



# **PUBLIC INFORMATION**

**COMMUNICATING  
WITH CLARITY**



# DISCUSSION TOPICS

About public information

Public v. non-public information

Communications platforms & plans

Crisis communications basics

Joint information: Teamwork

Social media: Go digital

Media relations basics

Case studies / scenarios

*When you hear  
"public information officer,"  
what do you think?*

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**DEFINING THE ROLE OF A PIO**

# WHAT MAKES A GOOD PIO

Strategic thinking  
Agency brand building  
Relationship earning & maintaining  
Community awareness  
Emergency management knowledge  
Media relations skills  
Excellent written communications  
Seat at the management table

*What else would you add?*

# WHAT A PIO IS NOT

NOT only needed in crisis or disaster  
NOT only releasing information  
NOT just a spokesperson  
NOT disconnected from management  
NOT just marketing & education  
NOT just social media posts  
NOT just making things pretty

...but **WHY?**

*Get the right information  
to the right people at the  
right time so they can  
make the right decisions.*

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THE GOAL

*Do you have a PIO?*

*Are they full or part-time?*

*What are their daily responsibilities?*

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**ABOUT YOUR TEAM**

## **MANAGE INFORMATION**

Gather,  
verify,  
coordinate,  
disseminate,  
re-evaluate,  
repeat

## **BUILD RELATIONSHIPS**

Relationships inside  
our organization, outside  
the organization,  
with media and  
community members

## **STRATEGIC COMMUNICATIONS**

Preparing during 95%  
of our time for the 5%  
of our time that is  
spent responding  
to critical situations;  
think strategically!

# **ROLES & RESPONSIBILITIES**

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Free training through SEMA, FEMA  
Aim for at least 3 trained personnel  
You respond the way you prepare  
Under appreciated, yet IMPORTANT

**Again...WHY?**

**TRAIN YOUR  
COMMUNICATORS**

# KNOW YOUR AUDIENCES

## EXTERNAL

Resident & patient families

General public

Media representatives

## INTERNAL

Employees

Residents, patients

On-site visitors

Contractors

Corporate leadership

## **TEAM DISCUSSION**

SWOT analysis,  
set priorities, think  
strategically,  
set plans.

## **INCLUDE MANAGEMENT**

What do you need  
from each other to  
be most effective?

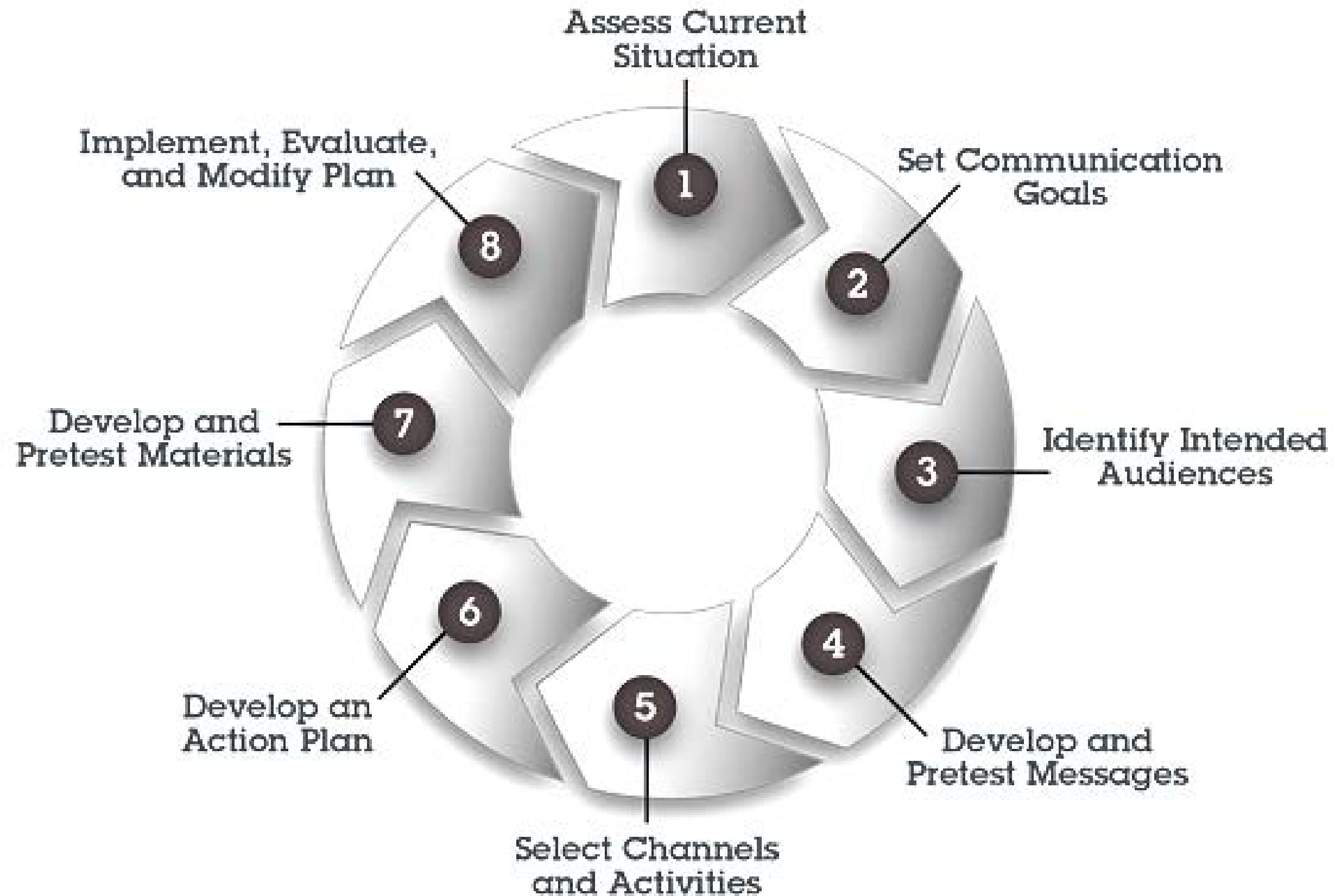
## **TRAINING GOALS**

What's your plan  
for continuous  
growth and  
improvement  
for PIOs?

## **KEEP NETWORKING**

Healthcare  
Coalition, other  
regional / state /  
national groups.

# **COMMUNICATIONS PLANNING**



# 8-STEP COMMUNICATION MODEL

# PUBLIC V. NON-PUBLIC INFORMATION

## **PUBLIC**

Government-funded  
Missouri Sunshine Law  
Freedom of Information Act  
Applicable CMS Rules  
Set Forth by Policies

## **NON-PUBLIC**

Confidential patient info /HIPAA  
Other protected personal info  
Proprietary data  
Portions of emergency plans  
Personnel data

# PROFITS V. PR: "CRISIS 101"

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What's an emergency?

A disaster?

A crisis?

Is there a difference?

Focus communications planning on  
*all of the above and their unique effects.*

## **JOINT INFORMATION SYSTEM**

Method of coordinating information between multiple organizations; organizations remain autonomous but communicate with one voice

## **JOINT INFORMATION CENTER**

Location at which multiple organizations manage information; can be in-person or virtual

# MEDIA RELATIONS BASICS

## DO'S

Be accessible!

Respect deadlines!

Return messages promptly

Provide timely updates

Be honest

Coordinate access

Build relationships

OK to say "I don't know"

## DONT'S

Hide or lie!

Speculate or hypothesize

Speak for someone else

Comment on comments

Lose your temper

Go "off the record"

Say "no comment"



# INTERVIEW PREP

Identify spokesperson(s)

Develop objectives & talking points

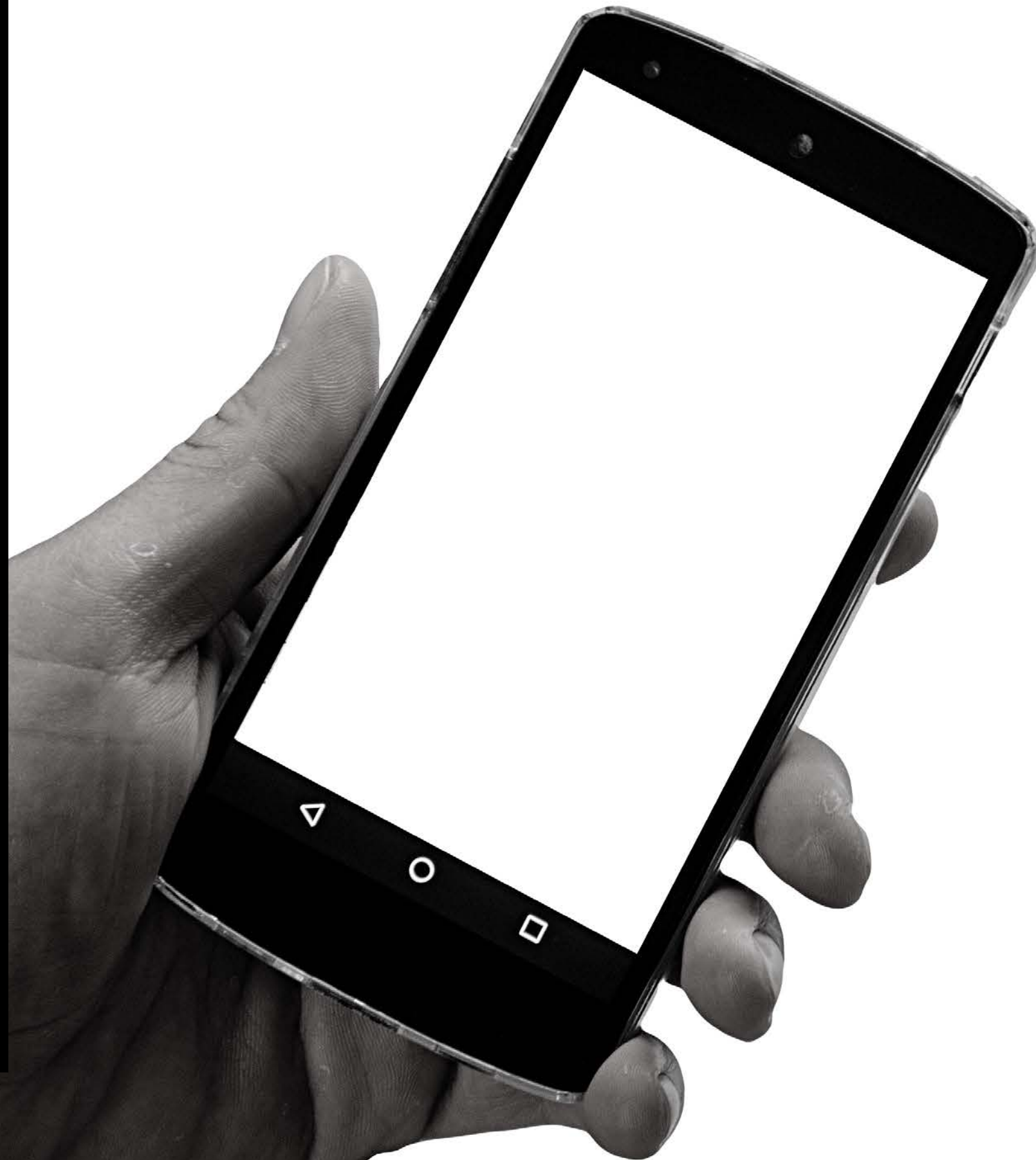
Consider your audience

Develop any supplementary materials

Get any needed approvals

Practice / prep spokesperson(s)

## SOCIAL MEDIA: GO DIGITAL



- **KEEP IT RELEVANT**  
Stay in your lane!  
What does your audience want?
- **KEEP IT BRIEF**  
Simple. Easy to understand.
- **KEEP IT LOCAL**  
Folks we know and love!  
Engage your fans!
- **HAVE PLANS**  
Internal (employee), external,  
content-driven, other policies.

## ANATOMY OF A GREAT POST

Add New Post

Enter title here

Add Media

**B**

*I*

ABC



Paragraph



### ■ **TEXT LENGTH**

Different for each platform.

### ■ **INCLUDE MEDIA**

Photos & videos = engagement.

### ■ **PRE-DRAFT CONTENT**

What's "evergreen" & current?

### ■ **FREE TOOLS**

Everyone likes free stuff!

# SCENARIO 1

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Multiple nursing homes in Jade County are in outbreak mode for COVID. Home A went into outbreak mode after 3 staff members and 2 residents (out of 75 total) tested positive. Home A immediately notified family members and residents via an all-alert text and on Facebook. Some staff members decided to stay at the facility until the outbreak was over to care for residents and not take COVID home to their families. The facility owners also issued a separate statement on Facebook thanking the community for their support and understanding as they worked through the crisis. The community rallied and left homemade foods, hygiene supplies, donuts, and organized gospel groups to sing outside the parking lot parameters.

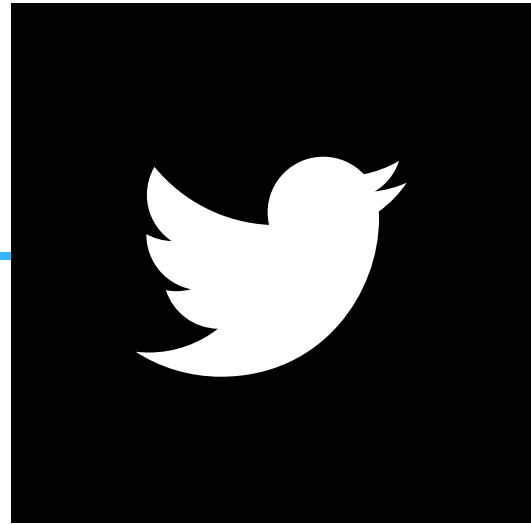
Home B also went into outbreak mode 3 days prior to Home A, when 10 staff members and 7 residents tested positive (out of 30 total). Home B made individual calls to the family members over the first 48 hours as staffing allowed. Caregivers from Home B also agreed to stay to help care for the residents, but were not allowed to receive gifts or supplies from outside the facility. Public Health staff reached out to the Home B Administrator, who was told not to answer any but the most basic questions and only to the Health Department. No updates were given to family members beyond the initial diagnosis. Rumors began flying about the number and illness severity of the residents in Home B. Community members were afraid to organize or bring supplies as they told they'd be refused.

As the crisis escalated in both Homes A and B, less communication came from Home B despite outreach from Public Health and other organizations. Family members began calling the Health Department and local hospitals for updates on their loved ones. Home A at their worst had 42 staff and 65 residents test positive, with 4 resident deaths. Home B had 27 positive residents and 20 staff with 8 resident deaths.

# SCENARIO 2

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The region has seen extensive flooding for 3 weeks. The Roaring River and its tributaries are out of their banks and creeping into farm ground, covering flood plains. Many secondary roads near levees are impassable. Mills Creek Nursing Center is located near a river diversion channel south of Central City. While they are not directly near the Roaring River, the facility lies on a hill in a valley with forest to the north and west, and low-lying silt to the east and south. As the water rises, Mills Creek becomes land locked. Community members and family of staff are boating in supplies and fresh water. Residents are safe at this time. However, family members are voicing concerns that the residents should be evacuated. The administrator at Mills Creek has left messages for family members that all is well but no other communication has been sent other than to the County Emergency Management Director.



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