

## A Guide to Creating a Communication Plan

In creating an issue-or incident-specific communication plan, the Department of Veterans Affairs (VA) and the Veterans Health Administration (VHA) seek to integrate the efforts of its various offices and programs to provide proactive Veteran healthcare delivery information to key stakeholders. Proactive communication planning will enable VHA to more strategically tell its story rather than reacting to circumstances and media queries.

Successful communication plans usually include:

Summary

Statement (Response to Query (RTQ))

Background

Key Facts/Messages

Proposed Action Timeline

Questions and Answers

Fact Sheet

Veteran letters/phone scripts/employee email (as required for disclosures/mission changes)

News Release

By standardizing communication plans, VHA and VA leadership are better positioned to review and find details about emerging and enduring topics. All VHA level Communication Plans will need to be fully vetted through VHA Office of Communications (10B2), often in collaboration with VHA Office of Congressional and Legislative Affairs (10B3). Clearance will be required through Deputy Under Secretary for Health for Policy and Services (10P), Deputy Under Secretary for Health for Operations and Management (10N), Principal Deputy Under Secretary for Health (10A), VHA Chief of Staff (10B) (as required). Once the plan has cleared VHA, it will need to go through the Office of Public and Intergovernmental Affairs (OPIA), Office of Congressional and Legislative Affairs (OCLA), Office of General Counsel (OGC) and Office of the Secretary, Strategic Communications (STRATCOMM) for final coordination.

**NOTE: For planning purposes, VHA's goal is to have a VHA cleared product in six business days. It usually takes five to seven business days for the OPIA/OCLA/OGC/STRATCOMM review and clearance process.**

The following format guidance will help you to prepare a successful plan:

### **Summary:**

The summary section should describe the issue/event to be addressed, highlight Veteran support, and explain how the issue/event developed and identify parties particularly interested in the issue/event resolution. The summary/background should also explain when communication-related actions will need to be taken and note the next operational step(s) to be taken. An example is below.

*Under Public Law 110-329, VA received \$250 million to enhance rural health services. VHA's Office of Rural Health established a rigorous review process for proposals submitted by*

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*Veterans Integrated Service Networks (VISNs) and VHA program offices. Of the 161 projects proposed, 73 were selected for implementation and will need promotion.*

*Once the Secretary has approved the selected projects, VA and VHA will employ the following strategies in sequence to communicate the announcement:*

**Statement (Response to Query (RTQ)):**

The statement is the primary message VA wants to deliver about the issue in the communication plan. VA may issue the statement to news media if interviews or other media opportunities are not offered or approved. The statement should focus on Veterans first and how VA's stance on the issue will affect or improve our care for them. **An example is below:**

*The Department of Veterans Affairs (VA) understands family caregivers are key partners in Veterans' health care. Veterans are best served when they can live their lives as independently as possible surrounded by their loved ones. The Caregivers and Veterans Omnibus Health Services Act of 2010 allows VA to implement new benefits that will enhance existing services for Veterans and their caregivers. VA thanks the many Veterans and caregivers, Veteran Service Organizations, community partners and other experts who helped make this legislation possible.*

**Background:**

The background section should provide a high level overview of the situation or communication need with sufficient detail that someone not directly involved (MEDIA) would understand the issue driving the need for communication and the desired outcome(s). This section should include any pertinent facts or data that would have an impact on the communication process – e.g. areas of particular sensitivity, any anticipated negative responses from specific audiences, details on how similar issues have been handled in the past and the results, etc. This is the area of your communication plan where you would identify any key cross departmental impacts or inputs necessary to successful implementation, or point to any areas of concern regarding the need for consistency between internal and external messages or between various target audience groups. **An example is below:**

Immediate corrective actions were initiated by XXX Leadership. These included:

- Discontinuing the use of XXX for all inpatient care settings.
- Collecting XXX from all inpatient units and returning them to the pharmacy.
- Reviewing and amending the facilities policies and procedures to include procuring XXX for demonstration purposes during patient education at time of discharge.
- Intense re-education efforts, which included updating the competencies of all licensed staff on policies and procedures for administering XXX.

**Key Facts/Messages:**

The facts section is for messages, facts and talking points, or key points VA would like others to understand about an issue. Generally, you should have at least three, but no more than 12. These are the points that each subject matter expert needs to know and be able to communicate in interviews, speeches, web communication, etc. Messages should be short,

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easily understood and easy to memorize or jot down on note cards. Don't overload messages with bureaucratic jargon. **Here are some examples:**

- *VA provides high-quality, easily accessible health care to all of our Nation's Veterans. These 73 rural health care initiatives demonstrate our continuing commitment to uphold that standard for Veterans, no matter where they live.*
- *Standardizing VA's payments to the Medicare Prospective Payments System and fee schedules will do two things:*
  - *Provide the private physicians who partner with VA consistency in their compensation.*
  - *Allow VA to better plan budgets and place more money into actual health care for the Veterans VA is honored to serve.*
- *PTSD is treatable. There are multiple effective treatments offered at VA. Mental health counseling is central to treatment of PTSD and VA also provides help with education, employment and housing.*
- *VA has established an array of innovative programs to measure and improve quality and safety. The annual Quality and Safety Report is only one aspect of a comprehensive approach to constantly improve the quality of the care Veterans receive.*

### **Proposed Actions (D-Day to be determined)**

This component of the communication plan lays out the strategy for reaching various audiences, and assigns tasks to particular offices and sets up a sequence and time frame for the plan to be implemented. When you are formulating the actions you propose to take, think of any audience that will be affected or may have an interest in your issue and plan a communication strategy to let each group know the messages that are important to them.

**Please note that OPIA/OCLA/STRATCOMM will weigh in on the timeline engagement.**

**Here are some examples:**

1. **Congress:** On the day the new rural health initiatives are to be discussed publicly, the Office of Congressional and Legislative Affairs will first brief the Senate and House Veterans Affairs and Appropriations Committee. The Office of the Chief of Legislative Affairs will send letters for each congressional member in areas affected by the issue, describing how his or her rural constituents will benefit. The letters will also attach the national news release, and will provide information on how members will be updated on projects authorized for their respective areas.
2. **Veterans Service Organizations (VSOs):** Immediately following the Congressional briefing, VHA's Voluntary Service Office will arrange for briefings of senior VSO representatives and will provide copies of the news release for use in their magazines and websites.

3. **Veterans:** Veterans, family members and/or caregivers, as appropriate, will be notified by personal telephone calls and or notified by letter to discuss the issue/event.
4. **Employees:** As required, VHA leadership will notify employees through town hall meetings, internal newsletters and email messaging.
5. **National News Media:** Following the congressional and VSO briefing, the Office of Public and Intergovernmental Affairs (OPIA) will conduct a news conference for the Secretary to announce the new initiatives. OPIA will also distribute a national news release announcing the initiatives. A special effort will be made by OPIA to reach out to radio stations in rural areas where projects will be located. **NOTE: Depending on VA's posture, some issues/event may remain as response to query only**
  - **Local News Media:** Field public affairs officers will be provided the list of initiatives and as required a slotted news release prior to D-Day in order to create localized news releases on initiatives that will affect their area.
6. **VA Website:** Each communication plan requires an assessment of information that should be made available on the internet. There is an expectation of transparency which would include adverse events and good news stories. The news release is not acceptable for the website content except as a link. Write for the web by having content for your appropriate stakeholders in plain language. Obtain graphics and/or video clips to enhance content. This content should be on your medical center or program office internet site (This includes all of the notices you prepared for congress, national news media, local news media, patient letters and VSO's. Exclude any with PII or PHI.) Assess whether this content should be on other key VHA or VA websites, including other federal and commercial websites. These additional sites will link to your authoritative source but may need a small graphic and "headline". Use appropriate intranet sites as a data source for talking points and internal notices. Also, assess content for placement on VHA Social media sites to include Flickr, YouTube and FaceBook. In the case of an event, consider using Twitter as a means of outreach. A blog entry may also be appropriate. You may want to have an announcement on non-VA social media sites

*The news release will be posted on the Office of Rural Health Website. In the future, the Website will also include a list of the funded initiatives and provide status updates on each one. The site will also feature an interactive map allowing Veterans to see which initiatives affect their state or area, and a downloadable widget to track each project's status.*

7. **State Veterans Affairs Offices:** As required, VHA may also prepare personalized letters for State Directors of Veterans Affairs outlining the projects that will affect their states and requesting their assistance in promoting awareness of the initiatives.

## Sample Question and Answer

Think of the questions Veterans and journalists would most likely pose about the issue and then provide clear, common language answers. These make great material for facility web sites on issues. **Here are some examples:**

### **Question and Answer:**

#### **Q-1: What is REACH VA?**

**A-1:** Resources for Enhancing Alzheimer's Caregivers Health in VA, or REACH VA, was a pilot program that tested providing training, skills building and support to the caregivers of Veterans with Alzheimer's and dementia. The program tested with 127 caregivers at 24 different VA medical center home-based primary care programs across the country. Now REACH VA is expanding on a phased basis to all VA home-based primary care programs and will be adapted for the caregivers of Veterans with spinal cord injuries, traumatic brain injuries and other conditions beyond dementia.

#### **Q-2: Who will be eligible for the expanding REACH program?**

**A-2:** Caregivers of Veterans with dementia who are enrolled in the local VA medical center's home-based primary care will be eligible for the expanded REACH VA program. REACH VA will begin at a limited number of VA medical centers and will expand on a phased basis to all VA medical centers.

#### **Q-3: My Veteran doesn't have Alzheimer's or Dementia. Can VA still help me?**

**A-3:** Yes, caregiver support coordinators located at every VA medical center will assist Veterans and their caregivers in applying for the many other Caregiver support benefits VA offers. In the future, REACH VA will also be adapted to help caregivers of Veterans with other conditions such as spinal cord injury and traumatic brain injury.

#### **Q-4: When will the expanded REACH program be available?**

**A-4:** The current model of REACH VA for the caregivers of Veterans with dementia will begin at a limited number of VA medical centers and will expand on a phased basis to all VA medical centers. The adapted versions of the program for spinal cord injury and traumatic brain injury are in development. Veterans and Caregivers will be able to monitor the progress of REACH VA at [www.caregiver.va.gov](http://www.caregiver.va.gov) and can always inquire with the local caregiver support coordinator on upcoming benefits, as well as resources that are already available locally.

#### **Q-5: What benefits do I receive with REACH VA?**

**A-5:** Participating caregivers will be given individual in-home and telephone support sessions, telephone support group sessions, a Caregiver Quick Guide with information on behavioral and stress topics. Additional training includes education and skills training in safety, patient behavior management and personal health and well being.

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## **Communication Products/Attachments**

Be sure to attach any communication products (News releases, Fact sheets, scripts etc.) that are required for the communication plan. Best practice is to include all attachments within one document as this eases the burden of reviewing multiple documents and enables better version control. Web language should be included and if possible, a link to a dormant page so graphics can be assessed with the included language. Include samples of communication products if resources permit.

***NOTE: It is critical that we communicate in plain language throughout the plan.***

### **Attachments:**

Attachment 1: DRAFT Fact Sheet (For Hill/VSO notifications, RTQ for media)

Attachment 2: DRAFT Press Release

## Attachment 1: Draft Fact Sheet (Congressional, VSO, Stakeholder Notification)

### Sample Fact Sheet



These will mirror your statement and key facts/ messaging from the communication and add additional points of interest related to the issue. Here is a sample.

### Fact Sheet VA and Smoking and Tobacco Use Cessation

#### **Summary:**

The summary/background section should describe the issue to be addressed, explain how the issue developed and identify parties particularly interested in the issue's resolution. The summary/background should also explain when communication-related actions will need to be taken and note the next operational step(s) to be taken.

*Under Public Law 110-329, VA received \$250 million to enhance rural health services. VHA's Office of Rural Health established a rigorous review process for proposals submitted by Veterans Integrated Service Networks (VISNs) and VHA program offices. Of the 161 projects proposed, 73 were selected for implementation and will need promotion.*

*Once the Secretary has approved the selected projects, VA and VHA will employ the following strategies in sequence to communicate the announcement:*

#### **Statement:**

Smoking continues to be the leading cause of preventable death and disease in the U.S. The Department of Veterans Affairs (VA) is committed to helping Veterans lead better, healthier lives. VA's focus on providing evidence-based smoking and tobacco use cessation care and promoting research is a key factor in that commitment. VA has implemented a number of national policies to increase Veterans' access to smoking cessation care to ensure that any Veteran who wants assistance with quitting smoking will get the care that he or she needs.

#### **Key Facts (Messages):**

- Smoking and tobacco use cessation is provided in every VA Medical Center across the system, occurring in a variety of clinical settings, including primary care, mental health outpatient clinics, and smoking cessation specialty programs.
- VA also has national performance measures in place to ensure that outpatients seen in primary care and mental health are routinely screened for tobacco use. Also, current

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tobacco users are provided with brief counseling on how to quit and offered medications and more intensive counseling to help support them in quitting.

- Since 2003, VHA policy has mandated that any Veteran who wants to stop smoking may be provided with FDA-approved smoking cessation medications. VHA has nicotine replacement therapy as well as other first-line smoking cessation medications available. In 2005, VHA implemented a Federal Rule change to establish outpatient smoking cessation counseling as a preventive service and eliminated the co-payment to increase access to care for all Veterans who want assistance with quitting smoking.
- The VA health care system has adopted a number of evidence-based systems level interventions including routine tobacco use cessation screening, use of evidence-based clinical practice guidelines, health care provider education, resources and feedback.
- From 2004-2008, as the national VA initiatives designed to increase access in smoking cessation care were implemented, the national rates of prescribing nicotine replacement therapy increased by 60%.
- There have been steady decreases in the prevalence of smoking among Veterans who are enrolled for care in VA over the last 10 years. In 1999, the prevalence of smoking among Veterans in care was 33% and in 2008, the prevalence of Veterans enrolled for care was 19.7%.
- An overview of VA's smoking and tobacco use cessation policies and programs can be viewed at [www.publichealth.va.gov/smoking/](http://www.publichealth.va.gov/smoking/).

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**Attachment 2: Draft Press Release**

**Sample News Release**

A good news release should have the most important information up front in a short lead paragraph. Follow up with a quote that frames the issue and add supplementary informational paragraphs as necessary.



FOR IMMEDIATE RELEASE

June 3, 2013

**VA Hires Over 1,600 Mental Health Professionals to Meet Goal, Expands Access to Care and Outreach Efforts, Directs Nationwide Community Mental Health Summits**

WASHINGTON – Today, the Department of Veterans Affairs (VA) announced that it has met the goal to hire 1,600 new mental health professionals outlined in President Obama’s Aug. 31, 2012, Executive Order to Improve Access to Mental Health Services for Veterans, Service Members, and Military Families.

“Meeting this hiring milestone significantly enhances our ability to improve access to care for those Veterans seeking mental health services and demonstrates our continued commitment to the health and well-being of the men and women who have served the Nation,” said Secretary of Veterans Affairs Eric K. Shinseki. “Meeting this goal is an important achievement, but we recognize that we must continue to increase access to the quality mental health care Veterans have earned and deserve.”

As of May 31, 2013, VA has hired a total of 1,607 mental health clinical providers to meet the goal of 1,600 new mental health professionals outlined in the Executive Order. Additionally, VA has hired 2,005 mental health clinical providers to fill existing vacancies. VA has also hired 318 new peer specialists towards the specific goal of 800 peer specialists by Dec. 31, 2013 as outlined in the Executive Order. VA expects to meet that goal as well.

VA also recognizes that meeting the needs of Veterans and their families requires collaboration and partnership between VA, other federal agencies, and local communities.

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“Locally-driven summits provide a well-established method to strengthen our community partnerships, and they have been successful in support of VA’s goal to end homelessness among Veterans,” said Veterans Health Administration, Undersecretary for Health, Dr. Robert Petzel. “The President is directing all VA health care systems nationwide to conduct locally-driven Mental Health Summits to further engage with local community partners and nurture community engagement to address the broad mental health needs of Veterans and their families.” Each VA health care system will reach out to relevant Veteran Service Organizations, community based organizations, health care providers, and local governments to develop and conduct the Summits.

VA provides a full range of comprehensive mental health services across the country. In Fiscal Year 2012, more than 1.3 million Veterans received specialized mental health care from the VA. This number has risen each year from 927,052 in Fiscal Year 2006. In addition to hiring more mental health professionals, VA is expanding the use of innovative technology to serve Veterans in rural or underserved areas. VA expects to increase the number of Veterans receiving care from tele-mental health services in fiscal year 2013, and has increased the number of Vet Centers, which provide readjustment counseling and referral services from 233 in 2008 to 300 in 2012.

In November 2011, VA launched an award-winning, national public awareness campaign called Make the Connection, which is aimed at reducing the stigma associated with seeking mental health care and informing Veterans, their families, friends, and members of their communities about VA resources. More information on Make the Connection can be found at [www.maketheconnection.net](http://www.maketheconnection.net).

Mental health professionals interested in seeking employment with the Department of Veterans Affairs can obtain information at [www.vacareers.va.gov](http://www.vacareers.va.gov). Veterans and their families interested in learning more about the mental health services provided by VA can go to [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov).

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