

⁸³ The response grid format was developed by the Academic Health Center Office of Emergency Response at the University of Minnesota to provide a framework for campus-level response efforts. These grids integrate pandemic phases and various severity levels. The University of Minnesota grid format is used here, with permission, as a means to present activities related to at-risk populations before, during and after a pandemic.

Supplement: Proposed Timeline for Enacting Recommendations

This grid⁸³ describes specific pandemic planning and response actions identified in the *At-Risk Populations and Pandemic Influenza: Planning Guidance for State, Territorial, Tribal, and Local Health Departments* by pandemic phase and severity. The grid should be used as a complement to the guidance. Details of the actions suggested in the grid can be found in the guidance chapter with the same title.

It is important to note that the primary recommendation for public health planners to implement is included in each section in bold type. Additional recommendations follow. The authors recognize that staff and funding vary tremendously among state, territorial, tribal and local entities. Clearly not all of the activities listed under the primary recommendations will be feasible for all agencies. However, preparedness planners should identify which activities are useful to help them address the primary recommendations. GRID A	
WHO Phase 1-3, US Stage 0: Low risk of human cases; Higher risk of human cases; No, or very limited, human-to-human transmission	
Collaboration with and Engagement of the At-Risk Community	<ul style="list-style-type: none"> • Join an existing network or create a network with representation from at-risk individuals, FBOs, CBOs and additional key partners, such as media outlets, which brings together partners to conduct pandemic and all-hazards planning. • Contribute to network resiliency by providing tools such as COOP planning and personal preparedness training and materials. • Identify and reach out to non-traditional leaders who may not occupy obvious or formal roles. • Consider funding opportunities for CBOs or FBOs through mini-grants to promote collaboration. • Incorporate pandemic influenza-specific initiatives into ongoing risk-abatement activities to foster preparedness and meet partners' needs. • Designate a staff member to build and maintain relationships. • Disseminate preparedness information as part of existing outreach efforts, emphasizing that preparedness allows community members to fulfill their mission. • Use networks for routine and emergency activities and communication. • Involve at-risk populations in all phases of the planning process

	<p>and policy development and conduct engagement meetings to address specific policy questions.</p> <ul style="list-style-type: none">• Determine how to approach engagement, which partners may enhance the process, and whether the goal is best met through inviting the general populations or only at-risk populations.• Obtain buy-in for engagement meetings from key leaders.• Consider using a model that can be adjusted based upon engagement goals, such as the PACE model.• In meetings, provide participants with necessary information for discussion and decision making. Keep information simple and relevant.
--	--