at the end of distribution. If data collection is planned at multiple points over time, it is recommended that outcomes be entered as collected to best track progress towards impact goals and, if needed, make mid-course corrections.

Adherence to the SCP Process when Writing Contract Solicitations

To help ensure all communication products are developed in accordance with this SCP process, ASPA encourages agencies and offices to include the following elements in their contract solicitations:

1. Strategic Alignment – the purpose for this communication product including how it helps advance the department and agency/office strategic goals. i.e., the contractor’s proposal should explain their methodology for ensuring the materials developed align with the department and agency/office strategic goals and objectives.
2. Target Audience – the demographics, sociographics and psychographics of the people or organizations expected to change as a result of the communications, i.e., the contractor’s proposal should explain how they will research and define the target audience that will be impacted by the product
3. Field Analysis - what the target audience needs, building on what’s already available to meet these needs, and potential collaborators. , i.e., the contractor’s proposal should explain how the product will be developed to uniquely meet the needs of the target audience.
4. Goals – specific, measurable outcomes expected as a result of the communications products. i.e., the contractor’s proposal should explain how they will measure the impact of the product on the target audience.
5. Content and Distribution – the content format and distribution methods effective for the specified target audience, i.e., the contractor’s proposal should explain how age-, culturally-, and linguistically-appropriate content will be developed, ensuring 508 compliance and plain language requirements.
6. Evaluation – a plan for when and how outcomes and impact will be measured, including sharing best practices and lessons learned, and flexibility for mid-course corrections, i.e., the contractor’s proposal should explain how they will measure the goals and objectives through the product lifecycle.

For Assistance and Additional Information



The SCP tool can be found at [\(b\)\(6\)](#). To assist HHS staff in using this online tool, ASPA is available to provide SCP training, worksheets and guides, webinars, and technical support. For technical support help with the SCP tool or to schedule training, please send an email to [\(b\)\(6\)@hhs.gov](mailto:(b)(6)@hhs.gov).

Appendix IV:

Guidance for ASPA’s Generic Clearance for Collecting Routine Customer Feedback of HHS Communications

Since the 2014 launch of ASPA’s Strategic Communication Planning (SCP) online tool, many of Agencies/Offices have asked for a more streamlined way to obtain audience feedback on communication products. In response, ASPA has obtained Office of Management and Budget approval under the Paperwork Reduction Act (PRA)* for a generic clearance, entitled “Generic Clearance for the Collection of Routine Customer Feedback of HHS Communications” (OMB control number 0990-0459), that allows for fast track collection of qualitative feedback on HHS communication products.

This Generic Clearance can be used to collect information about communication products from the concept phase to the end of the product life cycle. Agencies/Offices can improve future products by learning more about how well messages and products were received. Keeping in line with the Department’s mission to enhance the health and well-being of all Americans, obtaining feedback through this process will to help ensure communications products:

- Meet the needs of the audience.
- Use effective media for delivering messages to audiences.
- Motivate the desired change within the audience and achieve expected impact.

HHS agencies/offices can use this Generic Clearance to fast track the collection of information as outlined in this guidance document.

FAST TRACK PROCESS

This fast track process is designed for information collection focusing on the awareness, understanding, attitudes, preferences or experiences of HHS audiences relating to existing or future communication products. Each fast track request must include the Fast Track Memo that describes the purpose of the information collection, the potential group of respondents for the collection, type of collection, estimated burden time for completing the survey, and estimated cost, as well as a copy of the questions/messages that will be used for the collection. Details about the fast track process and how to use it are listed below in the form of answers to a few basic questions.



Please contact [\(b\)\(6\)@hhs.gov](mailto:(b)(6)@hhs.gov) if you have questions or need additional information.

* For more information about the Paperwork Reduction Act and the fast track process, see <https://www.digitalgov.gov/resources/paperwork-reduction-act-fast-track-process/>

When can I use this fast track process?

You can use fast track for qualitative data collection related to communication products – brochures, reports, posters, toolkits, fact sheets, videos, or campaign materials that are submitted to ASPA for review via the SCP tool – when the data collection meets *all* of the following criteria:

- The purpose of the collection is to assist the agency in improving existing or future communication products.
- Participation by respondents is voluntary.
- The collection does not impose a significant burden on respondents (see further discussion below).
- The collection does not require statistical rigor in order to have practical utility for improving existing or future service deliveries, products, or communication materials
- Public dissemination of results is not intended.

What types of collections are eligible for the fast track process?

As a general matter, the following kinds of collections fall under the fast track process:

- Comment cards or complaint forms.
- Focus groups, in-person interviews and observations.
- One-time or panel discussion groups.
- Moderated, un-moderated, in-person and/or remote-usability studies.
- Testing of a survey or other collection to refine questions.
- Post-transaction customer surveys (e.g., by call centers).
- Social media and online surveys.
- Customer satisfaction qualitative surveys.
- Telephone interviews.

What types of collections are generally *not* eligible for fast track?

Examples of collections that would generally not fall under the Fast Track Process are:

- Surveys that require statistical rigor because they will be used for making significant policy or resource allocation decisions.
- Collections whose results are intended to be published.
- Collections that impose significant burden on respondents or significant costs on the government.



- Collections that are on potentially controversial topics or that raise issues of significant concern to other agencies.
- Collections that are intended for the purpose of basic research and that do not directly benefit the agency’s customer service delivery.
- Collections that will be used for program evaluation and performance measurement purposes.

How do I use fast track?

Please follow these steps to use ASPA’s Generic Clearance for the fast track:

- **Step 1 – Submit a SCP communication plan to ASPA**
 - To begin the process, you must submit a SCP communications plan to ASPA via the SCP tool for the communication product for which feedback will be collected. ASPA recommends you submit your SCP communications plan as early in the planning stage as possible to allow adequate time to conduct the collection. Providing the SCP communications plan will help ASPA monitor what products are being surveyed and the number hours used against the Generic Clearance.
 - Note: If you do not have access to the SCP tool, please contact [\(b\)\(6\)@hhs.gov](mailto:(b)(6)@hhs.gov) for assistance.
 - ASPA will review the SCP plan and provide the Fast Track Memo template that will include the OMB Control number and instructions to begin the process. A sample Fast Track memo will be provided to use as a guide.
 - You will need to complete and email the Fast Track Memo, along with a copy of the survey materials to [\(b\)\(6\)@hhs.gov](mailto:(b)(6)@hhs.gov)
- **Step 2 – Completing the Fast Track Memo and Survey Materials**
 - The Fast Track Memo requires you to describe the purpose of the information collection, the potential group of respondents, type of collection, estimated burden time for completing the survey, and estimated cost. You will also need to provide a copy of the survey materials that includes information that will be used for your collection such as interview/focus group questions, survey questions, customer comment card, communication product messages, communication product mock-up, etc (i.e., if you want feedback about a brochure, screen shots/messaging must be provided; if you are conducting a focus group, the script/questions for the focus group facilitator or participants must be provided). If you need assistance developing your survey materials, contact [\(b\)\(6\)@hhs.gov](mailto:(b)(6)@hhs.gov).
 - Note: you must coordinate with ASPA -- not your agency PRA officer, because this is an OS/ASPA Generic Clearance -- to process the fast track package for submission to OMB for review and approval. ASPA recommends you inform your agency PRA officer so they are aware of the project.



- **Step 3: Submission to the OMB**
 - After you have completed the Fast Track Memo and provided the survey materials to APSA, ASPA will submit the package to the OS PRA Officer for submission to OMB’s Office of Information and Regulatory Affairs (OIRA) for review and approval.
- **Step 4: Update your SCP communication plan**
 - After receiving OMB approval, update your SCP plan to indicate the approval and resubmit the SCP plan to ASPA. Attach a copy of the OMB-approval notice and survey materials in the ‘Audience Testing Attachments’ section of your SCP plan. Contact (b)(6) [@hhs.gov](mailto:(b)(6)@hhs.gov) if you have questions about information collection or would like assistance analyzing the results.

How long does OMB’s OIRA review of the fast track take?

OMB’s OIRA review/approval process typically takes five to seven business days; however, we recommend allowing at least 15 business days for planning purposes.

If OMB returns or rejects your submission for any reason (i.e., you have not provided all the required information, you have not filled out the form correctly, or your submission is otherwise incomplete), ASPA will contact you to discuss the issue and determine what needs to be done for resubmission.

Once OMB approves the collection, ASPA will email you the official approval notice, and then you can proceed with implementation of the collection.

Can I survey potential customers and other stakeholders under the fast track process?

Yes. As long as the purpose is improving current or future communication product impact, and the collection satisfies the criteria outlined above, agencies may collect information from potential customers and other stakeholders (such as past audiences, potential future audiences) in order to inform service delivery improvement. The fast track process is not for the collection of information to be used for general program evaluation.

How will I know if my collection is low-burden and thus eligible for the fast track process?

Collections under fast track must be low-burden for respondents based on a consideration of the total burden hours for the collection, as well as in relation to the total number of respondents and the burden-hours per respondent.

The following are illustrative examples: A 15-minute survey for 2,000 individuals would be low-burden because the total burden hours and the burden-hours per respondent would be small. Two-hour focus groups, involving a total of 100 persons, would be low-burden because the



total burden hours and the total number of respondents would be small. And, a five-minute comment card filled out by 10,000 people would be low-burden because the total burden hours and the burden-hours per respondent would be small.

Can a service-related survey be eligible for the Fast Track Process even if it uses numerical scales in its answers (e.g., 1-5 scale where 1 is not satisfied and 5 is very satisfied)?

Yes. Eligible surveys can use numerical scales such as rank-order.



APPENDIX V: ACRONYMS and ABBREVIATIONS

Acronym	Full Name
ACF	Administration for Children and Families
ACL	Administration for Community Living
ACYF	Administration on Children, Youth and Families
AHA	American Hospital Association
AHRQ	Agency for Healthcare Research and Quality
AIDS	Acquired Immunodeficiency Syndrome
ARS	Acute Radiation Syndrome
ASA	Assistant Secretary for Administration
ASFR	Assistant Secretary for Financial Resources
ASH	Assistant Secretary for Health
ASL	Assistant Secretary for Legislation
ASPA	Assistant Secretary for Public Affairs
ASPE	Assistant Secretary for Planning and Evaluation
ASPR	Assistant Secretary for Preparedness and Response
ATSDR	Agency for Toxic Substances and Disease Registry
BARDA	Biomedical Advanced Research and Development Authority
BEA	Budget Enforcement Act
CCDF	Child Care and Development Fund
CDC	Centers for Disease Control and Prevention
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CHIP	Children’s Health Insurance Program
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
COOP	Continuity of Operations Plan
CO-OPs	Consumer Operated and Oriented Plans
CR	Continuing Resolution (budget)
DAB	Departmental Appeals Board
DoD	Department of Defense
DOJ	Department of Justice
EEO	Equal Employment Opportunity
EHR	Electronic Health Record
ESF	Emergency Support Function
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FEVS	Federal Employment Viewpoint Survey
FOIA	Freedom of Information Act
FTE	Full-Time Equivalent



EXHIBIT 1

Acronym	Full Name
FY	Fiscal Year
GAO	Government Accountability Office
GDM	General Departmental Management
GPRA	Government Performance and Results Act
GS	General Schedule
GSA	General Services Administration
HCFAC	Healthcare Fraud and Abuse Control
HEAT	Healthcare Fraud Prevention and Enforcement Action Team
HELP	Health, Education, Labor, and Pensions
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health Act
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IEA	Intergovernmental and External Affairs
IG	Inspector General
IHS	Indian Health Service
IOS	Immediate Office of the Secretary
IPAB	Independent Payment Advisory Board
IT	Information Technology
JFA	Joint-Funding Agreement
LIHEAP	Low Income Home Energy Assistance Program
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
NCI	National Cancer Institute
NIH	National Institutes of Health
NIOSH	National Institute for Occupational Safety and Health
OASH	Office of the Assistant Secretary for Health
OCR	Office for Civil Rights
OGC	Office of the General Counsel
OGA	Office of Global Affairs
OIG	Office of Inspector General
OMHA	Office of Medicare Hearings and Appeals
ONC	Office of the National Coordinator for Health Information Technology
OPDIV	Operating Division
OSORA	Office of Strategic Operations & Regulatory Affairs
OPM	Office of Personnel Management
OS	Office of the Secretary
ONS	Office of National Security
PB	President’s Budget



EXHIBIT 1

ASPA Playbook

Acronym	Full Name
PCORTF	Patient-Centered Outcomes Research Trust Fund
PEPFAR	President's Emergency Plan for AIDS Relief
PHS	Public Health Service
PHSA	Public Health Service Act
PHSSEF	Public Health and Social Services Emergency Fund
P.L.	Public Law
PPHF	Prevention and Public Health Fund
PPS	Prospective Payment Systems
PSC	Program Support Center
QFR	Question for the Record
QIO	Quality Improvement Organizations
RAC	Recovery Audit Contractor
RO	Regional Office
SAMHSA	Substance Abuse and Mental Health Services Administration
SCP	Strategic Communication Planning
SES	Senior Executive Service
SG	Surgeon General
SPS	Secretary's Policy System
SSA	Social Security Administration
SSBG	Social Services Block Grant
SSF	Service and Supply Fund
STAFFDIV	Staff Division
STD	Sexually Transmitted Diseases
TANF	Temporary Assistance for Needy Families
TB	Tuberculosis
TPP	Teen Pregnancy Prevention
UAC	Unaccompanied Alien Children
USG	U.S. Government
WHO	World Health Organization