Media **Planning** and Media **Relations** Guide

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

GW Cancer Institute
CANCER CONTROL TAP
Tap into resources to control cancer

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The George Washington University (GW) Cancer Institute is committed to fostering responsive health care professionals through applied cancer research, education, advocacy and translation of evidence to practice. When we were awarded the cooperative agreement from the Centers for Disease Control and Prevention (CDC) in September 2013 to provide technical assistance for Comprehensive Cancer Control (CCC) Programs to enhance CCC efforts, the first thing we did was conduct a needs assessment to guide our project activities. One key finding from our assessment was the need for online training on developing communication plans. This *Guide* and accompanying training were created in response to those needs.

We recognize that CCC professionals are often pressed for time and resources. As a result, we created the training to facilitate and enhance the work that you are already doing or need to do, not add to your work. Further, with information from the needs assessment and feedback from CCC professionals, we learned that CCC Programs need to develop and submit a media plan to the CDC, prompting us to divide the training into two parts. The first, on *Media Planning and Media Relations*, is for participants purely interested in understanding the process and requirements for creating a media plan and developing media relations to fulfill their CDC deliverable. The second, on *Making Communication Campaigns Evidence-Based*, is for participants who desire more in-depth training about the process of organizing a communication campaign.

This *Media Planning and Media Relations Guide* was developed to efficiently and effectively walk you through the process of media planning, creating materials and building relationships with media personnel. We have included background information, tools and resources including customizable templates in the appendix, so when you have completed them, you will have a tailored media plan and media-ready materials for you and your program to use. The competencies in this training are based on content from the National Cancer Institute's publication "Making Health Communication Programs Work: A Planner's Guide."

We hope that you find this training and corresponding *Guide* beneficial as you develop your media plan and ultimately seek to improve health outcomes in your community. A second *Guide* with additional resources will accompany the *Making Communication Campaigns Evidence-Based* training.

Sincerely,

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ACKNOWLEDGMENTS

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About GW Cancer Institute

GW Cancer Institute's mission is to foster healthy communities, prepared patients, responsive health care professionals and supportive health care systems through applied cancer research, education, advocacy and translation of evidence to practice. Our vision is a cancer-free world and health care that is patient-centered, accessible and equitable.

GW Cancer Institute has deep roots in the Washington, DC community and sets standards for patient-centered care nationally through its Center for the Advancement of Cancer Survivorship, Navigation and Policy. GW Cancer Institute is also actively involved in cancer control, patient-centered outcomes and health policy research nationally.

About the Comprehensive Cancer Control Project

In 2013, the GW Cancer Institute was awarded a 5-year cooperative agreement to work with the Centers for Disease Control and Prevention (CDC) to design and implement comprehensive, high-quality training and technical assistance to CCC programs and their partners to implement cancer control activities. To learn more, visit www.CancerControlTAP.org.

Disclaimer

Resources used in this *Guide* were publicly available or permission was granted to use the templates/tools incorporated in the *Guide* solely for educational and training purposes. We thank those organizations for their contributions.

The GW Cancer Institute developed the free, web-based Communication Training for Comprehensive Cancer Control Professionals 101: Media Planning and Media Relations. The training contains three main components:

1. Interactive learning modules walk you through important concepts in media planning and media relations
2. This *Media Planning and Media Relations Guide* provides an overview of important content for planning and writing CDC required media plans. It is intended to serve as the textbook for the online course. Each learning module reviews content from and builds upon the *Guide*. The *Guide* can be used alone, but is optimally used with the online training
3. The *Appendices* include customizable templates that, when completed, help you create a media plan and media-friendly press materials for your communication program. Each learning module reviews the templates and provides guidance for completing them

The **bolded** words throughout the *Guide* are defined in the *Glossary*. The underlined words throughout the *Guide* are hyperlinks to sources. Text displayed in gray boxes has been directly quoted from the identified source.

Based on our experience, we recommend starting at the beginning of the *Guide* and looking through each section, even if you do not think that it is relevant to your program.

If you have suggestions or comments about the *Guide*, please email us at CancerControl@gwu.edu. Our goal is to make this training as useful as possible for CCC professionals, and we welcome your feedback.

Permission is granted to use this *Guide* and the corresponding templates for non-commercial and U.S. government purposes only.

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LESSON 1:

Health Communication, Social Marketing and Media Advocacy

By the end of this lesson, you should be able to:

- Define communication and health communication
- Explain the differences between commercial marketing, social marketing and media advocacy
- Describe the role of communication in chronic disease and cancer prevention and control

The study of communication as a formal discipline is more than 100 years old.

Communication scholars and practitioners examine the ways in which people use messages to generate meaning(s).[1] Meaning differs depending on the context, culture, channel employed, and even the media used. Communication is also "transactional" (*Figure 1*). This model clearly tells us what communication is *not*. That is, communication is not the simple transfer of one message from a sender to a receiver. You probably understand, having communicated with thousands of people in your life, that communication can be between multiple people who are both sending messages (verbal and nonverbal) in a context that is full of mental (and sometimes actual) **noise**, or any physical, psychological, or physiological distraction or interference.

So, the **transactional model of communication** reveals the "collaborative and ongoing message exchange between individuals, or an individual and a
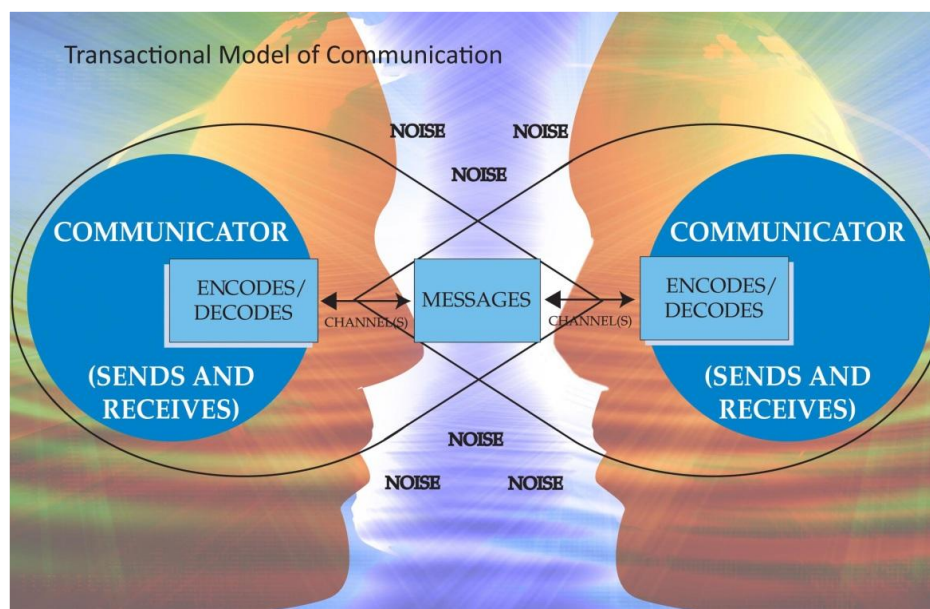
Figure 1. The Transactional Model of Communication tells us that communication is not the simple transfer of one message from a sender to a receiver.[1] Reprinted with permission from the National Communication Association. All rights reserved.

group of individuals, with the goal of understanding each other."[1]

Communicators must:

1. Translate the message (e.g., put thoughts into words and gestures);
2. Then convey a new message through some channel (e.g., speaking, email, text message) to the other communicator(s);
3. Who then interpret that message (e.g., take the words and apply meaning to them).[1]

It is also important to realize that the message that was communicated will probably encounter some "noise," which could prevent the message from being received or fully understood as the sender intended.[1]

Defining Health Communication

People have defined health communication in various ways. Both the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) define **health communication** as:

"The study and use of communication strategies to inform and influence individual and community decisions that enhance health."[2]

People can communicate to convey all kinds of meaning—from interpersonal communication to political communication. When people are communicating with the intent of talking about health, we define this as health communication. Specifically, health communication is the use of information to improve health, using the transactional model described above.

"Communication alone can:
- Increase the intended audience's knowledge and awareness of a health issue, problem, or solution
- Influence perceptions, beliefs, and attitudes that may change social norms
- Prompt action
- Demonstrate or illustrate healthy skills
- Reinforce knowledge, attitudes, or behavior
- Show the benefit of behavior change
- Advocate a position on a health issue or policy
- Increase demand or support for health services
- Refute myths and misconceptions
- Strengthen organizational relationships

Communication combined with other strategies can:
- Cause sustained change in which an individual adopts and maintains a new health behavior or an organization adopts and maintains a new policy direction
- Overcome barriers/systemic problems, such as insufficient access to care

Communication cannot:
- Compensate for inadequate health care or access to health care services
- Produce sustained change in complex health behaviors without the support of a larger program for change, including components addressing health care services, technology, and changes in regulations and policy
- Be equally effective in addressing all issues or relaying all messages because the topic or suggested behavior change may be complex, because the intended audience may have preconceptions about the topic or message sender, or because the topic may be controversial"

Figure 2: "What Health Communication Can and Cannot Do," quoted directly from *Making Health Communication Programs Work*[2]

"Communication can affect change among:

- Individuals: The individual level is the most fundamental level of health-related communication because individual behavior affects health status. Communication can affect individuals' awareness, knowledge, attitudes, self-efficacy, skills, and commitment to behavior change…
- Groups: The informal groups to which people belong and the community settings they frequent can have a significant impact on their health… Activities aimed at this level can take advantage of these informal settings
- Organizations: Organizations are groups with defined structures, such as associations, clubs, or civic groups… Organizations can carry health messages to their constituents, provide support for health communication programs, and make policy changes that encourage individual change
- Communities: Community opinion leaders and policymakers can be effective allies in influencing change in policies, products, and services that can hinder or support people's actions. By influencing communities, health communication programs can promote increased awareness of an issue, changes in attitudes and beliefs, and group or institutional support for desirable behaviors…
- Society: Society as a whole influences individual behavior by affective norms and values, attitudes and opinions, laws and policies, and by creating physical, cultural, and information environments. Health communication programs aimed at the societal level can change individual attitudes or behavior and thus change social norms…"

Figure 3: "Communication Can Affect Multiple Types of Change" quoted directly from *Making Health Communication Programs Work*[2]

There are some vital aspects of the definition of health communication that should be pointed out:

1. The purpose of health communication is "to inform or to influence." Certainly, there are times when health communicators merely want their audience (individuals or groups) to become more educated about a particular health issue. Perhaps you want people to understand the risks of a product (e.g., prescription medication) or the relationship between nutrition and breast cancer. Other times, health communicators want to influence or persuade their audience(s), such as convincing women over age 50 to get mammograms or to be more physically active each day
2. Communication is just one of many tools for triggering change and is most effective when combined with other strategies (*Figure 2*)
3. Health communication audiences may be an individual (e.g. a patient); groups (e.g. teenagers targeted by an anti-smoking **public service announcement (PSA)**); organizations, communities or societies (*Figure 3*). Often, when health communicators are attempting to influence large groups of people— they are using "social marketing"

Defining Social Marketing

Health communication is an entire field or academic discipline that helps us to understand the best ways to use communication to inform or influence audiences. That communication can come in various forms: doctor to patient, nutritionist

to client, PSAs, family communication, support groups, or even social marketing.

Social marketing is an approach that uses elements of commercial marketing to influence behaviors for the benefit of individuals and society.

Social marketing is a type of mass communication strategy that practitioners often use to impact behavior change in **target audiences** and **secondary audiences**. Social marketers use the theories, strategies, and practices of commercial marketers in order to affect social, or in our case public health, behaviors. Commercial marketers think about the **4 P's of marketing**: product, price, place and promotion (*Figure 4*):

- "**Product** represents the desired behavior you are asking your audience to perform, and the associated benefits, tangible objects, and/or services that support behavior change.
- **Price** is the cost (financial, emotional, psychological, or time-related) of overcoming the barriers the audience faces in making the desired behavior change.
- **Place** is where the audience will perform the desired behavior, where they will access the program products and services, or where they are thinking about your issue.
- **Promotion** stands for communication messages, materials, channels, and activities that will effectively reach your audience."[3]

Defining Media Advocacy

Sometimes, the goal of health communication is to change the way an issue is thought about, or framed, in society.

This is where **media advocacy** can be useful. For example, there was a time when lung cancer was only viewed from an **"individual responsibility" frame**, which argues that people solely are responsible for their cancer because they made poor choices.[4] Many public health experts found this to be objectionable and reframed the issue around tobacco industry practices, the power of tobacco advertising, the addictive nature of the substance, and even the power of pricing strategies (providing coupons, lowering prices, etc.).

Public health communication experts used media advocacy to get these kinds of stories in the news to reshape how Americans think about tobacco, the tobacco industry and lung cancer, as well as other tobacco-related diseases. Media advocacy, then, is the strategic use of mass media and community advocacy to advance **environmental change** or a public policy initiative.[5]

In this example strategic communication was used for the purpose of policy change. When society at large looks at public health issues differently ("Maybe tobacco addiction isn't all on the individuals' shoulders; maybe tobacco advertising is unethical."), public opinion begins to support policy change ("We need to change the regulations.").

Media advocacy has been critical in affecting tobacco regulations and is now being used to affect other public health causes such as food and nutrition regulations (e.g., the amount of allowable sodium in foods) to support a healthier climate for all.

	Definition	Commercial Marketing Example	Social Marketing Example
PRODUCT	"**Products**" can vary from tangible, physical products (e.g., vegetables), to services (e.g., breast exams), practices (e.g., eating a vegetable based diet) and finally, more intangible ideas (e.g., peace of mind). In any case, the core product is the value, the benefits, which you bring to the target audience.	BMW: A luxury car that communicates quality and luxury	Eating 7-9 servings of fruits and vegetables today: So that you know you are making your health your priority.
PRICE	"**Price**" refers to what the consumer must do in order to obtain the social marketing product. This cost may be monetary, or it may instead require the consumer to give up intangibles, such as time or effort, or to risk embarrassment and disapproval. If the costs outweigh the benefits for an individual, the perceived value of the offering will be low and it will be unlikely to be adopted. However, if the benefits are perceived as greater than their costs, chances of trial and adoption of the product is much greater.	$65,000	$15.00 weekly[6] + the effort to figure out how to work vegetables into every meal.
PLACE	"**Place**" describes the way that the product reaches the consumer. For a tangible product, this refers to the distribution system--including the warehouse, trucks, sales force, retail outlets where it is sold, or places where it is given out for free. For an intangible product, place is less clear-cut, but refers to decisions about the channels through which consumers are reached with information or training.	Car dealership	Workshops for women at high risk for breast cancer will be held in local high schools twice per year and will teach women how to cook vegetables in new and fun ways.
PROMOTION	"**Promotion**" consists of the integrated use of advertising, public relations, promotions, media advocacy, personal selling and entertainment vehicles.	Paid TV advertising	Print materials at providers' offices + a flash drive with innovative materials that women are sent home with after the workshop.

Figure 4: The 4 P's of Marketing defined and applied to commercial and social marketing

FURTHER READINGS AND RESOURCES

Health Communication and Social Marketing:
- Centers for Disease Control and Prevention's Gateway to Health Communication & Social Marketing Practice
- Healthy People 2020's Health Communication and Health Information Technology Goals and Objectives

Social Marketing:
- Nancy Lee and Philip Kotler's Social Marketing: Changing Behaviors for Good Quick Reference Guide

LESSON REFERENCES

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LESSON 2:

Health Literacy and Media Literacy in Public Health Communication

By the end of this lesson, you should be able to:

- Explain the importance of health literacy and culturally appropriate messaging for health communication strategies
- Explain the importance of media literacy for communication strategies

One of the most important considerations any health communicator makes, regardless of what type of communication s/he is using, is audience identification. Health communication professionals must understand their audience in depth. In addition to understanding an audience's demographics (education level, household income, race/ethnicity, biological sex), it is important to understand the audience's levels of health literacy and media literacy.

Defining Health Literacy

The Institute of Medicine defines **health literacy** as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."[7] This definition conveys the importance of the issue: Effective communication is useless if an audience cannot access it. What if the audience cannot

understand what is being said? What if they cannot use the information to make good decisions?

Often, health communication materials that are developed by public health professionals are too complicated for their audience. Think about the leaflets that come with prescription medications, information on the risks of cancer treatments, or informed consent forms for clinical trials. They may be too complicated and technical for many people. For example, older adults, recent immigrants, and many minority populations have low health literacy.[8]

Health literacy is dependent on both individual and systemic factors:

1. Communication skills of professionals: If professionals present the health information in a confusing way or make it too complicated and technical, it can affect others' ability to comprehend or make use of that information
2. Knowledge of lay people and professionals of health topics: If the knowledge of lay people or professionals is poor from the start (e.g., not understanding a new regimen or recommendation), that will affect their ability to communicate or understand it clearly
3. Culture: Culture also impacts health literacy. If one's culture deems it inappropriate to ask about certain topics (e.g., reproductive issues), he or she will not be able to obtain the information needed
4. Demands of the message: If the message is overly demanding, cognitively or emotionally, then receivers may not be able to process the information

5. Demands of the situation/context:
Sometimes, the demands of a situation or context affect health literacy. Health contexts are unusual compared to other contexts because of an underlying stress or fear factor. Further, healthcare contexts may involve unique conditions such as physical or mental impairment due to illness. Moreover, health situations are often new, unfamiliar, and intimidating, all of which can limit a person's ability to process information

As health communicators, it is important to think about health literacy on two distinct levels: First, consider the health literacy of your audience and second, consider the reading level of your messaging. The message being delivered must match the level of the audience.

Messaging should be developed in **plain language**, which means the audience can understand it the first time they read or hear it. Some common techniques to assure that communication materials are in plain language include:

- Logical organization of information with the reader in mind
- The use of "you" and other pronouns
- Using active voice to engage the audience in doing an action
- Including common, everyday words
- Using easy-to-read design features, such as plenty of white space on the page[9]

Beyond health literacy, another consideration when developing effective messages is culture. Usually, when people think of developing "culturally sensitive messages," what they really mean is messages that are translated properly into the correct language.

Translating messages is one component of cultural sensitivity. However, this alone does not make a message culturally sensitive. What health communicators mean by "culturally sensitive messages" is messages that take the cultural meaning of a group into account. What metaphors work with the cultural group? What might offend them? What do they want to be called (e.g., "Black" or "African American")? What is appropriate (or inappropriate) to talk about in public? What emotions are effective (like fear) or inappropriate to express (like anger for some groups)? What are appropriate gender roles?

Health communicators that really want to develop culturally sensitive messages should bring a cultural expert onto the team. Alternatively, they could use a community-based approach and work with the community from the beginning to develop messages.

Defining Media Literacy

Another type of literacy health communicators need to understand is **media literacy**. Media literacy is "the ability to access, analyze, evaluate and communicate media in a variety of forms."[10] The term media literacy is often used interchangeably with other terms related to media and media technologies. To explain the meanings behind various terms, the National Association for Media Literacy Education (NAMLE) offers these definitions:

- "**Media** refers to all electronic or digital means and print or artistic visuals used to transmit messages.
- Literacy is the ability to encode and decode symbols and to synthesize and analyze messages.
- Media literacy is the ability to encode and decode the symbols transmitted via media and the ability to synthesize, analyze and produce mediated messages."[10]

As media platforms have become more technologically complex, the demand on audiences to keep up with evolving technology has also increased.

On a basic level, audiences have to understand how to get the information they need. For example, if an elderly woman wanted to find out on the Internet whether or not she should receive a mammogram, she would need to:

1. Have access to a computer with Internet connection
2. Know how to conduct a search and what search terms to use
3. Know how to discern the reliability of a Wikipedia page versus a National Cancer Institute page
4. Know how to or have the capacity to act on the information

In other words, people need to use multi-media to obtain information; but not everyone has access to media such as computers or knows how to conduct searches or interpret search results.

Therefore, as health communicators, it is necessary to assess media literacy levels of the target audience. For example, when communicating breast cancer screening recommendations to low-income elderly women, it may become apparent that web-based media is not the best way to reach the target audience because they tend to have less access to web-based media. On the other hand, when communicating the benefits of wearing sun screen to urban youths, a web-based or mobile campaign may be the best way to reach them, because they have access to and widely use Internet-connected devices.

FURTHER READINGS AND RESOURCES

Health literacy:
- Agency for Healthcare Research and Quality's Health Literacy Measurement Tools
- Centers for Disease Control and Prevention(CDC)'s Clear Communication Index
- CDC's Cultural Insights: Communicating with Hispanics/Latinos
- CDC's Health Literacy Trainings
- CDC's Health Literacy Website
- CDC's Simply Put: A Guide for Creating Easy-to-Understand Materials
- Centers for Medicare and Medicaid Services' Toolkit for Making Written Material Clear and Effective
- National Institutes of Health's Plain Language Trainings
- Plain Language Action and Information Network's (PLAIN) Plain Language Guidelines and Trainings
- University of Michigan Taubman Health Sciences Library's Plain Language Medical Dictionary
- U.S. Department of Health and Human Services' Health Literacy Online Guide

Media literacy:
- Center for Media Literacy's MediaLit Kit

- Gallup's [Media Use and Evaluation](#)
- U.S. Census Bureau's [American Community Survey Report on Computer and Internet Use in the United States: 2013](#)

LESSON REFERENCES

[7] Institute of Medicine. Health Literacy: A Prescription to End Confusion. 2004.
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[10] National Association for Medical Literacy Education. Media Literacy Defined. Accessed March 17, 2015.
http://namle.net/publications/media-literacy-definitions/

LESSON 3:

Media Planning and Strategic Principles in Public Health Communication

By the end of this lesson, you should be able to:

- Explain the importance of strategic planning
- Explain the differences between communication plans and media plans
- Identify theories of communication
- Identify and assess a health issue or problem
- Write health, behavioral and communication objectives
- Identify target audiences
- Identify media channels and activities best suited to reach intended audiences

Figure 5: Health Communication Program Cycle[2]

Planning is the key to success and the first stage of the **Health Communication Program Cycle** (*Figure 5*). "The stages constitute a circular process in which the last stage feeds back into the first as you work through a continuous loop of planning, implementation and improvement."[2] You may think "I don't have time to sit down and draft a strategy," but, the truth is, planning saves time. Taking a step back and following these steps to success will help ensure that you:

1. "Understand the health issue you are addressing
2. Determine appropriate roles for health communication
3. Identify the approaches necessary to bring about or support the desired changes
4. Establish a logical program development process
5. Create a communication program that supports clearly defined objectives
6. Set priorities
7. Assign responsibilities
8. Assess progress
9. Avert disasters"[2]

Planning is critical no matter what kind of communication is being used. Health communicators, social marketers and media advocates all develop careful plans before they begin to execute their work.

Defining a Communication Plan

The CDC defines a **communication plan** as a plan that "generally contains a wide range of strategies that could include the following:

1. Public relations: promotes the inclusion of messages about a health issue or behavior in the mass media
2. Advertising: places paid or public service messages in the media or in public spaces to increase awareness of and support for a product, service or
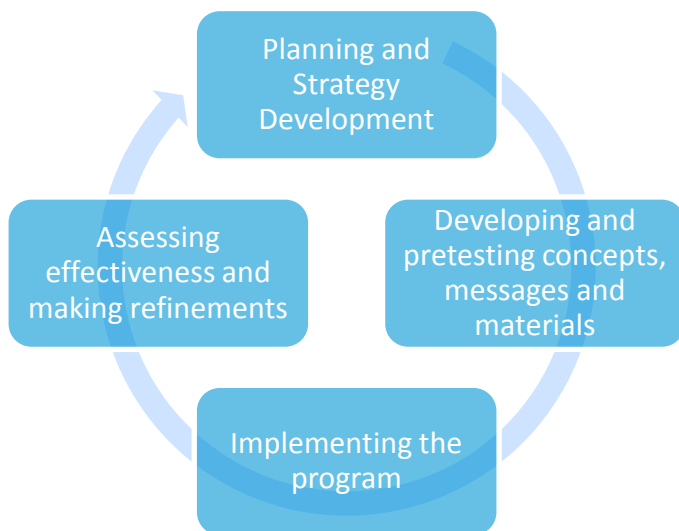
behavior

3. Education entertainment: seeks to embed health-promoting messages and storylines into entertainment and news programs or to eliminate messages that include counter health messages; can also include seeking entertainment industry support for a health issue

4. Individual and group instruction: influences, counsels and provides skills to support desirable behaviors

5. **Paid, earned and social media**: earned media (or free media) refers to publicity through promotion other than advertising, as opposed to paid media, which refers to the publicity gained through advertising. Earned media often refers specifically to

publicity gained through editorial influence. Social media refers to publicity gained through grassroots action, particularly on the Internet. The media may include any mass media outlets, such as newspaper, television, radio and the Internet, and may include a variety of formats, such as news articles or shows, **letters to the editor**, editorials, and polls on television and the Internet. Critically, earned media cannot be bought or owned, it can only be gained organically, thus the term "earned" (*Figure 6*)

6. **Owned media**: owned media is a channel you control. There is fully-owned media (like your website) and partially-owned media (like your
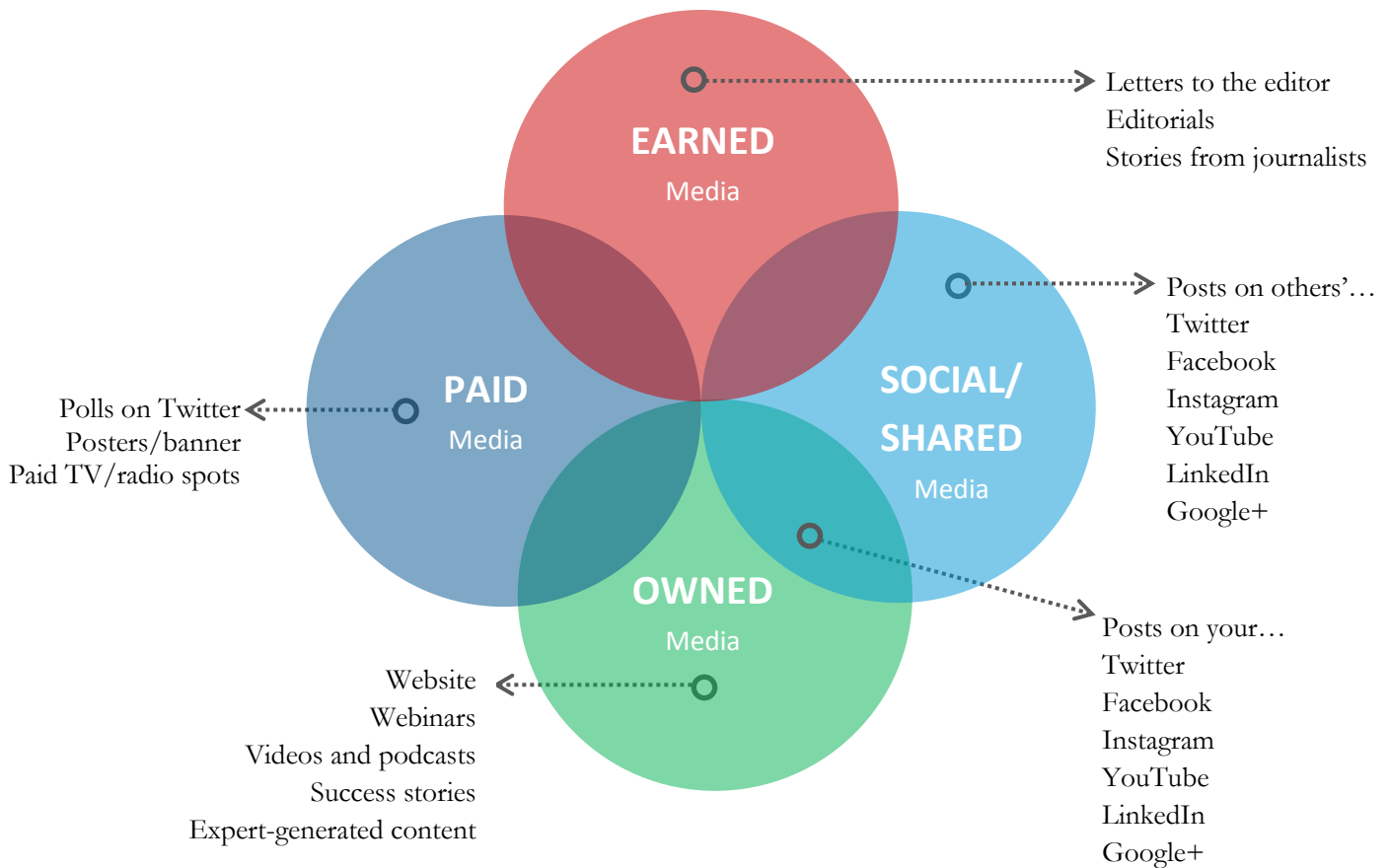

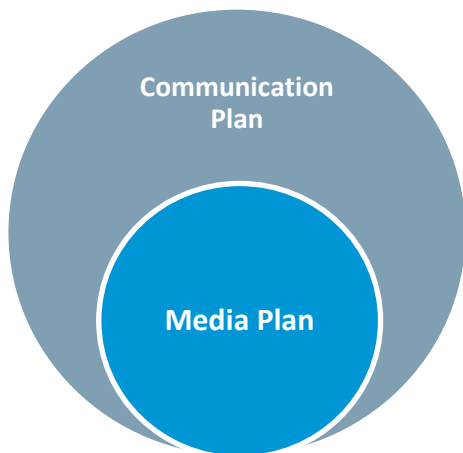*Figure 6:* Paid, earned, social/shared and owned media (PESO) model adapted from Gini Dietrich and Spin Sucks[11]

Facebook fan page or Twitter account). Owned media creates **brand portability**,"[12] or the capability of your message to be accessed on more than one device, such as on a computer or smart phone (*Figure 6*)

Simply put, the media plan addresses efforts on paid, earned and shared media, while the communication plan addresses paid, earned, shared and owned media (*Figure 6*).

"A media plan provides a strategic roadmap for media activities, along with increased chances of programmatic success."[12] It will also "deepen existing partnerships and develop new ones. In addition, the plan will make the most of your team's limited time and resources."[12]

Defining a Media Plan

A media plan is part of a communication plan (*Figure 7*). If your program has a communication plan that includes a media plan, you have satisfied that deliverable.

The CDC defines a **media plan** as "a subset of a communication plan" that:

1. "Focuses on and describes strategies using media to reach, engage, inform and create awareness
2. Includes print (newspapers, magazines), broadcast (TV, radio) and social media (Twitter, Facebook)
3. Identifies **goals**, target audiences, **objectives**, **strategies**, **tactics**, activities and outcome measures for evaluation purposes"[12]

For this section, refer to *Appendix A*: Media Plan Template

The more you understand about an issue or health problem, the better you can develop a media plan. The CDC describes that the purpose of "initial data collection is to describe the health problem or issue, who is affected, and what is occurring versus what should be occurring," as taking time to do this will allow us "to consider how the media might help address the issue or problem."[12]

First media plan section: Background and Justification

The first section of the media plan is the Background and Justification. It is an opportunity to describe the current status of cancer control in your state, region or community. Here, it is important to refer back to your state's **Comprehensive Cancer Control Plan** and its high-level goal(s). This may include morbidity, mortality, severity of outcomes, populations affected and prevalence rates among sub-groups, risk and protective factors, and more.

Figure 7: A media plan in relation to a communication plan

The [CDC](#) also encourages that the background and justification section also include a "**SWOT analysis**, environmental scan and/or literature reviews as needed."[12]

Writing S.M.A.R.T. Objectives

After carefully identifying and assessing the health issue or problem, you can move on to writing objectives. First, your objectives need to be **S.M.A.R.T. objectives**: Specific, measurable, achievable, realistic, and time-bound (*Figure 8*). Elaborating, the [West Virginia Department of Education](#) describes S.M.A.R.T. as follows:

"Specific: If you have a specific objective, you should be able to answer the following six questions:
- What: What do you want to accomplish?
- Why: What are the reasons, purpose or benefits of accomplishing the objective?
- Who: Who is involved? Who are the stakeholders?
- Where: Where is it going to happen?
- Which: Which attributes are important? (Requirements and constraints; risk and protective factors).

Measurable: If your objectives are specific and measurable, you should be able to

Non-S.M.A.R.T. Communication Objective: Increase clinicians' knowledge of HPV vaccines

This objective is not S.M.A.R.T. because it is not specific, measurable or time-bound. It can be made S.M.A.R.T. by specifically indicating what kind of clinicians (primary care or gynecologic, etc.) or where the clinicians are (local, regional or state, etc.), what they will be educated on, by when they will be educated and by how much their knowledge will increase

S.M.A.R.T. Communication Objective: Increase state primary care clinicians' knowledge of the fact that HPV vaccinations should be offered routinely with the Meningococcal vaccine by 20% from baseline by the end of the programmatic year

Non-S.M.A.R.T. Behavioral Objective: Amend the existing law to mandate physical activity in schools

Again, this objective is not S.M.A.R.T. because it is not specific, measurable or time-bound. It can be made S.M.A.R.T. by specifically indicating how much physical activity will be mandated, what kinds of schools will be targeted and by when the law will be amended

S.M.A.R.T. Behavioral Objective: Amend the existing state law to specify at least 30 minutes of daily physical activity in public elementary schools by the end of the programmatic year

Figure 8: Examples of Non-S.M.A.R.T. and S.M.A.R.T. Communication and Behavioral Objectives

establish concrete criteria for measuring progress toward the attainment of each.

- How will you know when it is accomplished?
- What indicators will you look for to measure progress and success?
- Are data to measure your progress and success readily available? Or do you need to develop new measures (e.g., surveys, focus groups, etc.?)

Attainable: Given resources available to you, the objective must be realistic and attainable.

- Do you have sufficient financial capacity to accomplish your objective?
- Do you have personnel with sufficient abilities and skills to accomplish your objective (including evaluation)?
- Do you have sufficient time to accomplish your objective?
- What other types of resources do you need to attain your objective (i.e., technology, space, equipment, etc.)?

Relevant: Ultimately, your objectives should help you achieve your major project goal(s).

- Is it worthwhile?
- Is this the right time?
- Does this align with other efforts/needs?

Time-bound: Objectives should have starting points, ending points, and fixed durations.

- When will you achieve this objective?
- When will you undertake activities to achieve your objective?
- When can you expect to see some short-term outcomes?"[13]

Writing Health, Behavioral and Communication Objectives

Second media plan section:
Health, Behavioral and Communication Objectives

Given that you are developing a communication program, you need to think about what communication can achieve in the second section of the media plan on Health, Behavioral and Communication Objectives. What can you expect to change because of your communication program? Keep in mind that communication is only one of many tools for promoting or improving health; for example, "changes in health care services, technology, regulations, and policy are often necessary to completely address a health problem"[2] (*Figure 2*).

Health objectives are the goals for changes in the audience's health status (**health outcomes**). This could include reducing cancer and chronic disease in the population of interest and should align with the state's cancer plan. Health objectives should correspond to your state Comprehensive Cancer Control Plan goals.

Behavioral objectives are goals for changes in your audiences' behaviors. Behaviors can be actions you want people to engage in or actions you want them to stop. Behaviors might include getting screened or tested, increasing physical activity, eating vegetables, talking to one's doctor, or quitting smoking. Behavioral objectives should align and contribute to meeting your health objectives.

Communication objectives outline the changes in awareness, knowledge, perceptions, beliefs and confidence/self-efficacy related to risk factors, diseases or behaviors that can be expected resulting from the communication campaign. The belief is that if you can create changes in knowledge, attitudes, beliefs, perceptions, self-efficacy, norms and emotions, you can begin to change behaviors of the audience. Communication objectives should align and contribute to meeting your behavioral objectives.

One frequently asked question is: "Where do communication objectives come from?" The answer is theory. It is vital that your communication program is informed by communication or behavior change theory. Health campaigns and social marketing are not, in and of themselves, theories. But, health campaigners and social marketers use theory from very early stages of planning to aid development and planning. Typically, when you conduct the problem analysis and audience analysis, key themes will emerge from your data gathering. When you study the intersection of the problem and the audience you should ask yourself (and find the answers in the published literature) "Why does this audience have this problem?"

There are numerous theories that communication experts use to guide their programs or campaigns. However, when selecting a theory of behavior change, it is important to consider the evidence base (*Figure 9*). Some theories you might become familiar with are:

- **Diffusion of Innovations**: "focuses on the flow of information about a new product or practice within the social environment (for example, neighborhoods and networks) and how these influence access to information and response to it"[14]

Case Study 1: **Choosing a theory to guide the planning of a communication campaign to increase prostate cancer screening among African American middle aged men[15]**

After doing research, you find that the target audience:
- Does not perceive themselves to be vulnerable or susceptible to prostate cancer
- Perceives cancer to be a severe disease that leads to death
- Has low self-efficacy and perception that there is little that can be done
- Has a fatalistic attitude towards the issue and believe "it's in God's hands"

Based on these findings, you would look for a behavioral theory that includes concepts of susceptibility, severity and self-efficacy, such as the Health Belief Model or the Extended Parallel Process Model, to guide your program.

Case Study 2: **Choosing a theory to guide the planning of a communication campaign to increase HPV vaccination uptake among girls under 13 years old in Texas[16]**

After doing research, you find that mothers of the target audience:
- Have a positive attitude toward the vaccine
- Lack knowledge about the issue and have not been persuaded to vaccinate
- Listen to other mothers and community leaders

Based on these findings, you would look for a behavioral theory that includes concepts of the influence of the social environment, such as Social Cognitive Theory or Diffusion of Innovations theory, to guide your program.

Figure 9: Case studies demonstrating the use of theory to inform communication strategies

- **Elaboration Likelihood Model**: "provides explanations for how message elements are critical ingredients that interact with motivation and ability to influence information processing"[14]

- **Extended Parallel Process Model**: "focuses on emotional response and its effect on motivations and behavior and is particularly relevant for some health issues like HIV/AIDS and avian influenza prevention"[14]

- **Health Belief Model**: "emphasizes target audiences are influenced by perceived personal susceptibility and seriousness of the health issue and benefits, costs and norms"[17]

- **Integrative Behavioral Model**: "proposes that media effects vary, depending on the behavior and population under study and the relative importance of the determinants," including perceived susceptibility, norms and beliefs of their environment, attitudes toward the message, self-efficacy and intentions to change. Also proposes that "media messages can be targeted, depending on which set of beliefs could most likely influence behavioral intentions"[14]

- **Social Cognitive Theory**: "states that likelihood of adopting the behavior is determined by perceptions that benefits outweigh the costs and belief in self-efficacy"[17] and that "we can influence our own behavior… through rewards and facilitating environmental changes that we plan and organize for ourselves"[14]

- **Transtheoretical Model**: focuses on the idea that "people are at different stages of readiness to adopt healthful behaviors," [18] and has been useful in explaining and predicting behaviors such as smoking, physical activity and eating habits

Third media plan section: Audience

The secret to effective communication comes from knowing your audience and this section of the media plan helps you to think through this process.

Selection of the target audience (also referred to as intended audience or priority population) should be driven by population needs and supported by data. Perhaps there is data that reveal that African American and Black populations in your region have disproportionately high rates of deaths from cervical cancer. This may prompt you to refine your audience from women in general to African American and Black women.

Using primary data (your own research such as focus groups or town hall meetings) or secondary data (literature review), health communicators must be able to answer questions about their target audience such as:

- Why do they have this health problem?
- How severely do they experience the health problem?
- What is their knowledge level of the health problem?
- Do they know they experience the health problem (i.e., do they perceive they are vulnerable)?
- Are there cultural or personality-based traits that perpetuate this health problem (e.g., fatalism, machismo, groupthink, low health literacy, etc.)

Understanding these kinds of audience characteristics will help you develop goals and objectives that are realistic for, and tailored to, your audience.

The communication team should also understand and know the audience to develop key messages and activities that will reach and have the biggest impact on the target audience to inform media plan tactics and timeline.

For example, research shows that intense and sensational messages are very effective for people who score high on a trait called "sensation seeking," but, those same messages are ineffective for people scoring low on that trait.[19] Other research shows that messages that appeal to guilt are very effective for middle aged women (especially moms), but, cause negative effects in teenagers.[20] As you can see, researching your audience and intimately knowing them is crucial to developing messages that resonate with the audience, seem authentic and inspire them to change. This is another benefit of involving audience members or community members in the formative research and planning process.

Choosing Media Channels

Media channels should be chosen after considering your target audience's media habits. For example, if you are trying to reach teens with messaging about the consequences of indoor tanning, using electronic media and social media may be your best option. In particular, Facebook may be a good communication channel, as 94% of teen social media users have a Facebook profile and use it as their primary social media platform.[21]

Your audience's media habits should then be balanced with your communication team's capacity, financial resources and technological aptitude. There are advantages and

disadvantages to each paid, earned, social or shared media channel, whether it is newspapers, magazines, blogs, newsletters, TV, radio or social media, just to name a few (*Figure 10*). They vary by reach, cost, audience engagement, longevity, efficiency and accessibility.

Writing Letters to the Editor

Another way to engage and use the media to advance your cancer control program and agenda is through earned media. One type of earned media that may be feasible for comprehensive cancer control programs and coalitions is writing **letters to the editor**.

According to Community Toolbox, a letter to the editor is:

"A written way of talking to a newspaper, magazine, or other regularly printed publication. Letters to the editor are generally found in the first section of the newspaper, or towards the beginning of a magazine, or in the editorial page. They can take a position for or against an issue, or simply inform, or both. They can convince readers by using emotions, or facts, or emotions and facts combined. Letters to the editor are usually short and tight, rarely longer than 300 words."[23]

So, why should you write a letter to the editor? There are many reasons why you may choose to write a letter to the editor specific to your program goals, but here are some general ones from Community Toolbox:

- "You are angry about something, and want others to know it
- You think that an issue is so important that you have to speak out

CHANNEL	ADVANTAGES	DISADVANTAGES
Display Print Media: Posters, billboards	• Popular • Visual • Longevity	• Limited space for information • Language and literacy (audience must be able to read and understand the language • Cost for advertising space
Print Media for Reading: Newsletters, pamphlets, brochures and booklets	• Control of message • Ability to communicate a more detailed/complicated story	• Language and literacy • Labor and time-intensive to produce • Easily outdated
Mass Media: Newspapers and magazines	• Large readership • Powerful • Permanent • Ability to explain issues in depth	• Language and literacy • May only reach a those who have access (e.g., urban audiences) • Expensive to produce
Mass Media: Radio	• Large listenership • Accessible (especially at grassroots level) • Can be participatory and elicit immediate response (i.e., call-in programs)	• Message may be transient • Can send mixed messages (i.e., station may promote different messages) • Expensive to produce
Mass Media: TV	• Potential to reach large audiences • Dramatic and emotive • Can be participatory and elicit immediate response (i.e., call-in programs)	• Require production skills • Message may be transient • Can send mixed messages (i.e., station may promote different messages) • Expensive to produce
Electronic Media: Websites	• Global reach • Efficient • Interactive • Cost-effective	• Language, literacy and media literacy • Labor and time-intensive to maintain • No rules
Electronic Media: Video and slide shows	• Participatory • Entertaining • Conveys reality	• Skill and labor-intensive • Need equipment • Expensive to produce

Figure 10: Advantages and disadvantages of various media channels (adapted from Making a Difference: Strategic Communications to End Violence Against Women)[22]

CHANNEL	ADVANTAGES	DISADVANTAGES
Social Media: Facebook	• Large user base • Longevity • Easily accessible and versatile content (photos, videos, text) • Engagement and interaction with audience • Cost-effective • Targeted or paid advertisement available	• Somewhat time-intensive to produce • Long-term strategy needed • Competition for users' attention • Difficulty working with the newsfeed algorithm
Social Media: Twitter	• Large user base • Longevity • Easily accessible and versatile content (photos, videos, text) • High engagement and interaction with audience • Cost-effective • Possible to target messages for different audiences	• Time-intensive to produce • Long-term strategy needed • Competition for users' attention
Social Media: LinkedIn	• Professional in nature • Targeted messages for audiences with similar interests	• Closed network • Time-intensive to grow network

Figure 10 cont'd.: Advantages and disadvantages of using various media channels (adapted and expanded from Making a Difference: Strategic Communications to End Violence Against Women)[22]

• Part of your group's strategy is to persuade others to take a specific action

Or you want to:

• Suggest an idea to others
• Influence public opinion
• Educate the general public on a specific matter
• Influence policy-makers or elected officials directly or indirectly
• Publicize the work of your group and attract volunteers or program participants"[23]

Here are some guidelines to write an effective letter to the editor from Community Toolbox:

• "Open the letter with a simple salutation
  ○ Don't worry if you don't know the editor's name. A simple "To the Editor of the *Daily Sun*," or just "To the Editor:" is sufficient. If you have the editor's name, however, you should use it to increase the possibilities of your letter being read…
• Keep your letter under 300 words
  ○ Editors have limited space for printing letters, and some papers have stated policies regarding length (check the

editorial page for this)… Generally, shorter letters have a better chance of being published…

- Refer to a recent event in your community or to a recent article
  - Make a connection and make it relevant
- Explain why the issue is important… in the first paragraph
  - Make sure your most important points are stated in the first paragraph. Editors may need to cut parts of your letter and they usually do so from the bottom up.
- Give evidence for any praise or criticism
  - If you are writing a letter discussing a part or pending action, be clear in showing why this will have good or bad results… Use local statistics and personal stories to better illustrate your point…
- State your opinion about what should be done
  - You can write a letter just to "vent," or to support or criticize a certain action or policy, but you may also have suggestions about what could be done to improve the situation. If so, be sure to add these as well. Be specific. And the more good reasons you can give to back up your suggestions, the better
- Sign the letter
  - Be sure to write your full name (and title, if relevant) and to include your address, phone number, and e-mail address… It adds credibility, especially if it's relevant to the topic being discussed"
- Include your contact information

  - Editors may want to contact you, so include your phone number and email address"[23]

Evaluation

Fourth media plan section: Evaluation

Looking back at the National Cancer Institute's Health Communication Program Cycle, you can see that tracking and evaluating your campaign is helpful to not only assess how effective your campaign was, but also to inform ways the campaign can be improved in the future. For the purposes of completing your media plan, planning and tracking process evaluation at a minimum is key.

According to CDC, process evaluation assesses program operations, namely the who, what, when and how many of program activities and program outputs were met.[24] For example, when evaluating paid media, you can look at measures of audience or exposure, such as Gross or Target Rating Points. **Gross rating points (GRP)**, more commonly known as **impressions**, is a measure of reach, calculated as the number of people you reach times frequency, which is the number of times people have been exposed to the media. **Target rating point (TRP)** takes the number of impressions and multiplies that by the percentage of those viewers who actually represent your target audience. For example, if you ran a radio spot on Pap smears, your target audience would be women of a certain age. If you want to calculate how effective the campaign was in reaching women in your target age range, you would look at TRP. But, you may have also reached men, who happened to be listening to the radio. Those numbers will be captured as a GRP.

When looking at evaluating earned media, you might track the number of letters to the editor or blog entries published, number of radio and TV interviews you and your organization members conducted, and also look at circulation numbers for reach, or impressions. "Media coverage can also be measured in terms of quantity (how much space did a story get and how often are stories published?); prominence (does it appear on the front page or not?); slant (is coverage positive or negative?); accuracy of content; and type of story (is the story an editorial or hard news?)"[2]

When looking at social or shared media, you might track the number of times your social media posts were shared by others; the number of times someone clicked on your posts; and the number of people who are following your account.

By tracking and analyzing these data, you can adjust your campaign in the future. For example, if you find that you are not reaching the right people by using one media channel,

you may regroup and explore other channels that would be more effective.

In addition to process outcomes, measuring outcomes and impact is important and will be discussed in depth in the *Communication Training for Comprehensive Cancer Control Professionals 102: Making Health Communication Campaigns Evidence-Based.*

As you can see, significant planning, time and thought go into creating a media plan. Considering each section of the media plan (Background and Justification; Health, Behavior and Communication Objectives; Audience; Media Plan Tactics and Timeline; and Evaluation) and populating the sections with data, S.M.A.R.T., evidence- and theory-based objectives and activities that align with the objectives will not only fulfill media plan obligations to the CDC, but also serve as a crucial foundation when it comes to implementing and evaluating the health communication campaign.

FURTHER READINGS AND RESOURCES

Background and Justification:
- Centers for Disease Control and Prevention's (CDC) Do a SWOT Analysis

S.M.A.R.T. Objectives:
- CDC's Develop SMART Objectives
- CDC's Writing Good Goals and SMART Objectives Tutorials
- Minnesota Department of Health's SMART and Meaningful Objectives
- Victorian Department of Health in the Southern Metropolitan Region's Tip Sheet: Writing Measurable Objectives

Objectives:
- GW Cancer Institute's Goal Bank
- GW Cancer Institute's State Cancer Plans Priority Alignment Resource Guide & Tool
- Healthy People 2020's Health Communication and Health Information Technology Goals and Objectives

Theory:

- Charles Atkin and Ronald Rice's Theory and Principles of Public Communications Campaigns in *Public Communication Campaigns*, 4th ed.
- Karen Glanz and Donald Bishop's The Role of Behavioral Science Theory in Development and Implementation of Public Health Interventions
- Robert Hornik and Itzhak Yanovitzky's Using Theory to Design Evaluations of Communication Campaigns: The Case of the National Youth Anti-Drug Media Campaign
- Nancy Lee and Philip Kotler's Social Marketing: Changing Behaviors for Good Quick Reference Guide

Media Channels:

- American Non-Governmental Organizations Coalition for the International Criminal Court's NGO Media Outreach: Using the Media as an Advocacy Tool
- CDC *Preventing Chronic Disease*'s article: Georgia's Cancer Awareness and Education Campaign: Combining Public Health Models and Private Sector Communications Strategies
- CDC's The Health Communicator's Social Media Toolkit
- CDC's Best Practices for Comprehensive Tobacco Control Programs: Mass-Reach Health Communication Interventions
- CDC's Sample Letter to the Editor on Women's Equality Day and Smoking
- Community Toolbox's Using Paid Advertising
- Daniel Catalan-Matamoros' chapter in *Health Management – Different Approaches and Solutions*: The Role of Mass Media Communication in Public Health
- GW Cancer Institute's Cancer Awareness Months Social Media Toolkits
- National Colorectal Cancer Roundtable's 80% by 2018 Communications Guidebook: Effective Messaging to Reach the Unscreened
- National Colorectal Cancer Roundtable's National Colorectal Cancer Awareness Month letter to the editor

Evaluation:

- CDC's Gateway to Health Communication & Social Marketing Practice: Research & Evaluation
- National Colorectal Cancer Roundtable's Evaluation Toolkit: How to Evaluate Activities Intended to Increase Awareness and Use of Colorectal Cancer Screening

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Recognize the needs of and build relationships with media professionals by producing media-friendly materials

By the end of this lesson, you should be able to:
- Describe the needs of journalists
- Identify strategies for reaching out to journalists
- Identify strategies for building and maintaining relationships with journalists
- Create an online newsroom
- Produce a press release

Media professionals are busy people. They are often being asked to write time-sensitive stories for publications on top of writing blog posts and maintaining social media accounts. The down side of this is that health communicators must compete to grab the media's attention. This can also be an opportunity for health communicators, as media professionals need to gather large bodies of informative and entertaining stories. Health communicators must recognize the demands placed on media professionals and cater to their needs. To do this, you must understand what makes them tick: where and what they look for and what makes their jobs easier.

Understanding Journalists' Preferences

Business Wire asked more than 300 North America-based journalists "what information and assets they needed (and how they wanted to receive them) to effectively cover a story,"

Figure 11: More journalists work for online publications and blogs than for traditional media (Business Wire, 2014)[25]

and found:

- More journalists work for online publications and blogs (44%) than traditional media such as magazines (28%), newspapers (16%) radio (2%) and TV (1%), and the primary metrics of success are now digital (*Figure 11*)
- Journalists' preferred methods of receiving breaking news are email alerts (64%), press releases (28%) and social media (3%)
- Journalists do not like receiving a story pitch via social media (83%), but use social media as one of the top three sources for editorial research (42%) after websites (92%) and **online newsrooms** (77%)
- Of the social media platforms to conduct editorial research, journalists use Twitter (26%), followed by LinkedIn (23%)
- Among social media platforms, journalists prefer to receive story pitches via LinkedIn (23%) and Twitter (17%) over Google+ (12%) and Facebook (10%)
- Almost 90% of journalists drafted a story using a press release in the past week
- 54% of journalists are "more likely to review a press release that includes multimedia than one that does not"
- Preferred multimedia in press releases include photographs (94%), graphics (43%), **infographics** (32%) and video (27%)
- Journalists "prefer press releases in HTML/text format (56%) over PDF format (9%)"
- Journalists like a historical archive of press releases in the online newsroom: 52% prefer a least one to five years of past press releases and 27% prefer the complete historical archive

- In the online newsroom, journalists want fact sheets (69%), images (63%), **press kits** (53%), executive biographies (52%), organizational histories or timelines (40%) and event listings (40%)[25]

Now that you know how journalists like to be approached and what materials they expect when approached, you can strategize ways to build and maintain relationships with them.

By this point, you should have identified your target audience, key messages and appropriate media channels to disseminate the messages. But the planning and preparation is not over. Before making initial contact with an editor or reporter, you need to prepare the Online Newsroom that includes a press kit and background materials that reporters need and expect.

Preparing the Online Newsroom

As Business Wire's report indicates, 92% of journalists conduct editorial research on organization websites and 77% on online newsrooms, so it is crucial to create a media-friendly website that:

- Has a button leading to the online newsroom on your homepage: It should be as prominent as other main buttons so journalists can find it easily. "Reporters should be one click away from critical contact information and other relevant sections such as a press kit, FAQs, news stories, press releases, free photos and video clips, etc."[26]
- Is mobile-optimized: Many journalists are on the go as they must be responsive to breaking news and many report live from conferences, events or campaign launches. Make it easy for them by using **responsive design** so they can access it from any device

In your online newsroom, include:

- Contact information: Always include phone numbers and email addresses of your organization's communication director or spokesperson. Journalists get frustrated when only an email address is listed or they are forced to complete a contact form.[27] Remember, they are busy people and are often on a deadline. Make it as easy as possible for journalists. Do not make them work hard to help you. See an example from American Cancer Society

- A boilerplate for your organization: If you have an "about" page or section on your website, make sure it is concise. Reporters browse this section of your website so they can borrow language to write something like "The GW Cancer Institute, a comprehensive cancer control technical assistance provider based in Washington DC…"[27] Include a brief organizational history timeline to establish your credibility as well. See an example from American College of Surgeons

- Executive biographies: Include biographies of organization executives and experts as well as "video clips, speeches and interviews, so producers can determine whether your experts would have a good on-air presence. Add high-resolution photos and links to articles, books and white papers they have written to help draw searches to your experts."[27] See an example from CDC

- A high-resolution image gallery: You also know that a picture tells a thousand words. Images can leave an impression on your target audience. Journalists also value images, as articles with images are highly shared and prioritized in search results. Again, if you can provide them with a gallery of images, it makes it easier for journalists to write about your campaign.[27] See an example from CDC

- Infographics: Infographics are a great way to visually and creatively communicate often stale statistical information or health recommendations to your target audience (*Figure 12*). Allowing journalists to reuse your infographics works similarly to the image gallery you provide them in that they help gain traction among readers.[27] See examples from CDC

- Factsheets: Factsheets present useful information and data about the health behavior you are promoting or health issue you are highlighting. Journalists can use the information and data you provide in their own work or to educate themselves before reporting on it.[27] See an example from CDC

- Share buttons: In the age of social media, it's important to make sharing easy across all your content.[27] See an example from GW Cancer Institute

Dmitry Dragilev, a marketing lead at a design company, captures the nature of building relationships with journalists perfectly, saying:

"Most of us decide to pitch journalists right before a product launch or announcement, shooting out a press release and hoping to score great articles. This is the worst thing you can do. Don't expect to pitch someone who doesn't know you or your product, in the hopes that [the journalist] will understand the story and details just right — all in a few days. Instead, build a strong relationship that benefits both of you — it's the only way you can ensure great news coverage of your product launch."[29]

So where should health communicators start? The first step is to conduct an environmental scan to assess:

1. What are the most important media channels for my campaign? Look for media companies and organizations that work for media channels of preference

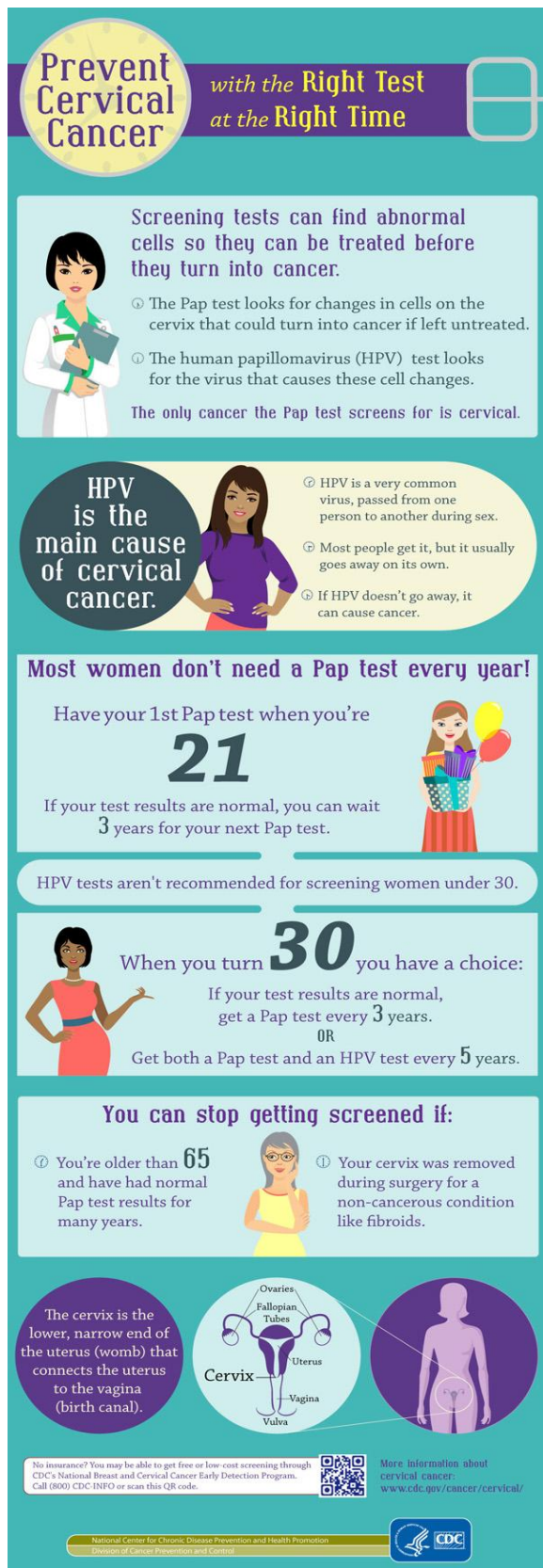*Figure 12*: Cervical Cancer Prevention infographic from CDC[28]

2. What reporter is the most respected or read in my health topic? There is plenty of information on reporters online. Look for their information on company websites. You may even be able to find reporters' blogs and Twitter accounts to assess their interests and the kinds of topics they have covered in the past

3. Who is based in my city or town? Considering where you want to have the most impact and how widely you want your campaign to be covered (locally, regionally, statewide or nationwide) will increase the chances of choosing a reporter that will be interested in covering your story

4. Which reporters are focused on long-term, feature stories versus breaking news? Do you have research you want to announce or do you want a story written about the severity of childhood obesity in your region? Depending on the type of coverage you want, your choice of reporters may differ[30]

Initiating Relationships with Journalists

Once you have a wish list of top reporters with whom you want to build a relationship, the next step is figuring out how to approach them. Some options are:

1. Cold calling: This is the traditional method of reaching journalists, but it is often awkward and rarely successful

2. Ask your staff and partners: Ask your staff and partners if they "have media contacts or know media figures such as owners of newspapers and broadcast stations. Outside your organization, talk with partners; people you know at media outlets, public relations/advertising firms, and on the public relations staff of business firms; members of

professional associations (such as chapters of the Public Relations Society of America); and public relations or marketing programs at local universities"[2]

3. Networking at similar organizations' media events: Attending others' media events and talking directly to reporters and passing out business cards is a way to get to know journalists and for them to get to know you. This will increase your chances for your story to get covered and for a lasting professional relationship

4. Twitter **at-mentions**: Creating and maintaining a Twitter profile, whether it be your organizations' or your own, and at-mentioning the journalist (or using the journalist's handle with the @ symbol) is becoming one of the most reliable ways of reaching journalists. However, make sure the journalist you want to contact is frequently engaged with Twitter and be mindful of your first approach, as they receive a lot of pitches on Twitter. Be sure to link to your organization's website or online newsroom, so they have a reason to respond.[31] "An even better approach is to build a relationship through personal or funny interactions leading up to your pitch"[32]

5. LinkedIn messages: LinkedIn is another social media channel to contact journalists through. It's a professional network and your message will go directly to their inbox. Facebook is not a recommended approach because "Facebook is for friends, and friends don't pitch friends"[32]

Quoted directly from NCI's Making Health Communication Programs Work, "to get continuing coverage of your program, you must develop an ongoing relationship with the media. These steps can help ensure continuing media coverage:

1. …Develop a plan for periodic media coverage of your program and make your program newsworthy: Your plan should include your program's objectives, the messages you want to communicate to the media) including why your program or message deserves coverage), any promotional activities you plan to sponsor, and schedule a media contact (when it will occur and who will initiate it)

2. Identify and train media spokespeople: It is a good idea to select no more than three spokespeople. Be sure that all of them are providing the same information about your program by giving them written talking points. The media usually prefer spokespersons with authority in your organization. The person who regularly handles media relations may not have that status. Some spokespersons will be savvy about working with the media and need only a briefing on your program. Others may need training on how to give interviews, respond to media queries during crisis or "bad news" situation, or how to be effective on TV or radio

3. Track media coverage: This includes coverage of issues generated by your media relations efforts as well as coverage that occurs independently. Monitoring all types of coverage can provide important process evaluation data. It will enable you to identify and

take steps to correct misstatements and errors, determine the impact of your media activities and whether changes are needed, identify if other media representatives are interested in your issue, and find out whether your organization is being overlooked. Media coverage can be measured in terms of quantity (how much space did a story get and how often are stories published?); prominence (does it appear on the front page or not?); slant (is coverage positive or negative?); accuracy of content; and type of story (is the story an editorial or hard news?)

4. Capitalize on breaking news: When something happens that is related to your program, call news outlets and offer them an expert opinion. If a negative event occurs, take the opportunity to explain how the changes advocated by your organization could help prevent similar problems in the future. For example, when the story about traces of poisonous substances in Chilean grapes received widespread coverage, tobacco control activists used the event to point out that larger amounts of those same substances are found in a single cigarette"[2]

You can also take steps to:

5. Capitalize on national and global health observances: There are countless awareness days, weeks and months throughout the year that are designed to raise awareness of diseases and healthy behaviors and fundraise for research into their cause, prevention, diagnosis, treatment, survivorship and cure. Perhaps the most ubiquitous awareness month is Breast Cancer Awareness Month in October with the symbol of the pink ribbon. Others include Melanoma/Skin Cancer Awareness Month in May, World Cancer Day on February 4th and Colorectal Cancer Awareness Month in March, to name a few. Health issues receive significant media coverage during these months, which is a great opportunity to highlight your organization's work pertaining to that topic

6. Capitalize on windows of opportunity: When the Surgeon General releases a report or when state or federal governments pass health-related legislation, coverage surrounding pertinent health issues increases, which is another opportunity for your organization to showcase its work

Understanding Press Releases

Now that you have the media's attention, a press release will come in handy to announce your communication campaign or anything else you want the public know about (*Figure 13*). Quoted directly from Community Tool Box, a press release is:

"A brief written summary or update, alerting the local media about your group's news and activities… Press releases are:

- Created either to preview an upcoming event or to inform the public about something that has already occurred
- Written in a clear, concise manner that easily and quickly conveys its message to the reader
- Written with the most current and pertinent information in the first two paragraphs
- Subject to editing for content and space or time requirements, depending on the media

Unlike a news story, press releases *are not:*

- Always a high priority for media producers to cover
- Written by professional journalists"[33]

Press releases are useful to:
- Announce an event, schedule, study, campaign, workshop, or election of new leaders
- Tell people *why* you think this development is news
- Show your perspective on the development
- Increase the visibility of your leaders (if quoted in the release)
- Remind people of what your group does and how active in the community you are
- Allow you to highlight or summarize a report

Figure 13: "When should you prepare a press release?" from Community Tool Box[33]

Writing Press Releases

For this section, refer to *Appendix C*: Press Release Template

Now that you know when press releases are appropriate, you can start preparing them. Quoted directly from Community Tool Box, here are some guidelines to get you started:

- "Make them read like a news article: Study news articles in your local paper. News articles will have the five Ws and the H in their beginning

paragraph (*Figure 14*). This is called the lead. These basic elements are:
  - What happened
  - Who did it
  - Why it happened
  - Where it happened
  - When it happened
  - How it happened
- Emphasize what makes your release important: What in your release is going to grab people's attention? Why is it important to the community? Why should they care? Emphasize one or two of the basic elements above. For instance, if the mayor is going to speak on the issue at your event, it would be a good idea to emphasize the "who." If your event is the first charity fundraiser at the new recreation center, the "where" would be emphasized
- Be as provocative as you can: Most media, especially in large cities, get tons of releases every week, so you want to make yours stand out. Find an eye-opening aspect to your release, or at least make sure your points are strongly emphasized. For example, perhaps pro-life and pro-choice activist groups are working together on teen pregnancy prevention, or real estate groups and housing activists are working together on a housing initiative. In both these cases, the organizations involved might use their unusual situations to create press releases the media would snap up
- Make the headline and lead as clear as possible: They need to hook the reader quickly or the release will be skimmed over and forgotten
- Make your release look professional: Credibility is very important in an editor's decision to read or pass over your release. Letterhead and formatting should look professional,

and no typos! The release should also have short, easily readable sentences and paragraphs, as news articles do

- Consider sending other materials with your release: If you already have contact with a reporter or editor, you may want to send a short cover letter reminding him or her of your previous conversation. Maybe you know this reporter has a personal interest in your issue. The key is to try and personalize the release so it gets the editor's attention"[33]

Here are guidelines for basic formatting of press releases, quoted directly from Community Tool Box:

- "A dateline: Like in many newspaper articles (for instance "Washington, D.C., Oct 15")
- To double space or not to double space: It's probably not necessary as most editing these days is done on computer, as long as your release *is easy to read*. Short paragraphs with a space between each and slightly wider than normal margins are helpful
- Your release should be relatively short: Two or three pages, max. Keeping the release to one page does not necessarily improve readability, which is what you're aiming for. Subheads are also useful to grab the reader's attention
- Attachments: A summary of the key points can help the reporter write an article, if the paper decides that would be more appropriate than a press release for the story you have to tell
- Several full quotes should also be included: Try to make the quotes sound like they were spoken, not written. For example, "The critical finding of the report is that many banks…" is not as effective as "This report shows that our banks are ignoring the needs of…"[33]

'Scary' Colon Cancer Ads Coming to a Restroom near You: New campaign shows many things are scarier than a colonoscopy

The Utah Department of Health (UDOH) and Utah Cancer Action Network (UCAN) **[who]** announced a unique grassroots marketing campaign **[what]** today **[when]** on their website **[how/where]** to local businesses to urge employees to get a life-saving colonoscopy. Signs placed on restroom stall doors use a humorous approach to remind people to get screened.

Colon cancer is the second leading cause of cancer death in Utah and the nation. The risk of developing colon cancer increases with age. The UDOH reports that nearly 90 percent of cases occur in people age 50 and older **[why]**.

Figure 14: Example press release lead (adapted from Utah Department of Health)[34]

FURTHER READINGS AND RESOURCES

Understanding Journalists' Preferences
- Business Wire's 2014 Media Survey video

Preparing the Online Newsroom:
- Canva's Infographic Maker
- Centers for Disease Control and Prevention's (CDC) Newsroom
- CDC's listing of Image Libraries
- Creative Bloq's 10 Free Tools for Creating Infographics
- HubSpot Blogs' How to Create an Infographic in Under an Hour [10 Free Infographic Templates]
- NASDAQ OMX's What Journalists Want: How to Build Relationships, Deliver Remarkable Content, Get Journalists to Cover your Organization, and Ace a Tough Interview
- Piktochart's Infographic Maker

Building Relationships with the Media:
- National Association of City and County Health Officials' Public Health Communications Toolkit Media

Press Releases:
- Community Tool Box's Preparing Press Releases
- Forbe's article: What Journalists Really Think of Your Press Release

LESSON REFERENCES

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Appendices

Contents:

Communication Training for Comprehensive Cancer Control Professionals 101

Media/Communication Plan Template

HOW TO USE THIS TEMPLATE

For a blank, fillable Microsoft Word document version of the Media/Communication Plan Template please visit: http://tinyurl.com/MediaPlanTemplate

This media/communication plan template is intended for use alone or in tandem with the:

- *Communication Training for Comprehensive Cancer Control Professionals 101: Media Planning and Media Relations*, and/or
- *Media Planning and Media Relations Guide*.

There is not a single "correct" way to create and format a communication and media plan, but this template is an option that includes all of the critical components of a solid plan. This template can help you create a communication and media plan that:

- Serves as an actionable roadmap for your Comprehensive Cancer Control (CCC) program and coalition's communication activities for one year, and
- Fulfills Centers for Disease Control and Prevention (CDC) National Comprehensive Cancer Control Program (NCCCP) grant reporting requirements.

To use this template to create a finished plan ready for use or submission, follow these steps:

1. Starting on the next page answer probing questions and plug in your program/coalition's information in all **[bolded bracketed]** fields, following guidance found in the blue boxes throughout the template. Refer to the Appendices of the Media/Communication Plan Resource Guide, which contains a filled version of this template, if you need examples.
2. Delete the first 2 pages of this document and all blue boxes to update the table of contents.

Acknowledgments

The template is adapted from recommended components of a good media plan by the Centers for Disease Control and Prevention (CDC). It also draws from other communication resources from CDC such as the Division of Community Health Communication Planning Tool and CDCynergy "Lite" with input and examples provided by Monique Turner, PhD, Associate Professor in the Department of Prevention and Community Health at the Milken Institute School of Public Health of the George Washington University; Indiana's Comprehensive Cancer Control Program; and Utah's Comprehensive Cancer Control Program.

[Plan Title]

[Grant Number]

[Date]

[Point person name, title, affiliation, and contact information]

Table of Contents

Table of Contents

This table is automatically generated. After the template's instructional and reference pages have been deleted and all content is finalized, hover over then click on the Table of Contents and click "Update Table" to update sections and page numbers before submission or dissemination.

Background and Justification

[Problem Description:

- What is the health problem?
- What is the disease burden? How severe is the problem? Who is affected and to what extent? What is the significance of the health problem? Why does it matter?
- What is contributing to the health problem? (Consider factors such as: policies, physical and social environments, behaviors, knowledge, attitudes, beliefs, biological factors)
- How addressable is the health problem? What is currently being done about the problem? What should be done to fix the problem?]

The purpose of the Background and Justification is to provide readers with a quick summary and background knowledge of the health issue, current status and activities and the goal(s) of the media plan.

Report population-level data and cite evidence to support your answers.

You may also consider including:

- A more detailed discussion of findings from assessments of community needs and assets.
- A more detailed review of evidence regarding the health issue, population, and best/promising practices.
- A discussion of theories or models of behavior change to be used.

[Description of organization, mission, and activities in relation to the health problem:

- Who are the author organizations? What are these organizations doing and how are they working together?
- What is your organization's mission?
- Refer back to the corresponding CCC strategic plan. What is the high-level goal(s) of your state's CCC plan?]

[Purpose and intended use of the communication and media plan:

- What is the purpose of this communication and media plan? Why is it needed?
- Who is supposed to read the plan? What are they supposed to do with the plan?]

SWOT Analysis

STRENGTHS	WEAKNESSES
• **[Internally, what are some strengths that will help facilitate progress?]** • **[Example: Do you have a leader with really strong connections with local reporters?]** • • • • • • •	• **[Internally, what are some weaknesses that are barriers to progress?]** • **[Example: Do you lack a charismatic spokesperson who can speak publicly about your priority health issue?]** • • • • • • •
OPPORTUNITIES	THREATS
• **[Externally, what are some opportunities that could help facilitate progress?]** • **[Example: Is there a new national focus in the news media or a recent Hollywood film that touches on the topic? Can you capitalize on the conversation to advance your media plan activities?]** • • • • •	• **[Externally, what are some threats that could create barriers to progress?]** • **[Example: Is there a cultural resistance to discussing the issue that will make it difficult to carry out your planned media tactics?]** • • • • • • •

Objectives Summary

The Objectives Summary is a concise list of all the objectives included in the plan. They should all be SMART and logically related to one another. Each unique objective should have its own number for easy cross-referencing throughout the plan. For more on developing specific, measurable, attainable, results-oriented or relevant and time-bound objectives see **Lesson 3 of the Communication Training for Comprehensive Cancer Control Professionals 101**. List all COs, BOs and HOs in the boxes in their respective columns. Directly copy and paste relevant ones from your strategic plan. If desired, copy, paste and position arrows included on this page to show relationships between objectives. Add or remove boxes depending on how many COs, BOs and HOs you have.

Communication objectives (CO) scope covers campaign reach and dosage, and changes in audience awareness, knowledge, perceptions, beliefs, self-efficacy (etc.) resulting from the communication campaign.	**Behavioral objectives (BO)** address what you want people to do. BO scope covers desired actions resulting from the cognitive changes described in the related COs.	**Health objectives (HO)** address changes in health indicators. HO scope covers desired health outcomes resulting from behavioral changes described in the related BOs.

Communication Objectives (COs)   Behavioral Objectives (BOs)   Health Objectives (HOs)

CO1: Example format: **"By [INSERT date], increase the [INSERT quantity, such as percentage] of [INSERT audience] in [INSERT location] that have been exposed to messages pertaining to [INSERT topic, such as having a colonoscopy at the age of 50] from [INSERT baseline] to [INSERT target]."**

BO1: Example format: **"Increase/Decrease [INSERT behavior, such as having a colonoscopy at the age of 50] among [INSERT audience] by [INSERT quantity, such as percentage] in [INSERT location] by [INSERT date]."**

HO1: Example format: **"Increase/Decrease [INSERT health indicator, such as colorectal cancer mortality] among [INSERT target population] from [INSERT baseline] to [INSERT target] by [INSERT date]."**

CO2:

BO2:

HO2:

CO3:

BO3:

HO3:

Audience

[Description of your target audience:

☐ **Who, specifically, is in your target audience?**

☐ **Who are your secondary audiences and audience subgroups?**

☐ **Why did you choose your target audience? (Are they most affected by the health problem, most likely to change behavior, or most able to change contributing circumstances?)**

☐ **What are your target audience's values and motivations?**

☐ **What are your target audience's patterns of media consumption and preferred channels of communication?**

☐ **What types of messages and appeals would resonate the most with your target audience?]**

A section on Audience is strongly recommended to provide a clear understanding and profile of your intended audience, which will inform your decisions about messages, channels, and tactics.

Plan Tactics and Timeline

The Plan Tactics and Timeline section provides programmatic and planning details needed to successfully carry out identified strategies and activities. Copy this template section and fill one out for each of your COs.

COMMUNICATION OBJECTIVE 1: **[Insert text of CO1]**

Related Health Objective(s): **[Insert HO#s and text relevant to this CO]**
Related Behavioral Objective(s): **[Insert BO#s and text relevant to this CO]**

Target Audience(s): **[List primary and secondary audiences. What populations are you trying to reach with your communication campaign?]**

Key Message(s): **[List the key messages relevant to this CO. What is the key point that must be conveyed?]**

	Tactics/ Channels/ Activities	Budget and Resources	Staff responsible/ Stakeholders involved	Output/Outcome measures
Months 1-3 **[Customize with time frames that make sense for your project]**	☐ **[List planning, implementation, or evaluation activities occurring for your tactic/channels during this time period. Tactics/ Channels: How will you get the word out? What information channels will you use? Note: the channels you include in your plan will define whether you are writing a media plan or communication plan. Activities: What steps need to happen to get the key message out using this tactic/channel and support the communication objective?]**	**[List material cost or resources needed for specified tactics/ channels/ activities]**	**[List point person and others responsible. Who will be lead on the activity? Which partners are involved with each activity?]**	**[List process and outcome indicators of success]**
Months 4-6	☐ ☐			
Months 7-9	☐ ☐			
Months 10-12	☐ ☐			

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Evaluation Plan

An Evaluation Plan is essential to understanding the process and outcomes of your communication and media activities. See the CDC's 6 Steps to Program Evaluation for further guidance. Your evaluation should be useful, feasible, ethical, and accurate.

1. Engage stakeholders

[☐ Who would have a stake in your communication and media activities? Who would have a stake in your evaluation findings?

☐ What specific role would each group of stakeholders play in the evaluation? What would each group of stakeholders be responsible for?]

2. Describe the program

[☐ Provide a narrative description of your communication strategies to tie together information provided in your tables and other sections. What tactics did you use to deliver key messages to target audiences through selected channels to achieve COs, BOs, and HOs?

☐ What is the evidence-base behind your selected strategies? Why do you believe your strategies will lead to your anticipated outcomes? If you have a logic model, include it here.

☐ What is your current status or stage in planning and implementing your strategies?

☐ How do your communication and media strategies fit in with other ongoing activities and efforts? How do they tie in with your CCC plan goals and objectives?]

3. Focus the evaluation design

[☐ What is the purpose of the evaluation? What does everyone wish to learn from the evaluation?

☐ List your evaluation questions.

☐ What will be the evaluation design?]

4. Gather credible evidence

[☐ What indicators demonstrate success? What indicators will answer your evaluation questions?

☐ What sources will you use to collect data on selected indicators?

☐ How will you collect data from your selected sources? Who will collect what data? How often, and in what timeframe? What collection methods will be used?]

5. Justify conclusions

[☐ How will data be analyzed? What analysis methods will be used?

☐ How will you and your stakeholders interpret and synthesize the data?]

6. Ensure use and share lessons learned

[☐   How will you communicate evaluation findings to your stakeholders?

☐ How will you make sure that findings are meaningful to stakeholders? How will you encourage use of your evaluation findings and lessons learned?]

Media/Communication Plan
Example

FREQUENTLY ASKED QUESTIONS

Where do I find the BLANK Template?

For a blank, fillable Microsoft Word document version of the Media/Communication Plan Template please visit: http://tinyurl.com/MediaPlanTemplate

How do I use the examples?

This section provides an example Media/Communication Plan from a hypothetical Imaginary State Comprehensive Cancer Control Program, to help you populate the blank Media/Communication Plan Template with your own information. The examples can give you a concrete sense of what each section of the Plan could look like and provide ideas for how to present your content.

Where did the examples come from?

The content and examples from this section draw heavily from Idaho, Indiana, and Utah's Comprehensive Cancer Control Program communication and media plans. Any text directly taken from their materials is designated in "quotes" and attributed to its source. Content, examples, and details were created or changed by GW Cancer Institute to tie together content from separate plans and adapt the information to the Template format.

Is my Comprehensive Cancer Control Program expected to follow this Template?

This Template is meant to be an additional resource and is not prescriptive. There is not a singular "correct" way to create and format a Media/Communication Plan. This template contains all of the critical components of a solid plan. You may choose to use it in its entirety, or you may decide to only use certain components based on your Program's context and needs.

Is my Comprehensive Cancer Control Program expected to implement the media strategies in these examples?

Most of the examples are based on actual successes from the Comprehensive Cancer Control world. However, each Comprehensive Cancer Control Program will have different communication and media-related priorities, needs, and capacities, which will inform the specific strategies in each Program's Media/Communication Plan. The examples of specific tactics may or may not be appropriate for each Program's setting. The examples include ideas around leveraging resources, working with partners, and addressing National Comprehensive Cancer Control Program priorities that could be adapted and tailored for specific Program contexts.

Acknowledgments

Special thanks to the Comprehensive Cancer Control Programs in Idaho, Indiana, and Utah, for sharing their communication and media planning materials with us for the development of this *Guide* and Template.

Imaginary State Communication and Media Plan

CDC-RFA-123456
August 1, 2015

Jane Doe, Program Director
Cancer Control Section
Imaginary State Department of Health
123456 Road
Imaginary City, Imaginary State 12345
janedoe@imaginarystate.gov

Background and Justification

Problem Description Example

"Cancer is the second leading cause of death among [Imaginary State] residents claiming about 12,688 lives each year. Cancer in its various forms touches us all. Approximately two in five [Imaginary State residents] now living will eventually have cancer. This is a sad prognosis, but many cancers can be avoided. Nearly 30 percent of new cancer cases are caused by tobacco use, and another 43 percent exist because of lifestyle factors such as poor dietary habits, lack of exercise, overweight and obesity, occupational factors, and excessive alcohol intake. Nearly 65 percent of new cancer cases and 33 percent of cancer deaths could be prevented though lifestyle changes." (**Example passage taken directly from Indiana's Communications and Media Plan)**

There were 1,000 new cases of late-stage colorectal cancer diagnosed among [Imaginary State] residents in 2015. Although colorectal cancer is most treatable when caught early, 30% of older adults in [Imaginary State] are not up to date with recommended screenings. Lung cancer has been linked to radon exposure, and accounts for one quarter of cancer deaths in [Imaginary State]. Roughly 40% of [Imaginary State] homeowners report that they have never tested their homes before. **(GW Cancer Institute-created content)**

Organization Description Example

"The Cancer Control Section (CAS) at the [Imaginary State] Department of Health receives funding from the Centers for Disease Control and Prevention to provide support to partners statewide in planning, implementing, and evaluating a policy agenda to prevent and control cancer in [Imaginary State]. The CAS provides technical assistance to the [Imaginary State] Consortium, the state's vehicle for comprehensive cancer control. The [Imaginary State] Consortium is a statewide network of public and private organizations whose mission is to reduce the burden of cancer in [Imaginary State] through the development, implementation, and evaluation of the *[Imaginary State Cancer Plan]*." **(Example passage taken directly from Indiana's Communications and Media Plan)**

Intended Use Example

"This media plan strives to support and reinforce statewide policy campaigns, and support statewide and community-level PSE interventions. In addition, this communications plan will guide and help develop statewide and local communications that are necessary to achieve policy priorities." **(Example passage taken directly from Indiana's Communications and Media Plan)**

SWOT Analysis

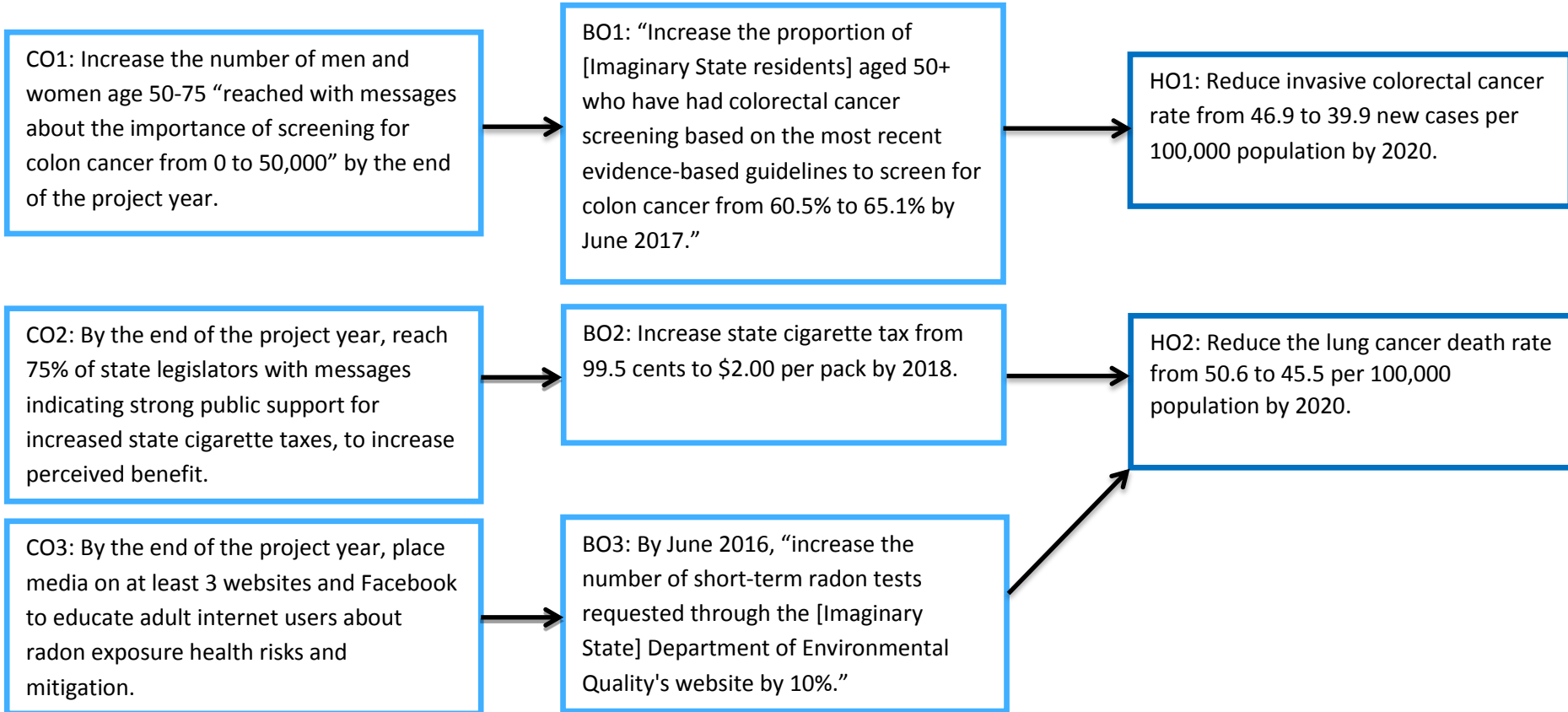| STRENGTHS	WEAKNESSES
• Federal funding source (CDC) • CCC coalition fundraising capacity • CCC program staff experienced in evidence-based approaches • Regional CCC coalition structure with robust membership and good reach into local communities • CCC coalition membership includes involved stakeholders with advocacy expertise (e.g. ACS CAN) • Strong relationships between CCC coalition members and news media outlets (ABCD News station, [Imaginary State] Chronicle) • Close ties between Chronic Disease and Environmental Quality within the Department of Health • Researched and developed policy agenda • In-house communication support from Office of Public Affairs	• Limited CCC program funding • Limited full time CCC program staff • No full time CCC coalition staff • Communication and advocacy restrictions on state agencies • Competing priorities
OPPORTUNITIES	THREATS
• Governor support for proposed legislation around cancer PSE change • Awareness Months • Environmental Health's radon test kit distribution initiative • Low-budget platforms such as social media and web-hosting • Technical assistance from the GW Cancer Institute and American Cancer Society • National Colorectal Cancer Roundtable 80% by 2018 screening initiatives and resources • Lessons and examples from other programs in the CCC community	• Potential funding cuts to CCC program • Tobacco industry lobby • Stigma and public perception of colorectal cancer • Public underestimation of cancer prevention and screening benefits • Lack of public awareness about radon • Electronic media unavailable to low income and rural area audience members, including some health care providers and community health centers • High cost of paid media channels

Examples include GW Cancer Institute-created content and content from Indiana's Communications and Media Plan

Objectives Summary

Communication Objectives (COs)   **Behavioral Objectives (BOs)**   **Health Objectives (HOs)**

CO1: Increase the number of men and women age 50-75 "reached with messages about the importance of screening for colon cancer from 0 to 50,000" by the end of the project year.

BO1: "Increase the proportion of [Imaginary State residents] aged 50+ who have had colorectal cancer screening based on the most recent evidence-based guidelines to screen for colon cancer from 60.5% to 65.1% by June 2017."

HO1: Reduce invasive colorectal cancer rate from 46.9 to 39.9 new cases per 100,000 population by 2020.

CO2: By the end of the project year, reach 75% of state legislators with messages indicating strong public support for increased state cigarette taxes, to increase perceived benefit.

BO2: Increase state cigarette tax from 99.5 cents to $2.00 per pack by 2018.

HO2: Reduce the lung cancer death rate from 50.6 to 45.5 per 100,000 population by 2020.

CO3: By the end of the project year, place media on at least 3 websites and Facebook to educate adult internet users about radon exposure health risks and mitigation.

BO3: By June 2016, "increase the number of short-term radon tests requested through the [Imaginary State] Department of Environmental Quality's website by 10%."

Health Objectives reflect targets from Healthy People 2020 objectives. Behavioral and Communication Objectives have been adapted or quoted from the following state communication/media plans: BO1 and CO1, Idaho; BO2 and CO2, Indiana; BO3 and CO3, Utah. The 3 Objectives Summary examples show the same set of objectives using different formats.

**Objectives Summary
Example #2**

- HO1: Reduce invasive colorectal cancer rate from 46.9 to 39.9 new cases per 100,000 population by 2020. *(Objective 2.1 in [Imaginary State] Cancer Action Plan)*
  - BO1: "Increase the proportion of [Imaginary State residents] aged 50+ who have had colorectal cancer screening based on the most recent evidence-based guidelines to screen for colon cancer from 60.5% to 65.1% by June 2017." *(Objective 2.5 in [Imaginary State] Cancer Action Plan)*
    - **CO1: Increase the number of men and women age 50-75 "reached with messages about the importance of screening for colon cancer from 0 to 50,000" by the end of the project year.**

- HO2: Reduce the lung cancer death rate from 50.6 to 45.5 per 100,000 population by 2020. *(Objective 4.1 in [Imaginary State] Cancer Action Plan)*
  - BO2: Increase state cigarette tax from 99.5 cents to $2.00 per pack by 2018. *(Objective 4.3 in [Imaginary State] Cancer Action Plan)*
    - **CO2: By the end of the project year, reach 75% of state legislators with messages indicating strong public support for increased state cigarette taxes, to increase perceived benefit.**
  - BO3: By June 2016, "increase the number of short-term radon tests requested through the [Imaginary State] Department of Environmental Quality's website by 10%." *(Objective 4.4 in [Imaginary State] Cancer Action Plan)*
    - **CO3: By the end of the project year, place media on at least 3 websites and Facebook to educate adult internet users about radon exposure health risks and mitigation.**

Health Objectives reflect targets from Healthy People 2020 objectives. Behavioral and Communication Objectives have been adapted or quoted from the following state communication/media plans: BO1 and CO1, Idaho; BO2 and CO2, Indiana; BO3 and CO3, Utah. The 3 Objectives Summary examples show the same set of objectives using different formats.

**Objectives Summary
Example #3**

- **Communication Objective 1: Increase the number of men and women age 50-75 "reached with messages about the importance of screening for colon cancer from 0 to 50,000" by the end of the project year.**
  - Related [Imaginary State] Action Plan objectives: Reduce invasive colorectal cancer rate from 46.9 to 39.9 new cases per 100,000 population by 2020. *(Objective 2.1 in [Imaginary State] Cancer Action Plan); "*Increase the proportion of [Imaginary State residents] aged 50+ who have had colorectal cancer screening based on the most recent

evidence-based guidelines to screen for colon cancer from 60.5% to 65.1% by June 2017." *(Objective 2.5 in [Imaginary State] Cancer Action Plan)*

- **Communication Objective 2: By the end of the project year, reach 75% of state legislators with messages indicating strong public support for increased state cigarette taxes, to increase perceived benefit.**
    - o Related [Imaginary State] Action Plan objectives: Reduce the lung cancer death rate from 50.6 to 45.5 per 100,000 population by 2020. *(Objective 4.1 in [Imaginary State] Cancer Action Plan);* Increase state cigarette tax from 99.5 cents to $2.00 per pack by 2018. *(Objective 4.3 in [Imaginary State] Cancer Action Plan)*
- **Communication Objective 3: By the end of the project year, place media on at least 3 websites and Facebook to educate adult internet users about radon exposure health risks and mitigation.**
    - o Related [Imaginary State] Action Plan objectives: By June 2016, "increase the number of short-term radon tests requested through the [Imaginary State] Department of Environmental Quality's website by 10%." *(Objective 4.4 in [Imaginary State] Cancer Action Plan);* By the end of the project year, place media on at least 3 websites and Facebook to educate adult internet users about radon exposure health risks and mitigation.

Health Objectives reflect targets from Healthy People 2020 objectives. Behavioral and Communication Objectives have been adapted or quoted from the following state communication/media plans: BO1 and CO1, Idaho; BO2 and CO2, Indiana; BO3 and CO3, Utah. The 3 Objectives Summary examples show the same set of objectives using different formats.

Audience

**Target Audience
Description Example #1**

Older Americans/"The Responsible Generation" (age 64-84)

- Knowledge, beliefs, and attitudes of older Americans
    - Value diligence, discipline, responsibility, service/volunteering, family loyalty, commitment, and following the rules
    - Conservative spending habits, with more women than men influencing household decisions for purchases
    - Rely on healthcare providers for health information and direction
    - More than 70% believe they are able to change their lives
- Media habits of older Americans
    - 55% watch television for information and as their main source of entertainment
    - Generally prefer face-to-face or written communication; generally prefer traditional media (TV, local newspapers, magazines) for news
    - Increasing use of internet
        - 71% who use the internet use it to search for health care information
        - Prefer well-established strongly-branded sites (not wikis, blogs, or new sites)
        - Those in their 60's are the fastest-growing group among this age category for internet use
    - Roughly 69% are members of organized groups (e.g. churches, civic clubs, veteran groups, etc.); communication takes place in locations where popular leisure activities take place.[35]

GW Cancer Institute-created content based on CDC's Audience Insights resource

**Target Audience
Description Example #2**

Members of state legislature

State legislators are most heavily influenced by constituent needs and opinions when making decisions on which health issues to address. They also report that evidence of scientific effectiveness is important.[36] A small research study interviewing former North Carolina legislators and lobbyists about state tobacco control found high awareness of tobacco-related health concerns, but low awareness of program impact of state tobacco prevention and cessation initiatives. As fiscal stewards of state resources, they preferred appeals that broached tobacco from a financial angle and placed high value on controlling costs. Legislators expressed a desire for personal contact from their constituents from the legislative district. In-person communication including personal stories from constituents impacted by tobacco would be well-received. Legislators experience time constraints and the pressure to constantly

digest information on a wide variety of topics to make educated decisions. They appreciate concise, simple, quick-to-read policy briefs that summarize issues for them. When these briefs contain data and statistics, they appreciate having the numbers contextualized so that they can quickly understand the relevance and meaning of those numbers.[37] State legislators engage with constituents through channels such as telephone calls, e-mails, letters, office visits, public meetings, and social media.[38,39]

The specific beliefs, ideologies, and priorities of individual legislators may vary significantly, and additional information will be gathered on specific candidates for further tailoring of appeals.

GW Cancer Institute-created content from literature scan conducted in July 2015

**Target Audience
Description Example #3**

[Imaginary state] adult homeowners

"*News consumption.[40,41]* In January 2011, the Pew Research Center's Project for Excellence in Journalism and Internet & American Life Project conducted a nationally representative phone survey to assess how American adults get the news.

The survey found that overall, most Americans use a combination of online and traditional sources for local news. Newspapers were the most relied upon source for news and information on community events, crime, taxes, local government, arts and culture, social services, zoning and development. Television was the top source for weather and breaking news. Television and newspapers were tied as the number one source for local political news. The internet and newspapers were tied as the top source for news about housing, schools and jobs. Importantly, for the 79% of American adults who were online at the time of the survey, the internet is one of the top two most important sources for 15 of 16 local news topics included in the survey. Few people report relying on the websites of local newspapers and television stations for news, however, it is important to note the survey asked which sources people *rely* on, not which sources they use.

The results were also examined sources of local news by community type (urban, suburban, and rural), and some of the significant findings are presented below.

- Most Americans use both online and traditional news sources.
- Urban residents use a combination of news sources and are more likely than other groups to use a wide variety of online resources for local news and information.
- Urban and suburban residents use online news sources more than small town or rural residents.
- Urban and suburban residents are most likely to actively engage with online content--e-mailing stories, leaving online comments, sharing stories on social media sites, etc.
- Suburban residents are more likely than other groups to use local radio.
- Residents of small towns and rural areas rely more on traditional newspaper and radio sources than urban and suburban residents.

Online video watching.[42] According to the Pew Research Internet Project, a survey conducted in July 2013 showed the following results regarding American adult internet users:

- 78% watch or download videos.
- 72% watch videos on video-sharing sites such as YouTube.
- 58% of adults who watch videos online, watch them on social media sites.
- Rates of online video watching are highest among 18-49 year olds, higher education status, and higher household incomes.

Use of social media sites.[42] Social media sites (also referred to as "social networking sites") also reach a significant portion of the U.S. population. Data from the Pew Research Internet Project also shows that 72% of online U.S. adults used social networking sites as of May 2013."

Example passage taken directly from Utah's Media Strategy. Note: This is a broad audience, as social media campaigns often target.

Plan Tactics and Timeline

COMMUNICATION OBJECTIVE 1: Increase the number of men and women age 50-75 reached with messages about the importance of screening for colon cancer from 0 to 50,000 by the end of the project year.
Related Health Objective(s): Reduce invasive colorectal cancer rate from 46.9 to 39.9 new cases per 100,000 population by 2020. Related Behavioral Objective(s): Increase the proportion of [Imaginary State residents] aged 50+ who have had colorectal cancer screening based on the most recent evidence-based guidelines to screen for colon cancer from 60.5% to 65.1% by June 2017.
Target Audience(s): [Imaginary state] adults age 50-75; Spanish-speaking older adults
Key Message(s): It is important to detect colorectal cancer early to avoid death. Follow colorectal cancer screening guidelines.

	Tactics/ Channels/ Activities	Budget and Resources	Staff responsible/ Stakeholders involved	Output/Outcome measures
Months 1-3	☐ Review baseline data for BRFSS colorectal cancer screening, cancer registry colorectal cancer incidence and mortality. Identify populations of highest incidence, mortality, and disparity. Review literature about target audience, behaviors, and attitudes. ☐ Planning meetings with marketing contractor to air public service announcements (PSAs) from Screen for Life on Spanish-language TV and radio during March (colorectal cancer awareness month) ☐ Work with CCC coalition members to identify local libraries, senior centers, and community gardens to post other Screen for Life materials ☐ Compile regional directories of GI practices/colonoscopy locations ☐ Approach AARP to brainstorm partnership opportunities	• CCC program coordinator time • CCC coalition member time • Partner staff time	• CCC program coordinator • CCC coalition Colorectal Cancer workgroup • Marketing contractor	• Summary of data and information about target audience • Compilation of GI practices/ colonoscopy locations • Plan for airing PSAs • Partnership with AARP
Months 4-6	☐ Ongoing meetings with marketing contractor for Spanish-language TV and radio PSAs ☐ Identify colorectal cancer survivor to interview for human interest op-ed in [Imaginary State] Senior News ☐ Print Screen for Life campaign posters and brochures and fact sheets and distribute to CCC coalition members with community reach ☐ Contact ABCD News station to plan mock colonoscopy news segment ☐ Draft Colorectal Cancer Awareness Month campaign press releases ☐ Draft colorectal screening messages for CCC program and coalition Facebook and Twitter accounts. "Friend" and "Follow" authorities on	• CCC program coordinator time • CCC coalition member time • Partner staff time • $300 for poster and fact sheet printing and	• CCC program coordinator • CCC coalition Colorectal Cancer workgroup • Marketing contractor (PSAs) • ABCD News station contact • [Imaginary State]	• Posters and fact sheets printed • Colorectal cancer survivor identified • Op-ed planned for [Imaginary State] Senior News • Mock

	health and colorectal cancer, partners, and local GI practices to facilitate sharing/retweeting of messages. ☐ Notify CCC coalition members and partners of communication/media initiatives through [Imaginary State] CCC newsletter ☐ Encourage largest GI practices/colonoscopy locations to track colonoscopy volume and referral sources	shipping	Senior News contact • Colorectal cancer survivor (op-ed) • Dr. Colorectal Champion (for mock colonoscopy news segment)	colonoscopy news segment planned for ABCD News • Plan to track colonoscopy volume/ referrals in major GI practices
Months 7-9 (Colorectal cancer awareness month)	☐ Submit op-ed in [Imaginary State] Senior News from colorectal cancer survivor ☐ Air ABCD News station mock colonoscopy morning talk news segment ☐ Air Spanish-language Screen for Life public service TV and radio announcements ☐ Post Screen for Life campaign posters and distribute fact sheets and directory of GI practices at local libraries, senior centers, and community gardens ☐ Post colorectal screening messages on Facebook and Twitter. Share or Retweet relevant messages from partners and reputable sources. ☐ Encourage largest GI practices/colonoscopy locations to track colonoscopy volume and referral sources	• CCC program coordinator time • CCC coalition member time • Partner staff time • TV and radio PSA costs	• CCC program coordinator • CCC coalition Colorectal Cancer workgroup • Marketing contractor (PSAs) • ABCD News station contact • [Imaginary State] Senior News contact • Colorectal cancer survivor (op-ed) • Dr. Colorectal Champion (for mock colonoscopy news segment)	• Op-ed published • Mock colonoscopy news segment aired • # of TV and radio PSAs aired and approx. reach • # of fact sheets/ GI practice directories distributed • # of posters hung • # of participating community centers • # of likes/ shares/ retweets
Months 10-12	☐ Contact GI practices/colonoscopy locations to ask about tracked referral sources and volume of colonoscopies ☐ Debrief and disseminate evaluation findings to key stakeholders and partners. Use CDC's Success Story builder to develop a success story to share promising practices and lessons learned. Post success story on the CCC program and coalition websites, and submit to GW Cancer Institute's Resource Repository.	• CCC program coordinator time • CCC coalition member time	• CCC program coordinator • CCC coalition Colorectal Cancer workgroup	• Narrative for evaluation report to CDC • GW Coalition Spotlight feature • Plan for next year

Examples adapted from Idaho's Media and Marketing Plan. Additional content added by GW Cancer Institute.

COMMUNICATION OBJECTIVE 2: By the end of the project year, reach 75% of state legislators with messages indicating strong public support for increased state cigarette taxes, to increase perceived benefit.

Related Health Objective(s): Reduce the lung cancer death rate from 50.6 to 45.5 per 100,000 population by 2020

Related Behavioral Objective(s): Increase state cigarette tax from 99.5 cents to $2.00 per pack by 2018

Target Audience(s): [Imaginary state] state legislators; Secondary audience: voting public/potential advocates

Key Message(s): "Tobacco use is the most preventable cause of death and disease. Tobacco taxes are effective in reducing tobacco consumption. Your constituents are affected by tobacco and support tobacco taxes."

	Tactics/ Channels/ Activities	Budget and Resources	Staff responsible/ Stakeholders involved	Output/Outcome measures
Months 1-3	☐ Collect and review evidence and resources related to tobacco excise taxes (e.g. American Cancer Society Cancer Action Network's How Do You Measure Up?, American Lung Association's State of Tobacco Control, Indiana Cancer Consortium's *Brown Cigarettes Report*). Review activities and appeals of opposition groups (e.g. Citizens for Tobacco Rights) to become familiar with counter-strategies and messaging. Compile data on tobacco-related behaviors, attitudes, and disease burden in [Imaginary State] by district. ☐ Summarize and share above information with CCC coalition members and partners via e-newsletter blasts and an advocacy training. ☐ Post summarized information on the need for increased tobacco taxes on the CCC coalition website. Include links to [Imaginary State] Cancer Action Group listserv sign up and state legislator contact information. ☐ Conduct public opinion poll on cigarette and tobacco tax increases. ☐ Create telephone scripts and e-mail templates to legislators for constituents to use to advocate for higher tobacco taxes. ☐ Identify former smokers, lung cancer survivors, and experts to write op-eds in favor of increased cigarette taxes and identify	☐ CCC program coordinator staff time ☐ CCC coalition Advocacy Workgroup time ☐ Regional CCC coalition time ☐ Partner time ☐ Public opinion poll cost	☐ CCC program coordinator is lead on collecting cancer and tobacco data. ☐ CCC coalition Advocacy Workgroup is lead on synthesizing tobacco advocacy information, coordinating public opinion poll, updating the coalition website, disseminating information summaries, and creating the telephone/e-mail message templates. ☐ [Imaginary State] Cancer Action Group (a CCC coalition member organization) is lead on conducting advocacy training.	☐ Information summaries on cancer burden/ tobacco use patterns by district, excise taxes and opposition group appeals. ☐ Completed advocacy training ☐ # of new [Imaginary State] Cancer Action Group listserv members ☐ Telephone scripts and e-mail templates created ☐ Potential volunteers for

	local news media. Encourage regional CCC coalitions to seek out key reporters and strengthen relationships (e.g. ask colleagues about previous media contacts, start following and Tweeting at journalist handles).		☐ Regional CCC coalition partners will identify op-ed writers and local media outlets.	op-ed writers identified
Months 4-6 (Lung cancer awareness month)	☐ Publish op-eds in favor of increased cigarette taxes during lung cancer awareness month. ☐ Encourage regional CCC coalition members and partners to pitch story ideas to ABCD News and other local media outlets from CCC program, coalition, and partner activities and events highlighting tobacco health impact and the need for increased taxes during lung cancer awareness month (e.g. flash mob or rally on a college campus). ☐ E-mail CCC coalition members, partners, and network of advocates with advocacy telephone scripts and e-mail templates and encourage them to contact their representative with their stories and support for higher tobacco taxes during lung cancer awareness month. ☐ Prepare for advocacy visits with state legislators by identifying the representatives to visit and requesting to schedule an appointment. Create tailored short issue briefs to leave with the legislators highlighting the district-specific disease burden as well as the financial benefits and evidence in favor of tobacco taxes. ☐ Email and post messages on Facebook and Twitter asking CCC coalition members, partners, and [Imaginary State] Cancer Action Group listserv for volunteers interested in conducting legislative visits. Identify former smokers, survivors, and others impacted by tobacco-related cancers who wish to share their story.	☐ CCC program coordinator staff time ☐ CCC coalition Advocacy Workgroup time ☐ Regional CCC coalition time ☐ Volunteer time	☐ Regional CCC coalitions are lead on facilitating op-ed writer submissions and communication with local media outlets. ☐ [Imaginary State] Cancer Action Group is lead on dissemination of advocacy resources and legislative visit volunteer recruitment. ☐ CCC coalition Advocacy Workgroup is lead on scheduling legislative visits and creating issue briefs.	☐ # of op-eds, articles, news stories, etc. published or featured; Estimated reach from outlet readership/ viewership ☐ # of awareness events held; # of people in attendance ☐ # Legislative visits scheduled ☐ # of volunteers to conduct legislative visits
Months 7-9 (Kick Butts Day)	☐ Hold legislator-specific planning meetings for coordination, providing volunteers with legislator bios, talking points, meeting follow-up forms, and advocacy best practices. ☐ Prepare legislative visit press release including images and fact sheets, and disseminate through CCC coalition website and	☐ CCC coalition Advocacy Workgroup time ☐ Regional CCC	☐ CCC coalition Advocacy Workgroup and [Imaginary State] Cancer Action Group are co-leads on coordinating	☐ Planning meetings held ☐ Press release and materials created ☐ # of news items

	listservs. ☐ Pitch advocacy legislative visit day coverage to ABCD News and other local media contacts. ☐ Conduct legislative in-person visits. Disseminate policy briefs to legislators. During visits, encourage volunteers to take pictures with legislators/staffers or of other aspects of advocacy efforts and post them to Facebook, Twitter or Instagram tagging the CCC coalition and elected official handles (if appropriate) and use a dedicated hashtag. ☐ Send follow-up "thank you" e-mails to legislators that were visited.	coalition time ☐ Volunteer time	legislative visits, creating press releases, and communicating with media. ☐ Regional CCC coalitions and partners are responsible for communicating with local media contacts.	on legislative visits ☐ # of legislative visits conducted; # of participants in legislative visits ☐ # of social media posts, # of likes/ shares/ retweets ☐ # "Thank you" emails sent
Months 10-12	☐ Create news alerts for visited legislators and notify volunteers and [Imaginary State] Cancer Action Group of opportunities to thank or hold the representative accountable for tobacco tax increases. ☐ Review data collected and evaluate efforts, and disseminate findings to stakeholders.	☐ CCC program coordinator staff time ☐ CCC coalition Advocacy Workgroup time ☐ Volunteer time	☐ CCC program coordinator is lead on evaluation of advocacy efforts. ☐ [Imaginary State] Cancer Action Group is lead on news updates.	☐ # of legislators indicating support for tobacco tax increase ☐ Movement on legislation ☐ Evaluation report completed

Examples adapted from Indiana's Communications and Media Plan. Additional content added by GW Cancer Institute.

COMMUNICATION OBJECTIVE 3: By the end of the project year, place media on at least 3 websites and Facebook to educate adult internet users about radon exposure health risks and mitigation.
Related Health Objective(s): Reduce the lung cancer death rate from 50.6 to 45.5 per 100,000 population by 2020
Related Behavioral Objective(s): By June 2016, increase the number of short-term radon tests requested through the [Imaginary State] Department of Environmental Quality's website by 10%
Target Audience(s): Adult home owners, realtors, renters, home builders/contractors
Key Message(s): "Radon is the 2nd leading cause of lung cancer. The only way to detect radon is to test your home. Mitigate all homes with high levels of radon gas."

	Tactics/ Channels/ Activities	Budget and Resources	Staff responsible/ Stakeholders involved	Output/Outcome measures
Months 1-3	☐ Assess [Imaginary State] lung cancer burden and radon exposure data. Collect information on community contexts, local stakeholders, and target audience characteristics. ☐ Inventory existing media from the Environmental Protection Agency educating about the link between radon and lung cancer, the need for radon home testing and mitigation. ☐ Identify CCC program, coalition, and partner-owned social media accounts to maximize reach of social media campaign. ☐ If funding can be negotiated, develop additional targeted media to supplement existing media.	• CCC program manager time • Partner staff time	• CCC program manager is lead on planning and formative research. • [Imaginary State] Department of Environmental Quality will help identify existing media on raising radon awareness and promoting test kits.	• Completed literature review and environmental scan • Compiled existing radon education media materials • List of owned CCC program and partner social media channels
Months 4-6	☐ Share social media campaign and education media materials with partners through the [Imaginary State] Radon Coalition and the CCC coalition. ☐ Pretest and solicit feedback on education media with target audiences using internet surveys. Incorporate edits and select placement based on feedback. ☐ Obtain placements for desired channels including: video advertisements on Youtube.com, banner advertisements on local news sites (ABCD News station, [Imaginary State]	• CCC program manager time • Partner staff time • YouTube, ABCD News station, [Imaginary State] Tribune) advertisement	• CCC program manager is lead on sharing materials among partners, administering the survey, and preparing press releases. • Advertisement Agency Partner is lead on	• # of survey responses received; • # of secured spots on YouTube and local news sites • Completed press release

	Tribune), and CCC program social media pages (Facebook, Twitter, Pinterest). ☐ Prepare press release announcing campaign launch and identify media channels to cover the launch.	placement costs	purchasing placements.	
Months 7-9 (Radon Action Month)	☐ Launch campaign and disseminate information on radon risk, availability of reduced-cost short-term radon test kits, and steps to mitigation through [Imaginary State] Department of Environmental Health, [Imaginary State] Radon Coalition, and CCC coalition organizational websites and social media. ☐ Contact identified media outlets to cover the launch. Promote campaign launch to CCC stakeholders by posting press release to CCC program and coalition websites, sending an email blast to state coalition members and community partners, posting announcements on Facebook and Twitter accounts, and requesting a "Coalition Spotlight" feature in GW Cancer Institute e-newsletter. ☐ Collect and monitor evaluation data.	• CCC program manager time • Partner staff time • Web-hosting costs	• CCC program manager is lead on dissemination through owned media and coordinating earned/ paid media. • [Imaginary State] Radon Coalition and CCC coalition shares social media messages. • [Imaginary State] Department of Environmental Quality will offer reduced-price radon test kits and update website.	• # of website hits • # of campaign launch features • # of email blasts opened • # of press release page hits • # of Tweets; # of Facebook posts, # of "Likes", "Shares" and retweets on social media
Months 10-12	☐ Conduct campaign evaluation. ☐ Continue or revise efforts based on feasibility and findings from evaluation. ☐ Disseminate evaluation findings to key stakeholders and partners. Share lessons learned and success stories with larger CCC community by drafting a brief report and posting it on the CCC program and coalition websites, and submitting it to GW Cancer Institute's Resource Repository.	☐ CCC program manager time ☐ Partner staff time	• Evaluator from [Imaginary State] University is lead on evaluation. • CCC program manager is lead on administering online evaluation survey and disseminating findings.	• % of survey respondents reporting exposure to campaign • % of survey respondents who report taking protective actions due to campaign • # of radon test kits requested • Evaluation report • Social media and email dissemination metrics

Examples adapted from Utah's Media Strategy. Additional content added by GW Cancer Institute.

Evaluation Plan

1. Engage stakeholders

"Members of the [Imaginary State Coalition] and target will be involved in identifying the data and resources to share in the infographic based on [Imaginary State Coalition]'s priorities. Evaluation surveys will be developed based on this information. Visitors to the [Imaginary state] websites will be invited to participate in a survey to assess increases in awareness."

2. Describe the program

"The [Imaginary State Program] will work with members of the [Imaginary State Coalition] to develop an infographic highlighting the burden of cancer in [Imaginary State] and evidence-based, sustainable, PSE changes which will positively impact the burden. This information will be released through a press release, [Imaginary State Program] social media sites, and [Imaginary State Program] websites. It will result in increased awareness of the cancer burden, and an increase in the number of evidence-based, sustainable policy, systems, and environmental changes made within the state. These changes will have a positive impact on the cancer burden, leading to a reduction in late-stage cancer incidence rates, a reduction in cancer mortality rates, and an improvement in quality of life and survivorship indicators."

3. Focus the evaluation design

"This evaluation will focus on process outcomes, and will answer the following evaluation questions. Evaluation methods are described under each evaluation question.

- Did media outlets share the information?
- Did [Imaginary State Coalition] members share the information with their colleagues and partners?
- Were healthcare providers, cancer advocates, cancer survivors, policy makers, or others interested in learning more about evidence-based, sustainable, policies, systems, and environmental changes which will positively impact the cancer burden?
- Did the information increase awareness of the cancer burden and effective strategies to address it?"

4. Gather credible evidence

- "Track the number of news outlets which run stories based on the press release.
- Survey [Imaginary State Coalition] members to determine if their organizations shared the information via social media. Track the number of "likes," "shares," and "re-tweets" messages receive from [Imaginary State Coalition] members.
- Track the number of visitors to [Imaginary State Program] and/or [Imaginary State Coalition websites] accessing additional information regarding evidence-based, sustainable, policies, systems, environmental changes. Require website visitors to complete a brief questionnaire in order to determine if they are a healthcare provider, cancer advocate, survivor, etc.
- Survey visitors to [Imaginary State Program] and/or [Imaginary State Coalition websites] to assess increase in awareness of the cancer burden and evidence-based, sustainable, PSE change initiatives which will positively impact the burden."

5. Justify conclusions

The campaign evaluation will include both quantitative and qualitative data. Frequencies and percentages will be generated for tracking both social and traditional media dissemination and reach over time. Quotes from qualitative feedback will be compiled from staff, partners, and community members. Data will be triangulated and shared with partners for interpretation of findings.

6. Ensure use and share lessons learned

"Evaluation results will be used to assess the success of the initiative and will be considered when deciding whether it should be repeated in the future. Results will be shared with the [Imaginary State Coalition] and other comprehensive cancer control programs."

Example passages taken directly from Utah's Media Strategy (except the "Justify Conclusions" section, which was drafted by GW Cancer Institute).

The Evaluation Plan should line up with the outputs/outcome measures in the Plan Tactics and Timeline Tables. A dedicated evaluation section may not be necessary in the Media/Communication Plan for CCC programs that choose to incorporate this information as part of their general CCC Evaluation Plan.

Communication Training for Comprehensive Cancer Control Professionals 101

Letter to the Editor

Template and Example

How to use this template and example:

This letter to the editor template and example is intended for use in tandem with the *Communication Training for Comprehensive Cancer Control Professionals 101: Media Planning and Media Relations* and can be downloaded in Microsoft Word format from within the course. Placeholders and guidelines for completing the template are written in **blue**. Users can write over these as they go along. An example letter to the editor is provided on the right for comparison. By the end, the left side will be ready for publication.

[Title of your letter or title of related article that appeared in the paper or magazine and the date it was printed]

RE: Government Reports Criticize Health Care System
http://www.nytimes.com/2009/05/07/us/07care.html, 5/6/09

To the Editor:

To the Editor:

[Explain why the issue is important in the first paragraph and include statistics to back up your claim]

Errors and quality deficits contribute to nearly 100,000 deaths in this country a year. According to Mr. Sack, two recent government reports showed that progress improving quality of health care and narrowing health disparities among ethnic groups remains slow, and that patient safety may be actually declining.

Mr. Sack argues that even though there has been some progress, the health care system is not closing the quality chasm that persists. According to the report, one out of every seven hospitalized adults on Medicare experienced at least one adverse event.

[Include personal experience and opinion]

Increasing data suggests that health professions students are not taught the principles of quality improvement and patient safety early in their training. Our state comprehensive cancer control coalition is looking to change that. Our goal is to partner with local schools and community organizations to educate the next generation of health care workers, patient navigators and community health workers to be change agents in improving quality and patient safety. We're talking about skills like quality improvement, patient safety, teamwork, leadership, and patient-centered care. A new generation of health care providers, equipped with essential skills in quality and patient safety, is the key to better care for our patients.

[Your name]
[Title]
[City, State, Date]
[Contact information]

Jane Smith, MPH
Director, State Comprehensive Cancer Control Coalition
Washington, DC – August 1, 2015
email: janesmith@statecancer.org
office: 123-456-7890

Letter to the Editor Template: Adapted from the Institute for Healthcare Improvement's Letter to the Editor Guide[43]

Letter to the Editor Example: Adapted from the Institute for Healthcare Improvement's Letter to the Editor Guide[43]

Communication Training for Comprehensive Cancer Control Professionals 101

Press Release

Template and Example

How to use this template and example:

This press release template and example is intended for use in tandem with the *Communication Training for Comprehensive Cancer Control Professionals 101: Media Planning and Media Relations* and can be downloaded in Microsoft Word format from within the course. Placeholders and guidelines for completing the template are written in **blue**. Users can write over these as they go along. An example press release is provided on the right for comparison. By the end, the left side will be ready for publication.

[Logo or letterhead]

FOR IMMEDIATE RELEASE
Contact: [Name of contact]
[Organization/program of contact]
Phone: [(###) ###-####]
Email: [xxxxxx@xxxxx.xxx]

[Name of Your Organization] Holds [Type of Event] to [Purpose of Event]

[CITY, STATE]—[When/date], [who/name of your organization] is [what/name of event]. [Name of your organization] is partnering with [name of your partners] to organize this [how/description of program or activity] including [list of activities] at [where/location]. [Other pertinent information regarding your event].

"[Quote from organization spokesperson]," said [name of spokesperson], [title of spokesperson]. "[Continuation of quote]."

FOR IMMEDIATE RELEASE
Contact: Amy Smith
New Hampshire Department of Health and Human Services Tobacco Prevention and Control Program
Phone: (123) 456-7891
Email: amysmith@example.gov

The NH Department of Health And Human Services And NH Comprehensive Cancer Collaboration Celebrate The Release Of the 50th Anniversary Surgeon General's Report On Smoking And Health

CONCORD, NH – Today, in celebration of the fifty year anniversary of the first Surgeon General's Report (SGR) on smoking and health, the New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS) is offering free nicotine replacement therapy, in the form of the patch, to New Hampshire residents who want to quit smoking or chewing tobacco at City Hall. DPHS and the NH Comprehensive Cancer Collaboration will also be partnering to extend the hard-hitting media campaign, Dear Me New Hampshire, currently on the air and featuring real New Hampshire residents who are trying to quit. The original 1964 SGR was the first to definitively link smoking with lung cancer and heart disease. Since then we have learned much about the effects of tobacco on people's health.

"Across the U.S. and here in New Hampshire we have made great progress in reducing smoking rates and therefore smoking-related illness and death, but we still have a long way to go," said Dr. José Montero, Director of Public Health at DPHS. "Smoking harms nearly every organ of the body, but quitting has immediate and long-lasting effects. If you use tobacco, it's not too late to quit."

[National data and local data to demonstrate progress of the health topic or the lack thereof]. [Why/highlight the severity of the health topic].	Since 1964, smoking prevalence among U.S. adults has been reduced by half. In New Hampshire, adult smoking prevalence is now 17.2% (NH 2012 BRFSS); youth cigarette use has declined by over half and is currently at 13.8% (NH 2013 YRBS). Unfortunately, tobacco use remains the leading preventable cause of disease, disability, and death in the United States and New Hampshire. Today the 50th Anniversary Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress was released. The report highlights 50 years of progress in tobacco control and prevention, presents new data on the health consequences of tobacco use, and details initiatives that can end the tobacco use epidemic in the U.S.
For more information about [name of your organization , program or your campaign], visit [Web address]. For information about your [partner names], visit [Web address]. For [name of other services], visit [contact information].	For more information about the New Hampshire Division of Public Health Services or the Tobacco Prevention and Control Program visit www.dhhs.nh.gov. For information about the NH Comprehensive Cancer Collaboration visit www.nhcancerplan.org. To request free nicotine replacement patches and get confidential help quitting tobacco call 1-800-QUIT-NOW.
Press Release Template: Adapted from Centers for Disease Control and Prevention's (CDC) National Infant Immunization Week Media Relations Toolkit[44]	*Press Release Example:* Adapted from New Hampshire Department of Health and Human Services' press release[45]

4 P's of marketing framework used by health communicators to think about their communication campaign from the viewpoint of the customer: Product, Price, Place and Promotion

advertising "placed paid or public service messages in the media or in public spaces to increase awareness of and support for a product, service or behavior"[12]

at-mentions the use of @username at the beginning of a Tweet that allows you to contact other Twitter users. The user you are contacting will receive a notification that you mentioned them in a Tweet

behavioral objectives changes in your audience's behaviors that can be expected as a result of your communication campaign

brand portability the ability for branding and messaging to translate effectively on more than one type of device (also see *responsive design*)

communication objectives changes in awareness, knowledge, perceptions, beliefs and confidence/self-efficacy of risk factors, diseases or behaviors as a result of your communication campaign

communication plan "generally contains a wide range of strategies that could include public relations; advertising; paid, earned and social media; and owned media"[12]

Comprehensive Cancer Control Plans "identify how an organization addresses cancer burden as a significant public health challenge. They are data-driven, evidence-based blueprints for action. CCC plans guide cancer control activities and can have similar components. Plans typically cover a five-year timeframe"[46]

Diffusion of Innovations theory that "focuses on the flow of information about a new product or practice within the social environment (for example, neighborhoods and networks) and how these influence access to information and response to it"[14]

earned media "publicity through promotion other than advertising... Often refers to publicity gained through editorial influence"[12]

Elaboration Likelihood Model theory that "provides explanations for how message elements are critical ingredients that interact with motivation and ability to influence information processing"[14]

environmental change "interventions that involve physical or material changes to the economic, social, or physical environment." For example, "incorporating sidewalks, paths, and recreation areas into community design" to combat physical inactivity[47]

Extended Parallel Process Model theory that "focuses on emotional response and its effect on motivations and behavior and is particularly relevant for some health issues like HIV/AIDS and avian influenza prevention"[14]

free media see *earned media*

goals "typically broad general statements about the underlying purpose of the [media] plan."[52] They should parallel goals in your state Comprehensive Cancer Control Plan

gross rating points (GRP) "the sum of all rating points delivered by the media vehicles carrying an advertisement or campaign. Reach (%) * Average Frequency"[48]

Health Belief Model theory that "emphasizes target audiences are influenced by perceived personal susceptibility and seriousness of the health issue and benefits, costs and norms"[17]

health communication "the study and use of communication strategies to inform and influence individual and community decisions that enhance health"[2]

Health Communication Program Cycle "the stages constitute a circular process in which the last stage feeds back into the first as you work through a continuous loop of planning, implementation and improvement"[2]

health literacy "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions"[7]

health objectives goals for changes in the audiences' health status as a result of your communication campaign

health outcomes changes in individual, group or population health status usually as a result of an intervention

impressions see *gross rating points*

individual responsibility frame poses that people solely are responsible for their cancer or chronic disease because they made poor choices[4]

infographics "graphic visual representations of information, data or knowledge. These graphics present complex information quickly and clearly"[49]

Integrative Behavioral Model theory that "proposes that media effects vary, depending on the behavior and population under study and the relative importance of the determinants," including perceived susceptibility, norms and beliefs of their environment, attitudes toward the message, self-efficacy and intentions to change. Also proposes that "media messages can be targeted, depending on which set of beliefs could most likely influence behavioral intentions"[14]

media "all electronic or digital means and print or artistic visuals used to transmit messages"[10]

media advocacy "the strategic use of mass media and community advocacy to advance environmental change or a public policy initiative"[5]

media kit see *press kit*

media literacy "the ability to access, analyze, evaluate and communicate media in a variety of forms"[10]

media plan "a subset of a communication plan" that "focuses on and describes strategies using media to reach, engage, inform and create awareness"[12]

noise "any physical, psychological, or physiological distraction or interference"[1]

objectives "specific measurable statements of what is to be accomplished to achieve the goals"[52] See *health objectives, behavioral objectives* and *communication objectives*

online newsrooms web pages "specifically dedicated for the media, where they can get more information on your company to help build their story"[50]

owned media "channel you control. There is fully-owned media (like your website) and partially owned media (like your Facebook fan page or Twitter account)"[12]

paid media "publicity gained through advertising"[12]

plain language "communication your audience can understand the first time they read or hear it"[9]

place "where the audience will perform the desired behavior, where they will access the program products and services, or where they are thinking about your issue"[3]

press kit information packet about your organization, health issue and communication campaign to address questions the media may have and prompt them to contact you for more information

Price "the cost (financial, emotional, psychological, or time-related) of overcoming the barriers the audience faces in making the desired behavior change"[3]

Product "represents the desired behavior you are asking your audience to do, and the associated benefits, tangible objects, and/or services that support behavior change"[3]

Promotion represents "communication messages, materials, channels, and activities that will effectively reach your audience"[3]

public relations efforts to "promote the inclusion of messages about a health issue or behavior in the mass media"[12]

public service announcement (PSA) "any announcement… for which no charge is made and which promotes programs, activities, or services of federal, state, or local governments (e.g. recruiting, sale of bonds, etc.) or the programs, activities, or services of non-profit organizations (e.g. United Way, Red Cross blood donations, etc.) and other announcements regarded as serving community interests, excluding time signals, routine weather

announcements and promotional announcements"[51]

responsive design online content built to adapt and respond to different screen sizes (computer, tablet or mobile screens) without compromising its design and usability

secondary audience "those with influence on the primary intended audience or those who must do something to help cause the change in the primary intended audience"[2]

S.M.A.R.T. objectives objectives that are specific, measurable, attainable, results-oriented or relevant and time-bound

Social Cognitive Theory "states that likelihood of adopting the behavior is determined by perceptions that benefits outweigh the costs and belief in self-efficacy"[17]

social marketing "process that applies marketing principles and techniques to create, communicate, and deliver value in order to influence target audience behaviors that benefit society (public health, safety, the environment, and communities) as well as the target audience"[17]

social media "publicity gained through grassroots action, particularly on the Internet"[12]

strategies "specific, discrete activities designed to achieve the objectives. These strategies should [be evidence-based]. That is, the strategy has been evaluated and found to be effective at decreasing the burden of cancer. Examples include those recommended by the United States Preventive Services Task Force, other systematic reviews, peer-reviewed published studies, and other evaluators"[52]

SWOT analysis "method used to evaluate the Strengths, Weaknesses, Opportunities, and Threats that exist"[53] in addressing the health problem

tactics specific activities using the strategy chosen

target audience 1. intended recipients of messages or 2. group for which the health, communication and behavioral objectives are aimed (sometimes called intended audience or priority population)

target rating point (TRP) "gross rating points delivered by a media vehicle to a specific target audience."[48] Reach (%) * Average Frequency/Target Audience (%)

transactional model of communication "collaborative and ongoing message exchange between individuals, or an individual and a group of individuals, with the goal of understanding each other"[1]

Transtheoretical Model theory that focuses on the idea that "people are at different stages of readiness to adopt healthful behaviors," and has been useful in explaining and predicting behaviors such as smoking, physical activity and eating habits[18]

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