## Communications Plan

| Goal                      | Audience   | Objectives  | Messages   | Tactics   |
|---------------------------|--|---|--|---|
| What are we trying to do? | Who do we need to reach?  Who is your priority audience?  What are their attitudes and beliefs?  What are social, cultural, and economic factors to consider?  Where can they be reach?  What is their learning style?  What are their barriers to action? | Objectives  How will communications help?  What do we want the audience to do?  What barriers are keeping them from change?  How much change is needed?  What is the time frame for the change? | What do we need to say?  What is our position on the issue? What is the audience doing now, or think about the issue now, relative to what we want them to do or think?  What are three supporting points?  What are three proof points for each supporting point? | Tactics  How will our message be delivered?  • Which channels will you use and which activities will you engage in? |
|                           |  |   | ·  |   |
|                           |  |   |  |   |

## Messaging Matrix

| Decide how you will position the desired change. Pos  | Primary Message or Position Statemer sitioning determines how the audience perceives the                      | changes they are being asked to make by presenting |
|---|---|--|
| a clear benefit and an attractive image of the change   | e. Start by asking what the audience is doing now rela  | tive to the change you want to encourage.          |
|   | Secondary Messages  |  |
|   | nce, keeping them tailored to what the audience care hat's in it for me?" It's best to pretest secondary mess |  |
|   |   |  |
| Develop support points – these can be simple facts, point used will depend on what will appeal and be can | Supporting "Proof" Points testimonials, celebrity or opinion leader endorsement redible to the audience.      | ts, comparisons or guarantees. The kind of support |
|   | ·   |  |
|   |   |  |
|   |   |  |

Tactics Summary

| Channel<br>Interpersonal   | Activities   | Pros   | Cons  |
|--|--|--|---|
| <ul> <li>Influential adults</li> <li>Health care providers</li> <li>Family members</li> <li>Friends</li> </ul> | <ul> <li>Hotline Counseling</li> <li>Patient counseling</li> <li>Instruction</li> <li>Prompted, informal discussion</li> </ul>                       | <ul> <li>Can be credible</li> <li>Permit two-way discussion</li> <li>Can be motivational, influential, supportive</li> <li>Most effective for teaching and helping/caring</li> </ul>   | <ul> <li>Can be expensive</li> <li>Can be time consuming</li> <li>Can have limited reach of intended audience</li> <li>Can be difficult to develop; sources need to be convinced and taught about the message themselves</li> </ul>   |
| Organizational and   | <ul> <li>Town hall and other events</li> <li>Organizational meetings and conferences</li> <li>Workplace campaigns</li> <li>Media literacy</li> </ul> | <ul> <li>May be familiar, trusted, and influential</li> <li>May provide more motivation or support than media alone</li> <li>Can sometimes be inexpensive</li> <li>Can offer shared experiences</li> <li>Can reach larger audience in one place</li> </ul>   | <ul> <li>Can be time consuming to establish</li> <li>May not provide personalized attention</li> <li>Organizational constraints may require message approval</li> <li>Control of messages may be lost if they are adapted to fit organizational needs</li> </ul>                |
| Newspaper  | <ul> <li>Ads (paid or public service)</li> <li>News</li> <li>Feature stories</li> <li>Letters to the editor</li> <li>Op-ed pieces</li> </ul>         | <ul> <li>Can reach broad audiences rapidly</li> <li>Can convey health news/breakthroughs more thoroughly than TV or radio and faster than magazines</li> <li>Audience has chance to clip, reread, contemplate, and pass along material</li> <li>Small papers may take print public services announcements (PSAs)</li> </ul>  | <ul> <li>Coverage demands a newsworthy item</li> <li>PSA placement virtually nonexistent</li> <li>Exposure usually limited to one day</li> </ul>  |
| • Radio  | <ul> <li>Ads (paid or public service)</li> <li>News</li> <li>Public affairs/interview shows</li> <li>Dramatic programming</li> </ul>                 | <ul> <li>Range of formats available to intended audiences with known listening preferences</li> <li>Opportunity for direct audience involvement (through call-in shows and remotes)</li> <li>Can use ad scripts (called "live-copy ads"), which are flexible and inexpensive</li> <li>Paid ads or specific programming can reach intended audience when they are most receptive</li> </ul> | <ul> <li>Reaches fewer people than TV</li> <li>Although cheaper than TV ads, paid ads still may be too</li> <li>expensive</li> <li>PSA placement runs infrequently and at low listening times</li> <li>Feature placement requires contacts and may be time consuming</li> </ul> |

|            | (entertainment education)  | <ul> <li>Paid ads are relatively inexpensive</li> <li>Ad production costs are low relative to TV</li> <li>Ads' message and execution can be controlled</li> </ul>  | <ul> <li>Many stations have limited formats that may not be conducive to health messages</li> <li>Difficult for audiences to retain or pass on material</li> <li>Stations consolidating; fewer Local choices</li> </ul>   |
|------------|--|--|---|
| • TV       | <ul> <li>Ads (paid or public service)</li> <li>News</li> <li>Public affairs/interview shows</li> <li>Dramatic programming (entertainment education)</li> </ul> | <ul> <li>Potentially the largest and widest range of audiences</li> <li>Visual combined with audio good for emotional appeals and demonstrating behaviors</li> <li>Can reach low-income audiences</li> <li>Paid ads or specific programming can reach intended audience when they are most receptive</li> <li>Ads' message and execution can be controlled</li> <li>Opportunity for direct audience involvement (through call-in shows)</li> </ul>   | <ul> <li>Ads are typically expensive to produce</li> <li>Paid advertising may be too expensive</li> <li>PSA placement may run infrequently and at low viewing times</li> <li>Feature placement requires contacts and may be time consuming</li> <li>Message may be obscured by commercial clutter</li> <li>Increased channel options have fragmented audiences (some channels reach very small audiences)</li> <li>Promotion can result in huge demand</li> <li>Can be difficult for audiences to retain or pass on material</li> </ul> |
| • Internet | <ul> <li>Web sites</li> <li>E-mail lists</li> <li>Chat rooms</li> <li>News groups</li> <li>Ads (paid or public service)</li> </ul>                             | <ul> <li>Can reach large numbers of people rapidly</li> <li>Information can be instantaneously updated and disseminated</li> <li>Information can be controlled</li> <li>Can reach specific audiences and provide personalized information</li> <li>Can be interactive and engaging</li> <li>Can provide health information in a graphically appealing way</li> <li>Can combine the audio and/or visual benefits of TV or radio with the self-pacing benefits of print media</li> <li>Can use banner ads to direct audience to your Web site</li> </ul> | <ul> <li>Can be expensive</li> <li>Many audiences may not have access to the Internet or skills to use it</li> <li>Audience must be proactive; they must search or sign up for information</li> <li>News groups and chat rooms may require monitoring</li> <li>Can require maintenance over time</li> <li>Thousands of health-oriented Web sites and listservs exist, so size of audience may be small</li> <li>Users typically scan Web sites quickly and may not attend to health messages</li> </ul>                                 |

| • Social media | <ul> <li>Facebook</li> <li>Instagram</li> <li>Twitter</li> <li>Pinterest</li> <li>LinkedIn</li> <li>Google+</li> <li>YouTube</li> <li>SnapChat</li> </ul> | <ul> <li>Can reach audience segments that traditional channels miss</li> <li>Can reach a big, unlimited audience</li> <li>Can be fast</li> <li>Can generate interaction</li> <li>Can nurture brand loyalty</li> <li>Can be good for providing customer service</li> <li>Can provide insight to help improve your messaging</li> <li>Can provide insight on your target audience, which may be valuable when planning other tactics</li> </ul> | <ul> <li>Can be time consuming</li> <li>Can attract opposition</li> <li>Can be uncontrollable if content goes viral</li> <li>Can be hard to define ROI</li> </ul> |
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source Centers for Disease Control and Prevention. *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, First Edition October 2003.