

Communications Planning and Strategy Development*

In This Section:

- Why planning is important
- Six steps of the planning process
- Assessing health issues and identifying solutions
- Defining communication objectives
- Defining intended audiences
- Exploring communication settings, channels, and activities
- Identifying potential partners and collaborating
- Developing a communication strategy and drafting communication and evaluation plans

Questions to Ask and Answer:

- What health problem are we addressing?
- What is occurring versus what should be occurring?
- Whom does the problem affect, and how?
- What role can communication play in addressing the problem?
- How and by whom is the problem being addressed? Are other communication programs being planned or implemented? (Look outside of the public health department.)
- What approach or combination of approaches can best influence the problem? (Communication? Changes in policies, products, or services? All of these?)
- What other organizations have similar goals and might be willing to work on this problem?
- What measurable, reasonable objectives will we use to define success?
- What types of partnerships would help achieve the objectives?
- Who are our intended audiences? How will we learn about them?
- What actions should we encourage our intended audiences to take?
- What settings, channels, and activities are most appropriate for reaching our intended audiences and the goals of our communication objectives? (Interpersonal, organizational, mass, or computer-related media? Community? A combination?)
- How can the channels be used most effectively?
- How will we measure progress? What baseline information will we use to conduct our outcome evaluation?

* Adapted from “Making Health Communications Work”, U.S. Department of Health & Human Services. Public Health Service. National Institutes of Health and National Cancer Institute

Why Planning Is Important

The planning you do now will provide the foundation for your entire health communication program. It will enable your program to produce meaningful results instead of just boxes of materials.

Effective planning will help you:

- Understand the health issue you are addressing
- Determine appropriate roles for health communication
- Identify the approaches necessary to bring about or support the desired changes
- Establish a logical program development process
- Create a communication program that supports clearly defined objectives
- Set priorities
- Assign responsibilities
- Assess progress
- Avert disasters

Under the pressure of deadlines and demands, it is normal to think, “I don’t have time to plan; I have to get started NOW.” However, following a strategic planning process will save you time. Because you will define program objectives and then tailor your program’s activities to meet those objectives, planning will ensure that you don’t spend time doing unnecessary work.

Program objectives are generally broader than communication objectives, described in step 2, and specify the outcomes that you expect your entire program to achieve. *Many of the planning activities suggested in this chapter can be completed simultaneously.*

Even if your program is part of a broader health promotion effort that has an overall plan, a plan specific to the communication component is necessary.

Planning Steps

This chapter is intended to help you design a program plan. The health communication planning process includes the following six steps explained in this chapter:

1. Assess the health issue or problem and identify all the components of a possible solution (e.g., communication as well as changes in policy, products, or services).
2. Define communication objectives.
3. Define and learn about intended audiences.
4. Explore settings, channels, and activities best suited to reach intended audiences.
5. Identify potential partners and develop partnering plans.
6. Develop a communication strategy for each intended audience; draft a communication plan.

To complete this process, use the Communication Program Plan template in Appendix A to help ensure that you don’t miss any key points.

1. Assess the Health Issue/Problem and Identify All Components of a Solution

The more you understand about an issue or health problem, the better you can plan a communication program that will address it successfully. The purpose of this initial data collection is to describe the health problem or issue, who is affected, and what is occurring versus what should be occurring. Doing this will allow you to consider how communication might help address the issue or problem. In this step, review and gather data both on the problem and on what is being done about it.

Review Available Data

To collect available data, first check for sources of information within the Cree Health Board. Identify gaps and then seek outside sources of information. Sources and availability of information will vary by issue.

The types of information you should (ideally) have at this stage include descriptions of:

- The problem or issue
- The incidence or prevalence of the health problem
- Who is affected (the potential intended audience), including age, sex, ethnicity, economic situation, educational or reading level, place of work and residence, and causative or preventive behaviours.

Be sure to include more information than just basic demographics

- The effects of the health problem on individuals and communities
- Possible causes and preventive measures
- Possible solutions, treatments, or remedies

To find this information, search these common data sources:

- Libraries (for journal articles and texts)
- Health-related resources on the Internet
- Sources of health
- Administrative databases covering relevant populations
- Government agencies, universities, and voluntary and health professional organizations

Both published and unpublished reports may be available from these sources. A number of federal health information clearinghouses and Web sites also provide information, products, materials, and sources of further assistance for specific health subjects. A helpful first step in planning may be to contact the appropriate personnel from the Specialized Services Team on the health issue your program is addressing.

Identify Existing Activities and Gaps

Find out what other organizations are doing to address the problem, through communication and other approaches, such as advocating for policy or technological changes. Contact these organizations to discuss:

- What they have learned

- What information or advice they may have to help you plan
- What else is needed (what gaps exist in types of change needed, media or activities available, intended audiences served to date, messages and materials directed at different stages of intended audience behavior change)
- Opportunities for cooperative ventures

Gather New Data as Needed

You may find that the data you have gathered does not give enough insight into the health problem, its resolution, or knowledge about those who are affected in order to proceed. In other instances, you may have enough information to define the problem, know who is affected, and identify the steps that can resolve it, but other important information about the affected populations may be unavailable or outdated.

Sometimes it is impossible to find sufficient information about the problem. This may be because the health problem has not yet been well defined. In this case, you might decide that a communication program is an inappropriate response to that particular problem until more becomes known.

Identify All Components of a Solution

Adequately addressing a health problem often requires a combination of the following approaches:

- Communication (to the general public, patients, health care providers, policymakers— whoever needs to make or facilitate a change)
- Policy change (e.g., new laws, regulations, or operating procedures)
- Technological change (e.g., a new or redesigned product, drug, service, or treatment; or changing delivery of existing products, drugs, services, or treatments)

Yet all too often we rely on health communication alone and set unrealistic expectations for what it can accomplish. It is vitally important to identify all of the components necessary to bring about the desired change and then to carefully consider which of these components is being—or can be—addressed.

Determine Whether Health Communication Is Appropriate for the Problem and the Cree Public Health Department

Create a map that diagrams the components of a problem and the steps necessary to solve it to help you determine a possible role for health communication. In some cases, health communication alone may accomplish little or nothing without policy, technological, or infrastructure changes (e.g., successfully increasing physical activity of employees in the workplace might require employer policy changes to allow for longer breaks or infrastructure changes such as new walking paths). In some instances, effective solutions may not yet exist for a communication program to support.

For example, no treatment may exist for an illness, or a solution may require services that are not yet available. In these cases, decide either to wait until other program

elements are in place or to develop communication strategies directed to policymakers instead of consumers or patients.

If you determine that health communication is appropriate, ask the following questions to consider whether the Cree Public Health Department (CPHD) is best suited to carry it out:

- Does CPHD have (or can it acquire) the necessary expertise and resources?
- Does CPHD have the necessary authority or mandate?
- Will CPHD be duplicating efforts of others?
- How much time does CPHD have to address this issue?
- What, if anything, can be accomplished in that time?

2. Define Communication Objectives

Defining communication objectives will help you set priorities among possible communication activities and determine the message and content you will use for each. Once you have defined and circulated the communication objectives, they serve as a kind of contract or agreement about the purpose of your communication, and they establish what outcomes should be measured.

It is important to create achievable objectives. Many communication efforts are said to fail only because the original objectives were wildly unreasonable. For example, it is generally impossible to achieve a change of 100 percent. If you plan to specify a numerical goal for a particular objective, an epidemiologist or statistician can help you determine recent rates of change related to the issue so that you have some guidance for deciding how much change you think your program can achieve. (Remember that commercial marketers often consider a 2 to 3 percent increase in sales to be a great success.) Fear of failure should not keep you from setting measurable objectives. Without them, there is no way to show your program has succeeded or is even making progress along the way, which could reduce support for the program among your supervisors, funding agencies, and partners.

Because objectives articulate what the communication effort is intended to do, they should be:

- Supportive of the health program's goals
- Reasonable and realistic (achievable)
- Specific to the change desired, the population to be affected, and the time period during which change should take place
- Measurable, to allow you to track progress toward desired results
- Prioritized, to direct the allocation of resources

Be Reasonable

Objectives describe the intermediate steps that must be taken to accomplish broader goals; they describe the desired outcome, but not the steps involved in attaining it (you'll design strategies and tactics for getting there later). Develop reasonable communication

objectives by looking at the health program's goal and asking, "What can communication feasibly contribute to attaining this goal, given what we know about the type of changes the intended audiences can and will make?"

Communication efforts alone cannot achieve all objectives. Appropriate purposes for communication include:

- Creating a supportive environment for a change (societal or organizational) by influencing attitudes, beliefs, or policies
- Contributing to a broader behavior change initiative by offering messages that motivate, persuade, or enable behavior change within a specific intended audience

Raising awareness or increasing knowledge among individuals or the organizations that reach them is also feasible; however, do not assume that accomplishing such an objective will lead to behavior change. For example, it is unreasonable to expect communication to cause a sustained change of complex behaviors or compensate for a lack of health care services, products, or resources.

The ability and willingness of the intended audience to make certain changes also affect the reasonableness of various communication objectives. Keep this in mind as you define the intended audiences in planning step 2. Your objectives will be reasonable for a particular intended audience only if audience members both can make a particular behavior change and are willing to do so.

Be Realistic

Once your program has developed reasonable communication objectives, determine which of them are realistic, given your available resources, by answering these questions:

- Which objectives cover the areas that most need to reach the program goal?
- What communication activities will contribute the most to addressing these needs?
- What resources are available? Include:
 - Staff and other human resources- committee members, associates from other programs, volunteers, and others who have the requisite skills and time
 - Overhead resources such as computer time, mailing costs, and printing
 - Services available from another source, such as educational materials available free or at cost and the effort by other organizations willing to help
 - Information about the issue, the intended audience, the community, and media structures, or about available educational materials
 - Budget available to fund the program
 - Time (weeks, months, or years available to complete the program)
- What supportive factors exist (e.g., community activities, other organizations' interests, positive community attitudes)?
- What barriers exist (e.g., obstacles to approval, absence of funding, sensitivity of an issue, intended audience constraints)?
- Which objectives would best use the resources your program has identified and best fit within the identified constraints?

Your answers to the last question should become your priority objectives. Sometimes you may feel so constrained by certain barriers that proceeding appears impossible. An honest assessment may lead you to conclude that a productive communication effort is not possible. However, creative use of the resources already identified may enable you to develop a communication program that can make valuable contributions.

3. Define and Learn About Intended Audiences

In this step, determine whom you want to reach based on decisions made in the previous two steps.

Begin by identifying intended populations for a program based on the epidemiology of the problem (who is most affected? at risk?) and other factors contributing to the problem. Intended populations are often defined very broadly, using just a few descriptors (e.g., women over age 50). Intended audiences are carved from these broad population groups and defined more narrowly based on characteristics such as attitudes, demographics, geographic region, or patterns of behavior. Examples might include physically inactive adolescents, heavy smokers with low education and income levels who are fatalistic about health issues, or coastal Cree men with diabetes who are physically inactive. Because the intended audience's ability and willingness to make a behavior change affects the extent to which communication objectives are reasonable and realistic, it is most efficient to select intended audiences and develop communication objectives (planning steps 2 and 3) in tandem.

Move From Intended Population to Specific Intended Audiences

Defining subgroups of a population according to common characteristics is called segmentation. Segmentation can help you develop messages, materials, and activities that are relevant to the intended audience's current behavior and specific needs, preferences, beliefs, cultural attitudes, knowledge, and media usage. It also helps you identify the best channels for reaching each group, because populations also differ in factors such as access to information, the information sources they find reliable, and how they prefer to learn. Increase your program's effectiveness by developing strategies that are attuned to the needs and wants of different intended audience segments. In fact, given the diversity of the general public, trying to reach everyone with one message or strategy may result in an approach that does not effectively reach those most able or ready to change. Be aware, though, that moving from a mass-market strategy to a differentiated strategy will add economic and staff resource costs for each additional segment.

Segment a population into specific intended audiences using the following characteristics to define them:

- Behavioral—health-related activities or choices, degree of readiness to change a behavior, information-seeking behavior, media use, and lifestyle characteristics

- Cultural—language proficiency and language preferences, religion, ethnicity, generational status, family structure, degree of acculturation, and lifestyle factors (e.g., special foods, activities)
- Demographic—occupation, income, educational attainment, family situation, and places of residence and work
- Physical—sex, age, type and degree of exposure to health risks, medical condition, disorders and illnesses, and family health history
- Psychographic—attitudes, outlook on life and health, self-image, opinions, beliefs, values, self-efficacy, life stage, and personality traits

The key to success is to segment the intended population on characteristics relevant to the health behavior to be changed. A logical starting point is the behavior itself: When possible, compare those who engage in the desired behavior with those who do not and identify the determinants of their behaviour. Many planners simply rely on demographic, physical, or cultural segmentations.

However, people who share these characteristics can be very different in terms of health behavior. For example, consider two 55-year-old Cree women. They work together in the same department. They have the same amount of schooling and comparable household incomes. They live next door to each other, attend the same church, and often invite each other's family over for meals. They enjoy the same television shows, listen to the same radio programs, and often discuss articles that they both read in the *Nation*. Neither has a family history of breast cancer, and both had children before age 20. Yet one woman goes for annual mammograms and the other has never had one. A demographic, physical, or cultural segmentation would group these women together, yet one is a member of the intended audience for health communications about mammography and the other is not.

Select Intended Audiences

Once you have identified intended audience segments, begin to set priorities and select the intended audiences (e.g., those segments with whom you will communicate). As you select your intended audiences, distinguish among the audiences your program will address.

Primary intended audiences are those you want to affect in some way; you may have one or several primary intended audiences. If you have more than one, set priorities among them to help order your planning and allocate resources. Secondary intended audiences, or gateway audiences, are those with influence on the primary intended audiences or those who must do something to help cause the change in the primary intended audiences. These intended audiences might need different kinds of messages and tools to make the desired change.

Select intended audiences by answering the following questions for each segment:

- *What is a reasonable and realistic communication objective for this intended audience?* In other words, what behavior change can the intended audience make, and how willing is this group to make that change? Sometimes an intended audience can't make a behavior change— or can't make it easily—until a policy change is instituted or a new or improved product is developed. If your program cannot provide the necessary policy or technological changes, perhaps another intended audience would be a better choice.

- *Will achieving that communication objective with this intended audience adequately contribute to attaining the health program goal?* (See planning step 2.) Intended audience size factors prominently in the answer to this question. It is important to choose a segment or segments large enough that changes in their behavior will make a worthwhile contribution to your program's goal. If your program's goal is population-wide improvement, asking a larger intended audience to make a small change may get you closer to the goal and require fewer resources than helping a small group make a very large change.

- *To what extent would members of this segment benefit from the communication?* Some segments may already engage in the desired behavior or may be close to it (e.g., eating Cree traditional food twice a week, not three times a week).

- *How well can available resources and channels reach this segment?* If you must rely on mass communication (e.g., mass media, public events), yet one-on-one skill modeling is needed to help this segment make a behavior change, your program's resources will be wasted.

- *For secondary intended audiences, to what extent does this audience influence the primary intended audiences?*

- *To what extent will we be able to measure progress?*

Answering these questions will also help you determine who will not be members of an intended audience. Ruling out intended- audience segments will allow you to make decisions regarding message development and dissemination more easily and will help ensure that all program resources are spent productively. Two examples of intended audiences are 1) teens who smoke, and 2) women over age 50 who are not having Regular mammograms.

Learn More About the Intended Audiences

You probably need to know more about the intended audiences than you learned from the initial research. Sometimes planners conduct consumer research on all potential intended audiences to help them set objectives, complete intended audience segmentation, and set priorities. At other times, they define and set priorities among intended audiences based on initial research and then conduct more intensive research with selected intended audiences. The approach often depends upon the amount of

existing secondary research and the resources available to conduct primary research.

To learn about an intended audience, find answers to the following questions:

- What does the intended audience already know about the topic? Do intended audience members have any misconceptions?
- What are the intended audience members' relevant attitudes, beliefs, and perceptions of barriers to change?
- How "ready" is the intended audience to change? (Based upon the stages of change model—see Appendix B for a description.)
- What benefit do intended audience members already associate with making the behavior change?
- What social, cultural, and economic factors will affect program development and delivery?
- When and where (times, places, states of mind) can the intended audience best be reached?
- What communication channels (e.g., mass media, organization meetings, Internet sites) reach this intended audience? Which do its members prefer? Find credible?
- Do certain individuals (or gatekeepers) either have particular influence with this intended audience or control access to it? What is their degree of influence?
- What are the intended audience's preferences in terms of learning styles, appeals, language, and tone?

4. Explore Settings, Channels, and Activities to Reach Intended Audiences

In this step, begin to think about the best ways to reach the intended audiences.

To reach intended audiences effectively and efficiently, first identify the settings (times, places, and states of mind) in which they are most receptive to and able to act upon the message. Next, identify the channels through which your program's message can be delivered and the activities that can be used to deliver it. In making these decisions, weigh what will best:

- Reach the intended audience
- Deliver the message

Explore Settings

To identify possible settings for reaching the intended audience, think of the following:

- Places where your program can reach the intended audience (e.g., at home, at school or work, in church, in the car, at a community event, in the local clinic)
- Times when intended audience members may be most attentive and open to your program's communication effort
- Places where they can act upon the message
- Places or situations in which they will find the message most credible

Sometimes a given setting may be a good place to reach the intended audience but not a good place to deliver the message. For example, a radio announcement might be a great way to reach the intended audience, but if the message is "go this website for more information," people may not be receptive to (or able to act upon) the message—and they are unlikely to recall the message or the website address later, when they can act on it. In contrast, if you reach people while they are preparing dinner—or in the grocery store—with a message to increase fruit and vegetable consumption, they are likely to be receptive to and able to act upon the message.

Explore Channels and Activities

Consider the following channels:

- Interpersonal
- Group
- Organizational and community
- Mass media
- Interactive digital media

Interpersonal Channels

Interpersonal channels (e.g., physicians, friends, family members, counselors, parents, clergy, and coaches of the intended audiences) put health messages in a familiar context. These channels are more likely to be trusted and influential than media sources. Developing messages, materials, and links into interpersonal channels may require time; however, these channels are among the most effective, especially for affecting attitudes, skills, and behavior/behavioral intent. Influence through interpersonal contacts may work best when the individual is already familiar with the message, for example, from hearing it through mass media exposure. (Similarly, mass media are most effective at changing behavior when they are supplemented with interpersonal channels.)

Group Channels

Group channels (e.g., brown bag lunches at work, classroom activities, Sunday school discussions, neighborhood gatherings, and club meetings) can help your program more easily reach more of the intended audience, retaining some of the influence of

interpersonal channels. Health messages can be designed for groups with specific things in common, such as workplace, school, church, club affiliations, or favorite activities, and these channels add the benefits of group discussion and affirmation of the messages. As with interpersonal channels, working through group channels can require significant levels of effort. Influence through group channels is more effective when groups are already familiar with the message through interpersonal channels or the others described here.

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Organizational and Community Channels

Organizations and community groups, such as advocacy groups, can disseminate materials, include your program's messages in their newsletters and other materials, hold events, and offer instruction related to the message. Their involvement also can lend their credibility to your program's efforts. Organizational/community channels can offer support for action and are two-way, allowing discussion and clarification, enhancing motivation, and reinforcing action.

Mass Media Channels

Mass media channels (e.g., local and regional radio, the Nation) offer many opportunities for message dissemination, including mentions in news programs, entertainment programming ("entertainment education"), public affairs programs, "magazine" and talk shows (including radio audience call-ins), live remote broadcasts,

editorials (radio, the Nation), health and political columns in the Nation, posters, brochures, advertising, and public service campaigns. You may decide to use a variety of formats and media channels, always choosing from among those most likely to reach the intended audiences.

Mass media campaigns are a tried-and-true communication approach. They have been conducted on topics ranging from general health to specific diseases, from prevention to treatment. Overall, research has demonstrated the effectiveness of mass media approaches in:

- Raising awareness
- Stimulating the intended audience to seek information and services
- Increasing knowledge
- Changing attitudes and even achieving some change (usually) in self-reported behavioral intentions and behaviors

However, behavior change is usually associated with long-term, multiple- intervention campaigns rather than with one-time communication-only programs.

Interactive Digital Media Channels

Interactive digital media channels (e.g., Internet Web sites, bulletin boards, newsgroups, chat rooms, social networking websites) are an evolving phenomenon and are useful channels that should have even greater reach in the future. These media allow communicators to deliver highly tailored messages to and receive feedback from the intended audience. These channels are capable of producing both mass communication and interpersonal interaction.

Use these media to:

- Send individual messages via electronic mail
- Post program messages (such as information about health-related campaigns) on Internet sites that large numbers of computer users access
- Create and display advertisements
- Survey and gather information from computer users
- Engage intended audiences in personalized, interactive activities
- Exchange ideas with peers and partners

Using interactive digital media is not without challenges – issues of credibility and access.

Credibility. Anyone can put information on the Internet, and it may or may not be accurate. Thus it is important to demonstrate the credibility of your organization when you use this channel to disseminate health information. This will help ensure that users trust the information they receive.

To improve the quality of health information on the Internet, health Web sites should disclose the following information:

- The identity of the developers and sponsors of the site, how to contact them, and information about any potential conflicts of interest or biases
- The explicit purpose of the site, including any commercial purposes and advertising
- The original sources of the content on the site
- How the privacy and confidentiality of any personal information collected from users is protected
- How the site is evaluated
- How content is updated

Access. The average computer user is affluent and well educated. Although access to this medium is increasing, it is definitely not universal; radio is a better choice to reach a larger intended audience.

Weigh Pros and Cons

Each type of channel—and activity used within that channel—has benefits and drawbacks. Weigh the pros and cons by considering the following factors:

- Intended audiences you want to reach:
 - Will the channel and activity reach and influence the intended audiences (e.g., individuals, informal social groups, organizations, society)?
 - Are the channel and activity acceptable to and trusted by the intended audiences, and can they influence attitudes?
- Your message:
 - Is the channel appropriate for conveying information at the desired level of simplicity or complexity?
 - If skills need to be modeled, can the channel model and demonstrate specific behaviors?
- Channel reach:
 - How many people will be exposed to the message
 - Can the channel meet intended audience interaction needs?
 - Can the channel allow the intended audience to control the pace of information

delivery?

- Cost and accessibility:
 - Does your program have the resources to use the channel and the activity?
- Activities and materials:
 - Is the channel appropriate for the activity or material you plan to produce? (Decisions about activities and channels are interrelated and should be made in tandem. See Stage 2 for a list of possible materials for health programs and a discussion of decision factors.)
 - Will the channel and activity reinforce messages and activities you plan through other routes to increase overall exposure among the intended audiences?

5. Identify Potential Partners

Working with other organizations can be a cost-effective way to enhance the credibility and reach of your program's messages. Many public health institutions seek out partner organizations to reach particular intended audiences.

The benefits to your program of forming partnerships can include:

- Access to an intended audience
- More credibility for your message or program because the intended audiences consider the potential partner to be a trusted source
- An increase in the number of messages your program will be able to share with intended audiences
- Additional resources, either tangible or intangible (e.g., volunteers)
- Added expertise (e.g., training capabilities)
- Expanded support for your organization's priority activities
- Co-sponsorship of events and activities

You may partner with one or a few organizations to accomplish specific projects. Some communication initiatives may call for tapping into or assembling a coalition of organizations with a shared goal. In some cases, you may need to assemble many organizations that support particular recommendations or policies. At other times, you may want the organizations to play an active role in developing and implementing communication activities.

To encourage selected groups to partner with the Public Health Department, consider the benefits you can offer, such as:

- Added credibility
- Access to your organization's data
- Assurance of message accuracy
- Liaison with other partners

Decide Whether You Want Partners

Although working with partners can be essential to achieving communication objectives,

there are also drawbacks that you should recognize and prepare to address.

Working with other organizations can:

- Be time consuming—Identifying potential partners, persuading them to work with your program, gaining internal approvals, and coordinating planning and training all take time.
- Require altering the program—Every organization has different priorities and perspectives, and partners may want to make minor or major program changes
- Result in loss of ownership and control of the program—Other organizations may change the time schedule, functions, or even the messages, and take credit for the program.

Decide how much flexibility you would be willing to allow a partner in the program without violating the integrity of your program, its direction, and your own agency's procedures.

If you decide to partner with other organizations, consider which:

- Would best reach the intended audiences
- Might have the greatest influence and credibility with the intended audiences
- Will be easiest to persuade to work with you (e.g., organizations in which you know a contact person)
- Would require less support from you (e.g., fewer resources)

Develop Partnering Plans

Think about the roles potential partners might play in your program and use the suggestions below to help identify specific roles for partners:

- Supplemental printing, promotion, and distribution of materials
- Sponsorship of publicity and promotion
- Purchase of advertising space/time
- Creation of advertising about your organization's priority themes and messages
- Underwriting of communication materials or program development with your organization

See Appendix A for a partnership plan form.

Working With Partners

The staff person responsible for working with partners should be:

- A good manager who is able to balance all program components
- A team player who is able to work with other organizations
- Diplomatic and willing to negotiate
- Willing to share credit for success

Developing and Maintaining Coalitions

Community coalitions have become an important force in health promotion. Coalitions have all of the advantages of partnerships plus another benefit. Because they harness the resources and commitment of multiple organizations, the attention those organizations pay to an issue is institutionalized for long-term action. The strongest potential partners may be interested in joining coalitions.

6. Develop a Communication Strategy; Draft Communication and Evaluation Plans

At this point your program has:

- Defined intended audiences and the actions you want their members to take (communication objectives)
- Explored the settings, channels, and activities that can be used to reach them
- Identified potential partners
- Developed partnering plans

In this step, you will use this information as the basis for developing a communication strategy and drafting communication and evaluation plans.

Develop a Communication Strategy Statement (Creative Brief)

In this context, a strategy is a communication approach your program plans to take with a specific intended audience; while you may develop many different communication materials and use a variety of activities, the strategies are guiding principles for all program products and activities.

A communication strategy includes everything you need to know to communicate with the intended audience. It defines the intended audience, describes the action its members should take, tells how they will benefit (from their perspective, not necessarily from a public health perspective), and how you can reach them.

A communication strategy is:

- Based on knowledge of the intended audience's wants, needs, values, and accessibility
- Guided by general communication research as well as theories and models of behavior
- Tempered by the realities of available resources and deadlines

Developing the strategy statement provides a good test of whether your program has enough information to begin developing messages. It also gives you an opportunity to obtain management and partner buy-in for the approach. You may be tempted to skip this step, but do not. Having an approved strategy statement will save time and effort later. The statement provides both a foundation and boundaries for all the materials you produce and all the activities you conduct.

The communication strategy statement is sometimes called a creative brief because it is used to brief the creative team. In addition, sharing the strategy statement with management and partners allows you to make sure there is support for your program's approach before resources are expended and makes easier the approvals and cooperation you may need later.

For each of the intended audiences, write a creative brief (see Appendix A for a template to use) that includes the following:

- *A definition and description of the intended audience (intended-audience profile).*

Think of one person in the intended audience and describe him or her, rather than describing the group. The information you gathered in planning step 3 should provide the basis for this section.

- *A description of the action the intended audience members should take as a result of exposure to the communication.*

The action is the change the communication objective specifies (planning step 2). If you haven't already done so, now is the time to find out if intended audience members are willing and able to take the action—and to identify the current behavior that you want to change. Knowing what an intended audience currently does—and why it does it—will provide important insights into the behavior change process and can be used to develop

communications that demonstrate replacing the old behavior with the new one.

- *A list of any obstacles to taking action.*

Common obstacles include intended audience beliefs, social norms, time or peer pressures, costs, ingrained habits, misinformation, and product inaccessibility. The “map” you created in planning step 1 should identify many of the obstacles, particularly those related to product inaccessibility (e.g., a woman can’t get to a mammography location, a worker has no access to fruits or vegetables at break times, a condom isn’t available at the time of intercourse). The additional information you gathered about the intended audience in planning step 3 should also help you identify obstacles.

- *The consumer-perceived benefit of taking the action.*

Many theories and models of behavior change include the idea that people change their behavior because they expect to receive some benefit (e.g., gain in time, money, enjoyment, potential gain in stature among peers) that outweighs the personal cost of the behavior change. Short-term, high-probability personal benefits generally are more effective than long-term population benefits (e.g., “stop smoking to smell better and be more attractive” rather than “stop smoking to reduce your risk of developing lung cancer”).

- *A description of the support that will make the benefit, and its ability to attain it, credible to the intended audience.*

Support can be provided through hard data, peer testimonials about success or satisfaction, demonstrations of how to perform the action, or statements from organizations the intended audience finds credible. Tailor the particular supports you use to the concerns intended audience members have about the action. For example, if they are worried they can’t do it, a demonstration may be warranted; if they question why they should take the action or whether it will have the promised health benefit, hard data or statements from credible organizations may be in order; if they don’t believe they need to take the action (e.g., they deny being in the intended audience), a peer testimonial can be compelling.

- *The settings, channels, and activities that will reach intended audience members—particularly when they will be receptive to or able to act upon the message.*

This information should come from the work you did in planning step 4.

- *The image your program plans to convey through the tone, look, and feel of messages and materials.*

The goal should be to convey an image that 1) convinces intended audience members that the communication is for them, and 2) is culturally appropriate. Image is conveyed largely through executional details. Printed materials convey image through typeface, layout, visuals, color, language, and paper stock used. Web materials convey image through design, typeface, color, layout, and ease of use. Audio materials convey image through voices, language, and music; in addition to these details, video materials convey image through visuals, characteristics of the actors (including their clothing and accessories), camera angles, and editing. Work with the creative team to develop the

image you select.

The information in Appendix B and the information you learned about your intended audience in planning step 3 are the foundation for strategy development. Use this information to prepare a document similar to the NCI sample strategy statement provided here. At first, you may have question marks next to some items, or lists of possibilities for actions, benefits, support, or image. You can fill in the answers, narrow down the list, and get overall reactions to the strategy by conducting research with the intended audience. Developing the communication strategy is usually an iterative process; as you learn more about one element, other elements will likely need to be adjusted.

The communication strategy provides all program staff—including writers, creative staff, and evaluators—with the same direction for developing all messages and materials. In a cooperative program with partner organizations, the strategy statement can also help all players communicate consistent themes and take similar action.

Once your program has decided on a communication strategy, all program elements should be compatible with it. This means every program task should contribute to reaching the established objectives and be designed to reach the identified intended audiences; all messages and materials should incorporate the benefits and other information from the strategy statement.

As you learn more about the intended audiences and their perceptions, you may need to alter or refine the strategy statement. However, it should be changed only to reflect information that will strengthen your program's ability to reach the communication objectives. Do not alter your strategy simply to accommodate a great idea that doesn't match the objectives.

Draft Communication Plan

All of the elements of your planning should be recorded in a communication plan that will become your "blueprint." It should be used to:

- Explain the plans within your agency and with others
- Support and justify budget requests
- Provide a record of where your program began
- Show the program's planned evolution over time

Include the following sections in the plan:

- Communication strategy
- Partnering plans
- Message and materials development and testing plans
- Implementation plans, including plans for distribution, promotion, and process evaluation
- Outcome evaluation plans
- Tasks and timeline

A template for a communication plan that includes all of these sections is in Appendix A. During Stage 1, prepare initial drafts of all plan sections except distribution and promotion. Realize that some of the sections, such as implementation and process evaluation (see Stage 3), may not be as detailed as others at this point.

Draft Outcome Evaluation Plans

Outcome evaluation is used to assess the degree to which the communication objectives are achieved. Conducting useful outcome evaluation can be challenging because of the following constraints:

- Many standard evaluation approaches assume a direct cause-and-effect relationship between the stimulus (your program's communication) and the intended audience's response to it. However, it can be impossible to isolate the effects of a particular communication activity, or even the effect of a communication program on a specific intended audience, because change does not often occur as a result of just one specific activity.
- Communication programs generally occur in a real-world setting, where there are many other influences on the intended audiences. Other activities (and often other organizations) may be addressing the same problem. Attributing change to program activities may be very difficult.
- Communication objectives can be reasonable but not measurable because of reasons such as:
 - The change is too small for available methodologies to detect (e.g., a 2 percent increase over the course of a year in the number of women age 50 or over who get a mammogram would have important public health benefits, but would not be detectable by a survey with a typical 3.1 percent margin of error).
 - The change is difficult to measure validly or reliably (e.g., self-reports of behavior are often unreliable).

Plan Outcome Evaluation Activities

Before you begin to plan for outcome evaluation, review Stage 4 for descriptions of common methodologies.

As you plan, keep the following tips in mind:

- Ensure that the evaluation design is appropriate for the particular communication activity. Experimental designs, in which a treatment group (people exposed to the communication) is compared to a control group (people not exposed to the communication), are the gold standard of outcome evaluation. However, they often cannot be used to assess communication activities, largely because untreated control groups may not exist, particularly for regional-, or community-based efforts. Even if people are not exposed to your program's communication, they are likely to be exposed to some communication on the same topic. In these situations, appropriate designs

include comparisons between cross-sectional studies (such as independent surveys taken at different points in time), panel studies (the same people are interviewed or observed multiple times), and time series analyses (comparisons between projections of what would have happened without the intervention versus what did happen). However, each is appropriate in different situations; seek the advice of an evaluation expert before selecting a design.

- Consider how the communication activity is expected to work and the time period in which it is expected to work. Then make sure it is evaluated in accordance with those expectations. For example, if you expect people to need at least five to eight exposures to the message before they will take action, make sure that you allow sufficient implementation time to achieve the intended level of exposure. If you expect people to take action immediately after exposure, then the outcome measurement should take place soon after that. Conversely, if you don't expect to see effects for at least a year, outcomes shouldn't be measured until then. Communication programs are often deemed "failures" because they don't reach people with sufficient repetition to work—either because they are inadequately funded or because everything runs late and they are not in place long enough before outcomes are measured. (Use process evaluation to track the level of intensity and the duration of message exposure to learn why expected outcomes did or did not occur.)

- Consider what level of evidence is acceptable for your outcome evaluation purpose (e.g., to report back to management or funding agencies).

- Consider what baseline measures you have available or can collect and how to track changes related to desired outcomes (e.g., how, and how often, data will be collected).

- Ensure that you measure change against the communication objectives and not against your program's goal. For example, if the communication objective is to increase the percentage of women age 50 or older who ask their doctor about a mammogram, you would measure how many women asked their doctor about a mammogram, not how many women got a mammogram.

- Ensure that progress toward outcomes is captured. For example, if you expect people to think about changing a behavior, and perhaps try changing it a few times before making and sustaining the change, make sure the evaluation can capture these intermediate outcomes. If the objective is to increase the percent of people engaging in moderate exercise on most days of the week, it would be important to determine 1) people's current behavior, and 2) whether they have thought about increasing their amount of activity, taken steps to increase it, or increased it some weeks but not consistently.

Appendix A contains an outcome evaluation form. Although you may not be ready to complete final evaluation planning now, it is important to put together a general plan so that your program can collect any necessary baseline data before implementation begins, build any needed evaluation mechanisms into the program, and ensure that

evaluation resources are allocated.

To get started, do the following:

1. Read Stage 4 (Assessing Effectiveness and Making Refinements). What you learn about evaluation may affect what you choose to do with the program.
2. Take another look at these sections after your initial communication plan is complete to be sure the evaluation activities will be appropriate and valuable.
3. Involve an evaluation expert familiar with evaluating communication programs during initial planning. His or her advice can help prevent time-consuming fixes later by ensuring you develop a program that can be validly evaluated (e.g., making sure data collection mechanisms are in place, making sure baseline data are collected for comparison later).

Create a Timetable

Finally, produce a time schedule for development, implementation, and evaluation. The schedule should include every task you can think of from the time you write the plan until the time you intend to complete the program. The more tasks you build into the timetable now, the more likely you will remember to assign the work and keep on schedule. Also, detailing the tasks will make it easier to decide what resources will be required. If you forget important intermediate steps, your program's costs and schedule might change.

The timetable should be considered a flexible management tool. Review and update it regularly (e.g., once a month) so that it can function dually to manage and track progress.