Developing a Communication Plan

The communication plan may be one of the most important documents that you and your communication workgroup create. It serves as a programmatic road map to define what you are trying to achieve, the steps you will take to accomplish your goals and objectives, and how you will measure success. To develop a communication plan, you need to draw from formative research, information about the health issue, and the expertise of your partners. This process is your opportunity to think strategically about the intervention tactics that are most likely to resonate with your target audiences.
With workgroups, as with any intricately structured organization, thoughtful and all-inclusive team planning is an essential task for ensuring the success of the program. After recruiting the core members of your workgroup, schedule a meeting of the partners to start planning the communication program. To keep the meeting focused, you may wish to develop an outline of a proposed plan — including your preliminary ideas — which can be used as a basis for discussion.

Although you and/or your staff may have specific ideas about the direction the communication initiative should take, it is important to remain flexible and open to considering a multitude of strategic and creative suggestions. To fully invest each member in your effort, you must prove to them early that their opinions, interests, and needs will be recognized and respected throughout the planning process. Thus, if you do open the meeting with a draft outline of your communication plan, make it clear to your partners that their input is necessary before the plan can be completed.

**ESTABLISH PROGRAM GOALS**

The first step in developing a communication plan is to determine the goals of your effort to promote CVH policy and environmental change. The object is to accomplish the following preliminary work:

- Establish consensus on the reasons you are entering a partnership and the goals of the communication efforts.
- Set realistic expectations, and effectively leverage your workgroup’s combined skills, resources, and associations.
- Create guideposts to keep your work on track and to measure the success of your efforts.
- Review information with the group to help focus the communication priorities.

**IDENTIFY AND SEGMENT TARGET AUDIENCES**

Select the audiences your communication effort will target. Because cardiovascular health is a concern for all segments of society, you and your workgroup need to identify which audience segments are most important to reach with interventions to achieve policy and environmental changes related to CVH.

For example, if your partners seek to communicate information about the importance of incentives for hospitals to provide specialized care for patients with stroke, the target audiences might include legislators, hospital administrators, health care providers, consumer advocacy organizations, and individual consumers who can help to advance this effort. To ensure that your limited resources are used most efficiently and effectively, you and members of your

“The ability to persuasively communicate the need for policy and environmental changes that support heart-healthy lifestyles is a critical competency of public health practice. From partnership and cross-cultural communication to media advocacy, communication skills will help define future success in preventing the national tragedy of heart disease and stroke.”

—Virginia Bales Harris, Director, Division of Adult and Community Health, CDC
workgroup should prioritize these groups. Lawmakers are likely to be the primary target audience, and you can designate the remaining groups as secondary. Given the extremely diverse backgrounds, perspectives, and media preferences of these groups, they must be further categorized to select the most appropriate channel(s), language(s), and literacy level(s) for effective communication with each group.

The basic principle of audience segmentation is simple: people respond differently to messages depending on behavioral, cultural, demographic, physical, psychographic, geographic, and other factors. Defining subgroups of your target audience according to these elements can help you to develop the messages, materials, and activities that are the most relevant and appealing to them. Use the following characteristics to help define the key audience segments:

- **Behavioral**: Health activities or choices, media use, and lifestyle.

- **Cultural**: Language, religion, family structure, dietary practices, and perceptions of health.

- **Demographic**: Sex, age, race, education, income, and employment.

- **Physical**: Medical condition, type and degree of exposure to health risks, and family health history.

- **Psychographic**: Attitudes toward life and health, personality traits, values, opinions, and beliefs.

- **Geographic**: Access to health resources, places of residence and work, work setting, and environment.

Once you identify the key audience segments, begin to set communication priorities and determine the target groups for communication. Primary audiences are the segments you want your initiative to affect in some way. In contrast, secondary or “gateway” audiences are the groups that influence primary audiences or have a strong interest in promoting your intervention among primary audiences. For example, if your workgroup promotes policy change within health care payer organizations to support adherence to national guidelines for the treatment of high blood pressure, the primary audience would likely be the health care administrators who have a role in setting organizational policy. Because physicians, nurse managers, health plan members, and general consumers all influence the decisions of health care administrators, however, these groups might be designated as secondary audiences. To guide the prioritization of the key audience segments, ask the following questions:

- **What is a realistic communication objective for this audience segment?** What kind of policy and environmental change can this group make, and how receptive is it to making that change?

- **Will fulfilling that communication objective adequately support your health program’s goal?** Because your effort is focused on facilitating population- and system-wide improvement, the key segments should wield significant societal influence.

- **To what degree will members of this group benefit from the communication?** Health care, school, business, and community leaders who stand to gain from their involvement in CVH promotional efforts may be more receptive to messages about policy and environmental changes related to CVH.

- **How effectively will available resources and channels reach this audience segment?** If your communication effort will emphasize the promotion of tools and tactics of media outreach and community education, make sure your targeted groups will be receptive to this approach.
To what extent does the secondary audience influence the primary audience? Depending on your resources, you should determine the most cost-effective way to reach the primary audience. Some groups may be more receptive to direct outreach strategies, and others are more heavily influenced by information from secondary parties. For example, public service announcements, while often targeted to consumers, can also raise awareness and motivate policy makers to address a particular issue.

Answering these questions will help you to identify audience segments that should be excluded from your communication efforts. Narrowing the scope of your key audience segments will help you to simplify the message development and dissemination processes and to make the most productive use of program resources.

**CHART A COLLECTIVE COURSE**

After deciding on the program’s goals, objectives, and target audience segments, you and your partners should develop a plan to collectively reach them. Start by

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**COMMUNICATION PLAN: CORE COMPONENTS**

| **Communication Goals and Objectives** | Short-term and long-term goals and measurable program objectives, tied to desired CVH policy and environmental changes. Where possible, desired outcomes should be given a quantitative baseline, based on available state data. |
| **Organizational Identity** | Formal name, logo, tagline, and other branding elements of a workgroup that will help build it into a recognized movement. |
| **Target Audiences** | The identification of primary and secondary target audiences. |
| **Communication Channels** | Recommended channels for reaching target audiences, based on congruence with communication objectives (e.g., reach, cost, and opportunities for multiple exposures to message). |
| **Messages, Materials, and Activities** | Description of message strategies, directional content, tone, and manner; suggested materials and activities, such as media outreach and community programs; identification of action(s) target audiences should take; and benefits of the desired action(s) that can be suggested. |
| **Partners** | Detailed roles and responsibilities of workgroup members and recommendations for establishing additional partnerships to support specific program strategies. |
| **Timeline** | Step-by-step listing of all development and implementation activities, with appropriate time for proper review, approvals, revisions, and clearance by all partners. |
| **Evaluation** | Plans for assessing program effectiveness and reach through formative, process, and outcome evaluation measures. |
creating the workgroup’s organizational identity, or “brand.” A strong brand will create an emotional bond between your workgroup and every audience touched by it. Establishing a formal name and tagline and even a logo that identifies the workgroup will help it become a recognized movement to effect CVH policy and environmental change.

To complete the development of your communication plan, the following tasks must be accomplished:

■ Define the program’s target audiences and determine the most appropriate communication channels.

■ Frame appropriate program messages and plan an appropriate mix of materials and activities for promoting them.

■ Detail the roles and responsibilities of workgroup members for developing, implementing, and evaluating the communication program and for making recommendations for recruiting additional partners to reinforce specific program elements.

■ Establish a master schedule of program timelines.

■ Plan an approach for conducting formative, process, and outcome program evaluation.

You and members of your workgroup should co-develop the core components of the communications plan. *(See table on Communication Plan: Core Components on page 28 for definitions of the core components.)*

**DEVISE AN APPROACH FOR EVALUATING COMMUNICATION ACTIVITIES**

Because the communication process for health care is continuing and cyclic, you need to plan and start the evaluation activities during the early stages of your efforts to promote policy and environmental change. You will find that the results of each stage feed into the next, affording valuable opportunities to refine your program and its core components. By building structured evaluation into the planning and implementation phases of the program, you and members of your workgroup will be able to determine how well you are hitting your marks and to implement quality improvements as they are needed. You also will be able to assess the program’s use of resources and to identify ways to maximize efficiency.

Evaluation is critical to ensure that your communication tools and activities are properly conceived and implemented, reaching the target audiences, and resulting in the kinds of responses and actions intended. Everyone involved with your program will want to hear about its achievements. By developing comprehensive evaluation reports, you can demonstrate to partners, intermediaries, and others the value of and lessons learned from your communication efforts. Evaluation will enable you to establish benchmarks that spotlight your success and to provide interested parties with frequent updates.

The communication initiative should include formative, process, and outcome methods of evaluation. *(CDCynergy 2001 — Cardiovascular Health Edition provides an in-depth discussion of program evaluation with practical exercises and tips to guide you through each stage.)*

**Conducting Formative Research**

Formative research entails collecting the front-end information that is needed to shape your communication effort. It includes a needs assessment that defines the scope of the problem you are aiming to address; a target audience analysis; an environmental scan of existing materials; and pretesting to assess the strengths and weaknesses of your communication strategies, messages, and materials prior to implementation.
Conducted during the program planning and development phases, formative research will help you identify concerns and make any necessary revisions before launching your CVH policy and environmental change effort, maximizing its likelihood of success.

For example, if you and members of your workgroup are planning a communication effort to encourage businesses to purchase automatic external defibrillators (AEDs) and train their employees to use them, you may want to conduct a comprehensive literature review; key informant interviews; and a series of focus groups to assess the prevailing consumer knowledge, attitudes, and behaviors toward CVH and public access to critical lifesaving tools. Similarly, you may want to examine CVH educational outreach programs that promote the use of AEDs, noting their strengths and weaknesses and data and anecdotal information showing their value. Your approach to developing an effective communication effort will also be informed by a review of the news media’s past and present coverage of CVH and AED use, as well as the attention directed by state and local leaders to concerns about the availability and use of AEDs for CVH. All these tasks will help you identify factors that can help or hinder your effort.

The focus group is perhaps the most common vehicle for conducting the formative research of a communication effort. This type of small-group interview provides an efficient mechanism for eliciting feedback from a target audience. Uses of the focus group include the following:

- Helping to create initial themes for your initiative;
- Acquiring respondent views about the optimal channels of communication;
- Garnering reaction (e.g., comprehension, perceived strengths and weaknesses, and potential obstacles to the success of your initiative) to draft messages in the form of scripts, storyboards, or mock-ups of print advertisements; and
- Testing completed messages to ensure that they are appropriate and resonate with the target audience.

Other formative research methods include the following:

- In-depth personal interviews with members of the target audiences;
- “Mall intercepts” or intercepts at other central locations, where people in a public place are asked to participate in a brief interview; and
- Random-sample surveys.

**Process Evaluation**

Conducted during implementation, process evaluation is used to monitor the status and effectiveness of your effort’s execution, including media and community-based outreach, development of allies, and activities to disseminate messages. Process evaluation will demonstrate the extent to which each activity and product is occurring and penetrating its intended media market; the degree to which each target audience is exposed to key messages; and the level at which media gatekeepers, intermediaries, and other channels are receiving and using your information and materials. It also will allow you to track your progress and will provide feedback on how well activities are advancing.

The implementation phase will not always proceed as you anticipate, so a periodic review of your program tasks and timelines will help you identify and modify plans that might be affected by unexpected events or delays. Likewise, process evaluation will allow you to monitor the dissemination and use of your communication messages and materials, and identify and incorporate necessary improvements in your communication plan.
For example, you and your workgroup may decide to issue to targeted publications a series of Op-Ed columns and letters to the editor that encourage area employers to disseminate messages promoting control of blood pressure and cholesterol through wellness groups at work sites. You may also encourage employers to consult your toll-free hot line or Web site for information on how to execute this intervention. Process evaluation will help you to assess the function and effectiveness of your “call to action” by tracking the level of response to these resources. Process evaluation can be used to monitor the following functions:

- Operation and quality of communication efforts;
- Coordination and implementation of outreach efforts;
- Media reach and response;
- Involvement of workgroup members;
- Target audience participation, inquiries, and other forms of response; and
- Staff adherence to program timelines and budget.

Strategies for gathering information needed to assess your initiatives process include the following:

- Encourage staff and workgroup members to use activity-tracking forms to provide ongoing status reports on key components of your communication effort.
- Meet with workgroup members, either in person or by telephone, to review your progress.
- Hire a clipping service and broadcast media-monitoring service, or designate a workgroup member to track your media coverage.

- Calculate the amount of space and time the media have given to your messages, and determine the estimated audience size and demographics for each publication and station.
- Assess the amount of traffic to your Web site.
- Monitor the quantity of materials distributed and where they were distributed.
- Measure the size of the audience(s) at news conferences and other special events.
- Collect media impressions, which tabulate the total print distribution or reach of a piece of media coverage. Also, analyze the number of health care provider groups, community organizations, businesses, and policy makers that are supporting your effort.

**Outcome Evaluation**

Outcome evaluation gauges the immediate effects of and the changes that result from a communication effort. This evaluation illustrates how well a program has met its communication objectives and generates strategies for enhancing program effectiveness. Determining your effort’s success in reaching its objectives will be critical for justifying its existence; showing evidence of its achievements and potential need for additional resources; increasing institutional knowledge of and support for health communication initiatives; and sustaining cooperative undertakings among your workgroup members.

Of the three evaluation methods, outcome evaluation generally requires the greatest amount of time, resources, and methodological rigor. The measurements are usually made before and after the communication effort’s implementation and sometimes at several points during the effort. The evaluation entails measuring the outcomes in the target
population that the effort was designed to affect, such as knowledge, attitude, behavior, and policy or environmental change.

To determine the best approach for conducting outcome evaluation, you and members of your workgroup should consider the following questions during the planning phase:

- **What are the communication objectives?**
  What should the target audience think, feel, or do as a result of this intervention, in contrast to what they previously thought, felt, or did? How can these changes be measured?

- **How do you anticipate that change will occur?**
  Will it happen immediately or over time? What measurable intermediate outcomes are likely to occur before the desired outcome? For example, if your workgroup seeks to promote the introduction and passage of legislation establishing a state registry to assess the quality of care for stroke, an intermediate outcome might be enhanced awareness of stroke mortality and morbidity among policy makers, but the intended outcome may not occur for a matter of years.

- **How long will the communication effort last?**
  What kinds of policy and/or environmental changes can reasonably be expected within a certain time frame? Often, programs are not in place long enough for objectives to be met in time for measurement of outcomes.

- **Which aspects of outcome evaluation are in line with your organization’s priorities?**
  Communication programs rarely have adequate resources to evaluate all activities. As a result, your workgroup may need to illustrate how its initiative contributes to its organizational priorities to ensure continued funding. If so, your best option may be to evaluate aspects of the program that contribute to the collective organizational missions and that are most likely to result in measurable changes.

The key steps for conducting outcome evaluation are as follows:

- **Decide which information the evaluation must provide.** Start by thinking about the decisions you will need to make on the basis of the evaluation report. For example, if your communication effort aims to encourage schools throughout the state to put healthy snacks in vending machines over a three-year period, your outcome evaluation at year one must justify a need for the project to continue.

- **Define the data to be collected.** Decide what you need to measure to assess your effort’s ability to meet its objectives. Consider questions such as (1) Were policies initiated or any other institutional actions taken? (2) Has knowledge and awareness of this issue increased among community leaders?

- **Determine the data collection methods.**
  There are multiple designs for outcome evaluation. Consult an evaluation expert to determine which is most appropriate for your effort. If your program is complex and multifaceted, you may wish to use a range of methods to evaluate various activities appropriately.

- **Develop and pretest the data collection instruments.**
  Outcome evaluation usually entails gathering data through methods such as target-audience interviews, surveys, and questionnaires. Specific instruments may include interview guides, tally sheets, and feedback forms. Taking into consideration your access to the target audience and available resources, work with your evaluation expert to identify the best method for answering the evaluation questions.

- **Collect and process the data.**
  Gather your postprogram data, and compare it with the baseline data collected before implementation of your initiative.
Incorporate the data into a format appropriate for analysis. Your evaluation expert may be able to help you enter the data into an evaluation software package or existing evaluation program.

- **Analyze the data to answer the evaluation questions.** Use statistical techniques to identify significant relationships. Your workgroup may choose to enlist the expertise of a university-based evaluator who is seeking publication opportunities.

- **Assemble and disseminate the evaluation's findings.** After the analysis, write an evaluation report that provides background on what you did to implement your effort, why you did it, what worked, and what

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**ROLES OF EVALUATION IN COMMUNICATION EFFORTS**

**Planning (Formative)**

- Defines scope of problem
  - Community impact
  - Affected populations
  - Contributing factors
  - Existing policies, programs, and gaps
  - Effective health communication interventions

- Identifies target audience(s)
  - Demographics (e.g., age, sex, ethnicity, and education)
  - Psychographics (e.g., attitudes, feelings, and values)
  - Current behaviors
  - Preferred health information settings, channels, messengers, and activities

- Determines whether messages and materials are appropriate
  - Understandable
  - Believable
  - Culturally sensitive
  - Attractive and memorable
  - Effective in eliciting the desired response

**Implementation (Process)**

- Measures the effort and direct outputs of the initiative
  - Publicity, community outreach, and other tasks accomplished
  - Materials produced and distributed
  - Compliance with timelines and budget

- Examines how the project’s activities are working
  - Ability to reach target audience
  - Participation, inquiries, or other responses
  - Interim changes of audience awareness and knowledge of actions
  - Functioning and quality of distribution and response systems

**Post-Implementation (Outcome)**

- Assesses the effect of the initiative among the target audience
  - Support from decision makers who can affect current policy and environment
  - Changes in public policies or rules
  - Changes in knowledge, attitudes, behavior, and/or beliefs among the audience
  - Changes in media framing of an issue and/or volume of coverage
should be changed in the future. This report should detail how your initiative was effective in meeting its communication objectives; one section should address any lessons you learned, from both achievements and shortcomings. For easy reference, include any instruments you used to develop the report. To identify and address concerns about issues that might compromise the impact of the evaluation report, arrange for selected members of your workgroup and/or other key stakeholders to review the report before its release. When the report is completed, share it with all appropriate audiences. You may want to use the evaluation findings to garner recognition for your effort’s achievements by publishing articles in professional publications; presenting the findings at conferences or workshops; and entering health communication awards programs, sponsored by organizations such as the American Public Health Association, the National Association of Government Communicators, and the Public Relations Society of America.

USE CDCYNERGY 2001 AND LOGIC MODELS AS PLANNING RESOURCES

As you develop your communication plan, be sure to use and cite CDCynergy 2001, a comprehensive communication planning tool based on CDC’s best communication practices. The tool, an interactive CD-ROM, provides a host of resources, including the following:

- Step-by-step guidance on the development of a communications plan, including a series of questions to be answered at each step to ensure effective planning;
- Examples of target audiences, communication channels, messages, materials, activities, and partners;
- Training on communication specialty areas, such as media and policy advocacy and product development; and
- Strategic tips for conveying information and relevant case examples in support of heart-healthy and stroke-free states.

CDCynergy 2001 will help you develop a communication effort that provides data from (1) state surveys, (2) documents with data on disease burden, and (3) inventories of heart disease and stroke prevention that were compiled for formulation of policy and plans. This resource also gives guidance for involvement in effective partnerships. It is also designed to help you use a logic model in your communication planning.

Logic models are commonly used to graphically depict the organization, structure, assumptions, and associations underlying a program. They not only serve to describe the program, but they also act as a tool to guide program evaluation. The logic model identifies the steps necessary to reach intended outcomes and outlines critical steps in the progression of the program, indicating where emphasis should be placed in evaluating aspects of the program.

Some logic models are fully descriptive and include all aspects of a program’s structure, organization, and expected outcomes in addition to a theoretical framework. For instance,
the logic model for the State Heart Disease and Stroke Prevention Program is based on the socioecological model, which links environmental and policy change with individual behavioral change. This logic model depicts relationships and actions that are expected to precede the long-term change in cardiovascular disease.

Logic models are often cyclic, so an outcome from one activity can provide information that feeds back into a previous activity. Hence, logic models often are not simply a linear flow of events. For example, a state plan for CVH activities influences the development of a work plan for implementation of state CVH activities. The work plan, in turn, can affect portions of the state plan. Similarly, the development of the state plan can affect capacity-building activities. Because the CVH logic model is dynamic, any number of activities provide input to different aspects of the model. The feedback loops in the model are the strongest anticipated influences, but they do not exhaust all the possible influences.

Now that you have learned the steps to developing a comprehensive communication plan in cooperation with your workgroup, turn to the next chapter for guidance on implementing the various program elements.