

# ADDENDUM

*Chapter 4: Developing a  
Communication Plan*

*chapter* **4**

**ADDENDUM 1**

## Communicating State Stroke Burden Documents

This chapter of the *Communication Guide* provides a chart of components for a successful communication plan and offers two case studies to demonstrate how states have used stroke communication documents for interventions.

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MANY STATES HAVE BURDEN DOCUMENTS AND PLANS for addressing stroke through 9-1-1 coverage and emergency medical service (EMS) policies. These state reports catalog stroke mortality, hospitalizations, and infrastructure within the state and help document policy and environmental needs for addressing stroke.

A stroke burden document provides opportunities for policy-related communication interventions, and the data can motivate key partners and provide material for media outreach, presentations, and public education. One such resource is the CDC publication, *The Burden of Heart Disease & Stroke in the United States: State and National Data, 1999*, reprinted August 2004. This document lists data sources and suggests elements to include in a burden book. (To request a copy of this report call 770-488-2424 and leave your name, mailing address, email address, and daytime telephone number.)

The table below lists some elements of a communication plan for announcing publication of a state's stroke burden document through a press conference and other media outreach. A more detailed rollout plan is presented in the supplement to Chapter 5.

**SAMPLE COMMUNICATION PLAN FOR A STATE STROKE BURDEN DOCUMENT**

<b>Communication Goals and Objectives</b>	To bring about policy change that will increase the number of communities with EMS stroke treatment protocols in place To engage partners To communicate relevant stroke data
<b>Organizational Identity</b>	State Department of Health Heart Disease and Stroke Prevention Program
<b>Target Audiences</b>	Legislators Regulatory agencies Medical professional societies Media Community organizations
<b>Communication Channels</b>	Media Partner meetings and materials Associations that serve target populations

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<p><b>Messages, Materials, and Activities</b></p>	<p>Present report at coalition meeting and provide copies to all partners.</p> <p>Share report with relevant state departments, e.g., EMS, Medicaid, insurance regulators.</p> <p>Provide press release that includes data about differences within the state and where the state ranks compared with the rest of the country.</p> <p>Present press conference with key state leaders and partners.</p> <p>Mail report to state legislators, especially those on health-related committees.</p> <p>Develop PowerPoint presentation for use by program staff and partners.</p> <p>Disseminate information through health care organizations, nursing homes, and senior centers.</p>
<p><b>Partners</b></p>	<p>American Heart Association/American Stroke Association state affiliate</p> <p>Other state health agencies/departments (e.g., EMS)</p> <p>Medical professional societies</p> <p>Hospital associations, primary care association, etc.</p>
<p><b>Timeline</b></p>	<p>Begin planning for rollout several months before report is finalized. (See Chapter 5 supplement for sample rollout plan.)</p> <p>Share embargoed report with partners at least 1 month before press event.</p> <p>Share embargoed report with legislators and key opinion leaders at least 1 week before press event.</p> <p>Contact key print and broadcast reporters 1 week before the event. Schedule radio interviews and online chats immediately following event and continue for another 1 to 2 weeks.</p> <p>Issue media advisory 2 days before press event.</p> <p>Issue press release morning of press event.</p> <p>Conduct media outreach beginning 1 week before the event and continuing 1 week afterward.</p>
<p><b>Evaluation</b></p>	<p>Monitor media coverage.</p> <p>Create evaluation form and share with partners.</p> <p>Conduct in-depth interviews with key policy makers to gauge their reaction to the data and the rollout.</p> <p>Keep a log of partner activities relating to the report.</p> <p>Collect baseline number of emergency medical services with stroke protocols and of the number of stroke centers in state. Measure differences at 6 and 12 months after the launch.</p>

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**ARKANSAS CASE STUDY**

The Arkansas state cardiovascular health plan's objectives are to improve knowledge of symptoms of heart attack and stroke among Arkansas residents and to identify culturally appropriate approaches to promote cardiovascular awareness and knowledge in at-risk, high-priority populations based on geography, gender, ethnicity, and income.

To help achieve these objectives, the State Heart Disease and Stroke Prevention Program conducted an environmental communication intervention at a local supermarket in the state's Delta counties. State program staff members engaged partners to print stroke symptoms on grocery bags, set up displays and conduct screenings at the supermarket, purchase radio advertising to promote the event, and circulate and tabulate surveys to evaluate the effectiveness of the intervention in increasing awareness of the signs and symptoms of stroke and the need to act quickly to seek treatment. The partners were so interested in the intervention that the supermarket chain donated the printing of grocery bags distributed to stores in six states. In addition, the radio station that ran the advertising sent its popular morning show host to broadcast onsite the day of the event.

Below is the communication plan for the Arkansas intervention.

<b>Communication Goals and Objectives</b>	<p>To improve knowledge of symptoms of heart attack and stroke among Arkansas residents</p> <p>To identify culturally appropriate approaches to promote cardiovascular awareness and knowledge in at-risk, high-priority populations based on geography, gender, ethnicity, and income</p> <p>To explore effectiveness of labeling grocery bags for raising awareness of signs and symptoms of stroke</p> <p>To engage partners in collaborating on a communication initiative</p> <p>To benchmark and evaluate stroke interventions</p>
<b>Organizational Identity</b>	Arkansas Department of Health
<b>Priority Audiences</b>	<p>African Americans</p> <p>Delta counties</p> <p>Pine Bluff, Arkansas</p>

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<b>Communication Channels</b>	<p>Printed grocery bags</p> <p>Radio stations</p> <p>Print and television media</p>
<b>Messages, Materials, and Activities</b>	<p>Grocery store displays, including banners and exhibits</p> <p>Grocery bags printed with stroke symptoms (distributed in six states)</p> <p>Appearance by local Congressional representative</p> <p>Health screenings by partners</p> <p>Cooking and shopping demonstrations to show how to purchase and prepare heart-healthy food</p> <p>Radio station remote broadcast with popular morning show host</p> <p>Television coverage</p> <p>Giveaways donated by partners to provide health-related information</p>
<b>Partners</b>	<p>Affiliated Foods</p> <p>Citadel Radio Stations</p> <p>Southeast Region of the Arkansas Department of Health’s Hometown Health Initiative in Jefferson and Lee Counties</p> <p>Jefferson Tobacco Coalition</p> <p>Arkansas Minority Health Commission</p> <p>American Heart Association/American Stroke Association state affiliate</p>
<b>Timeline</b>	<p>Planning began 4 months before the event.</p> <p>The committee met biweekly until the event.</p> <p>The event ran on a Saturday from 9 a.m. to 3 p.m.</p> <p>Follow-up and evaluation occurred 4 weeks after the event.</p>

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**MONTANA CASE STUDY**

In the development of its heart disease and stroke burden document, Montana found that overall awareness of signs and symptoms of stroke was low and that EMS personnel did not have a protocol in place to assess potential stroke and to transport patients to a local stroke center quickly. After conducting extensive baseline and formative research to understand the scope of the problem, the state program devised an environmental communication intervention that combined advertising and EMS training to help increase awareness of stroke symptoms, emphasize the need to call 9-1-1, and decrease the amount of time required to transport stroke patients to hospitals. The entire intervention, including problem identification, partner development, media campaign, and evaluation, took about 18 months. Below is a summary communication plan for the Montana intervention.

<b>Communication Goals and Objectives</b>	<ul style="list-style-type: none"> <li>Reduce burden of cardiovascular disease</li> <li>Improve health of Montanans</li> <li>Work in multiple settings</li> <li>Increase awareness of signs and symptoms of stroke among Montana residents</li> <li>Increase training of EMS personnel in assessing stroke</li> <li>Reduce patient travel times to a stroke center</li> </ul>
<b>Organizational Identity</b>	Montana Department of Public Health and Human Services
<b>Target Audiences</b>	<ul style="list-style-type: none"> <li>People at risk for stroke (older adults, history of heart disease, atrial fibrillation, smoking, obesity, high cholesterol, excessive alcohol use, diabetes, inactivity, hypertension)</li> <li>EMS personnel</li> </ul>
<b>Communication Channels</b>	<ul style="list-style-type: none"> <li>Radio public service announcements (PSAs)</li> <li>Television PSAs</li> <li>Brochure</li> <li>Poster</li> <li>Partner meetings</li> </ul>
<b>Messages, Materials, and Activities</b>	<ul style="list-style-type: none"> <li>Television advertising of three PSAs featuring physicians and stroke survivors</li> <li>Radio advertising</li> <li>Creation of "Prevent Stroke, Survive Stroke" brochure</li> <li>Newspaper advertising every other week for three months</li> <li>Publication and placement of "Health Special" advertisements and <i>Senior Lifestyle Guide</i> in newspapers.</li> <li>Distribution of <i>Your Years: Senior Lifestyle Guide</i> for use in doctors' offices and other health settings.</li> <li>Delivery of posters, brochures, and plastic brochure racks to health care settings.</li> </ul>

<b>Partners</b>	<p>American Heart Association/American Stroke Association</p> <p>Local hospital with stroke center</p> <p>Local university</p> <p>Senior centers</p> <p>Pharmacies</p> <p>Local fire and rescue departments</p>
<b>Timeline</b>	<p><b>Months 1–6:</b> Conduct literature review and request materials from other initiatives.</p> <p><b>Months 3–7:</b> Develop and collect data for pre-intervention survey. Develop post-intervention survey.</p> <p><b>Months 5–8:</b> Meet with key partners.</p> <p><b>Months 5–6:</b> Recruit evaluation and media vendors.</p> <p><b>Months 7–9:</b> Message development: Analyze data from pre-intervention research. Train EMS personnel on standardized stroke assessment protocol.</p> <p><b>Months 10–12:</b> Deliver intervention with television, radio, and print advertising.</p> <p><b>Months 13–14:</b> Conduct post-intervention survey.</p> <p><b>Months 15–17:</b> Intervention recall post-post intervention survey.</p>
<b>Results/Evaluation</b>	<p><b>Pre- and post-intervention telephone surveys</b> evaluated initial impact of media campaign.</p> <ul style="list-style-type: none"> <li>■ 800 adults aged 45 years and older in two rural counties participated in a telephone survey to assess their perceived risk for stroke.</li> <li>■ 46% of respondents with three or more risk factors did not perceive themselves to be at risk.</li> </ul> <p><b>Evaluation study</b> included factors such as</p> <ul style="list-style-type: none"> <li>■ Time from symptom onset to emergency department arrival for ischemic patients compared with the American Heart Association’s <i>Get with the Guidelines</i> criteria;</li> <li>■ Demographic and geographic characteristics of stroke (ischemic and transient ischemic attack [TIA]) patients;</li> <li>■ Transportation characteristics of stroke (ischemic or TIA) patients; and</li> <li>■ Discharge destination of stroke (ischemic or TIA) patients.</li> </ul> <p><b>Impact Evaluation</b> showed a slight increase in knowledge about stroke after the media campaign. Message recall among respondents 45 years or older was higher in the intervention community than in the comparison community</p> <p><b>Process Evaluation</b> surveys showed that baseline knowledge was already high and that media exposure may have been too short. However, communication programs increased the profile, discussion, and knowledge of stroke.</p>