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**COMMUNICATION PLAN: GOAL-SPECIFIC**

**Project or Document Title:**

**Instructions:** Prepare one plan for each goal.

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| **Problem Statement** |  |
| **Goal** |  |
| **Target Audience(s)** |  |
| **Objectives** |  |
| **Key Messages** |  |
| **Communication Strategies and Rationales** |  |
| **a. Planned Channels and Any Spokespersons** |  |
| **b. Materials and Plan for Pre-testing with Key Messages** |  |
| **c. Activities and Timelines** |  |
| **d. Potential Opposition and Plans to Address** |  |
| **Evaluation Design, Methods and Measures** |  |
| **Responsible Parties and Roles** |  |
| **Partnerships** |  |
| **Budget/Resources Needed** |  |
| **Protocol for Review and Approval** |  |
| **Progress Notes** | |

**Definitions**

**Problem Statement:** A short paragraph that describes the need for the communication strategy based on some form of needs assessment and baseline data. Determine data sources and use relevant information. Describe the rationale for the strategy to be used, including references to relevant theories, "best practices" or evidence-based approaches.

**Goal:** A brief sentence about the overall health improvement you strive to create.

**Target Audience(s):** The audience(s) selected for program messages and materials. The primary intended audience consists of those individuals the program is designed to affect. The secondary audience is the group (or groups) that can help reach or influence the primary audience. Conduct or review research about the audiences through literature reviews, key informant interviews, surveys and other means.

Related concept**:** Audience Segmentation. Subdividing an overall population into homogeneous subsets to better describe and understand a group, predict behavior and tailor messages and programs to match specific interests, needs or other group characteristics. Segments may be demographic, (e.g., lifestyle, use patterns, risk factors, values and beliefs, benefits sought) or based on a combination of these factors.

**Objectives:** The specific outcomes you expect that exposure to your communications will produce in support of the program’s overall goal. A objective should be Specific, Measurable, Achievable, Relevant and Time Bound (SMART).

**Key Messages:** These are brief statements directly tied to goals and objectives, sometimes accompanied by visuals, that present key aspects of the communication strategies. Message concepts often differ in terms of the type of appeal used, e.g., factual, emotional, demonstrating the action to be taken. Consider characteristics of the intended audience such as the health literacy, values and beliefs and cultural attributes.

**COMMUNICATION STRATEGIES AND RATIONALES: a**ctions to be taken, why these are the right strategies, benefits promised in exchange, support for the benefit to the intended audience(s). Strategies also include:

1. **Planned Channels And Any Spokespersons:** The route(s) of message delivery (e.g., mass media, interpersonal channels such as health professional to patient, community events such as health fairs) and type of materials, e.g., print (fact sheet, educational brochures, report, advertising or PSA’s) or electronic (podcasts, video, e-newsletter, social networking, webinar). Include whether there will be specific spokespersons and how you will train them.
2. **MATERIALS AND PLAN FOR PRE-TESTING WITH KEY MESSAGES:** Systematically gathering target audience reactions to messages and materials before they are produced in final form, paying particular attention to literacy levels, values and beliefs and cultural differences. This can be done through focus groups, individual interviews or feedback forms. Use feedback to refine messages and strategies prior to final release. Messages and plans for materials should be tested before materials are developed; draft materials can be tested after development.
3. **Activities and Timelines:** The methods and steps proposed to implement the communication strategies. These might include media briefing and/or kickoff event, distributing promotional materials at health clinics, release of report and posting on website, presentation and conference, pitching stories to the media, running media advertising, communicating via social media, etc. Multiple, integrated strategies are most effective. With respect to timelines, estimate when you will start and end the activities. Make sure your timelines are realistic. Timelines should be clear and renegotiated as needed.
4. **POTENTIAL OPPOSITION AND PLANS TO ADDRESS:** Are there groups that will find the messages or materials unacceptable? Try to identify these groups up front and engage them in focus groups or other ways to obtain their feedback and explain your rationales. If they are not members of the target audience, consider crafting different messages or materials for their constituencies.

**Evaluation Design, Methods and Measures:** The overall approach, methods and measures used to assess the extent to which a program achieved its objectives. They should address questions such as the following: What should the members of the intended audience think, feel or do as a result of the communication strategy, in comparison to what they thought, felt or did before (at baseline)? How has their oral health status improved? What were some of the variables that interfered with success? Were there any unintended benefits or effects? Measures and methods should be realistic.

**Responsible Parties and ROLES:** Individuals or programs responsible for each aspect of the plan; this includes outside partners.

**Partnerships:**  What groups will support your strategies and messages and extend their reach? What benefits will partners gain from providing this support? Be strategic in selecting your partners so that your messages don’t become diluted by other interests.

**Budget and Resources Needed:** An estimate of what each step may cost in terms of materials and staff or consultant time. Determine in-kind contributions. Develop options depending on resource level/limitations. Determine if additional resources are needed and how they will be acquired, e.g., grants, donations, cost-sharing with partners.

**Protocol for Review and Approval:** The individuals/office that need to approve communications produced by the oral health program. Outline which steps or materials need approval at what level; factors that process and any revisions into overall timelines.

**Progress Notes:** Actions taken to achieve the stated objectives and results achieved. Also record any changes to the plan.

**COMMUNICATION PLAN: YEAR AT A GLANCE**

**Instructions:** This is a summary of all communication goals for a year based on the individual goal-specific plans. These columns can be placed into an Excel file for easier use. The same definitions apply.

| **Goal** | **Target Audience(s)** | **Objectives** | **Key Messages** | | **Communication Strategies** | **Partnerships** | **Evaluation Methods and Measures** | **Progress**  **P = in progress**  **C = completed**  **B= barrier is delaying** |
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**Resources:**

CDCynergy <https://www.cdc.gov/healthcommunication/CDCynergyLite.html>

CDC’s Communication Resources on audience segmentation <https://www.cdc.gov/healthcommunication/audience/index.html>

CDC’s Clear Communication Index <https://www.cdc.gov/ccindex/index.html>

CDC webpage on Risk Communications with a lot of resources <https://www.cdc.gov/healthcommunication/risks/index.html>

CDC’s Communication Basics Evaluation page <https://www.cdc.gov/healthcommunication/cdcynergy/Evaluation.html>