Assessing Your Health Communication Plan

This sample communication plan describes elements that should be included in your health communication plan. While plans may look different depending on the communication approaches you are taking, all health communication plans should contain these basic elements. Whether you are developing your own plan, or working with a contractor, this sample plan provides some guidance about assessing the quality of the plan.

Background and Situation
Your communication plan should have a background section that describes how the communication efforts relate to broader program goals and objectives. Health communication is most effective when it is linked with other activities addressing systems, policy and environment. Describing the broader context for the health communication activities from the beginning is one way to keep everyone focused on the big picture.

Example
About 9% of the population of Healthyville has diabetes. The Community Preventive Task Force recommends Diabetes Self-Management Education (DSME) in community settings to improve glycemic control in adults with diabetes. In Healthyville, approximately 61% of the total state population ever attended DSME. However, this number is lower in socioeconomically disadvantaged counties with high Medicaid populations. This results in higher emergency room visits, diabetes complication rates, self-reported poor health, and higher costs. To address this issue, the Healthyville State Health Department (HSHD) has developed a statewide strategic plan to:

- Increase the number of AADE accredited, ADA recognized, or Stanford licensed DSME classes in community settings in Healthyville with a particular emphasis on increasing access to DSME in underserved counties.
- Increase referral to AADE accredited, ADA recognized, or Stanford licensed DSME classes.
- Increase the number of Medicaid recipients who have coverage for AADE accredited, ADA recognized, or Stanford licensed DSME.

The aim of HSHD health communication efforts is to support the statewide strategic plan by increasing the number of low income residents with diabetes who attend an AADE accredited, ADA recognized, or Stanford licensed DSME classes and increasing the retention rate of participants in these classes.

Target Audiences
This section should describe your target audiences including:

- Their environment – for instance where they live or, for a worksite program, their working conditions.
- Demographics such as age, education, and ethnicity.
- Psychographics such as their social class, or lifestyle.
- Behaviors including, perceived benefits and barriers, readiness to change and attitudes.

Target audiences share similar needs or patterns of behavior. Health communication efforts are less effective when they attempt to reach broad population groups such as all African Americans or older adults. In this example, you may want to target newly diagnosed Medicaid
recipients or older adults in high risk communities who have not attended DSME in more than 4 years.

In many cases you will have more than one audience because there will be other audiences who influence the behavior of your primary audience. For example, health care providers in federally qualified health centers and Community Health Workers in the areas you are trying to reach. In the same way you describe your primary audience, you will need to describe these secondary audiences and their behavior related to your campaign objectives.

**Goals and Objectives**
Goals and objectives need to be SMART because your communication strategies and activities will come directly from your program goals and objectives. If your overall program objectives are vague you will end up with vague communication efforts that may be less effective.

**Example Goals**
- Increase the percent of people with diabetes in Healthyville who attend AADE accredited, ADA recognized, or Stanford licensed Diabetes Self Management Education classes (DSME).
- Increase the number of people attending DSME who attend 4 out of 6 classes from 15% to 20%.

**Example Objectives**
**Short term objectives (Year 1)**
- Increase the number of Medicaid recipients who report that they have heard that DSME is a covered benefit from 8% to 10%.
- Increase health care provider referrals of people with diabetes to DSME from 16% to 18%.
- Increase enrollment in Medicaid recipients with diabetes in DSME from 20% to 24%.

**Intermediate objective (Years 1 – 2)**
- Increase the proportion of people enrolled in DSME who attend at least 4 out of 6 classes from 8% to 10%.

**Long term objectives**
- Increase the percent of people who report ever having attended DSME from 61% to 69%.
- Reduce hospital discharge for diabetes as any listed diagnosis from 30% to 25%.

**Strategies (Activities)**
- Make sure you can link all of your strategies to your goals and objectives.
- Make sure you can link all of your strategies to what you know about your target audiences.

Is this an appropriate objective? Check the strategies section. Are there activities that address participant retention? Be sure your plan includes strategies that fully address your communication objectives.

Be careful about including objectives like this in your communication plan. While this may be appropriate for your overall strategic plan, this outcome is more than can be accomplished by health communication alone. Remember, health communication is used to inform, educate and motivate people to take action. While communication can support this goal, it cannot create this kind of change in the absence of other strategies.
• Aim for strategies that complement other program activities.
• Make sure your activities are of sufficient intensity and duration to achieve your objectives. Changes in awareness and behavior take time and repetition.
• Plan to make revisions to your communication plan strategies as needed. Your tracking and evaluation activities should tell you if your plans are working the way you intended. Be prepared to make course corrections if necessary.

Tracking and Evaluation
• Describe how you will measure progress towards the goals written in the plan.
• Describe how and when data will be collected.

The following is a sample health communication plan for a small scale effort. Note the parts of the plan and how the elements fit together. For the sake of space, many details you would normally find in a plan have been left out. What additional information would you expect to see in a health communication plan? What are the strengths and weaknesses of the plan?
Promoting Diabetes Prevention Lifestyle Change Programs in Healthyville, USA

Background and Situation
The Healthyville State Health Department (HSHD) has an overall goal of reducing or delaying the onset of type 2 diabetes in residents at high risk. To this end, HSHD is collaborating with a network of community based organizations, local health departments and health care providers to increase the number of National DPP recognized programs, referrals to recognized programs, participant enrollment and retention, and program quality control, with each partner focusing on a specific area. HSHD’s aim is to increase referrals among high risk, underserved populations in eastern Healthyville whose residents experience higher risk factors for type 2 diabetes than other areas of the state.

Target Audiences

Women with Gestational Diabetes
The prevalence of gestational diabetes (GDM) in east Healthyville is 9.2%. GDM places a woman at increased risk for type 2 diabetes, and is one of the qualifying risk factors for referral to the lifestyle diabetes prevention program. Postpartum women with GDM are highly receptive to interventions to improve their health and the health of their children. Given the prevalence of GDM in east Healthyville an increase in referrals for this population to the lifestyle prevention program would represent a significant step towards reaching overall program goals. Mothers with a history of GDM are highly influenced to take action by their OBGYN’s and pediatricians. Audience research has determined that the best way to reach this group is through their health care providers.

OB GYN’s Pediatricians

WIC Clinics

Goals and Objectives
Overall Program Goal: Increase referrals to lifestyle diabetes prevention programs in eastern Healthyville from 8% to 12%.

Objectives
Short term objectives
- Increase by 5% the number of referrals by OBGYN offices in east Healthyville to lifestyle diabetes prevention programs of women with GDM within 6 months of delivery.
SAMPLE PROMOTION PLAN

- Increase by 10% the number for referrals by east Healthyville WIC programs to lifestyle diabetes prevention programs of women with GDM within 6 months of delivery.

Intermediate objectives
- Within 24 months, at least 10% of women diagnosed with GDM in east Healthyville will enroll in a lifestyle diabetes prevention program within 6 months of delivering their baby.

Long term objectives
- Percent of women with a history of GDM enrolled in programs who achieve 5 to 7% weight loss by the completion of the program.

Year 1 Strategies (Activities)
- Collaborate with east Healthyville partners to customize promotional/reminder materials for health care providers and patients to meet the needs of OB/GYN’s, WIC clinics and women with GDM.
- Work with American Conference of Obstetricians and Gynecologists District to conduct at least 4 educational sessions in east Healthyville with OB GYNs about lifestyle diabetes prevention programs.
- Distribute physician reminder packets to at least 5 OB GYN offices in east Healthyville to facilitate referral of patients.
- Place articles about east Healthyville Lifestyle Prevention Programs in publications reaching area OB GYNs.
- Work with State WIC agency to provide training to 5 WIC clinics in east Healthyville about lifestyle prevention programs.
- Provide client education and referral materials to east Healthyville WIC clinics.

Evaluation Measures

Process measures
- Number of OB/GYN’s from east Healthyville who attend training.
- Number of WIC clinics that receive training.
- Number of reminder packets distributed to east Healthyville OB/GYN offices.
- Number of referral packets distributed to WIC clinics.

Outcome measures
- Number of OB/GYN offices implementing referral reminder systems.
- Number of patients who receive a referral from an OB/GYN.
- Number of WIC clinics implementing referral activities.
- Number of patients who receive a referral from a WIC clinic.

Impact measures
- Percent of enrollments in east Healthyville Lifestyle Prevention Programs referred by OB GYNs.
Percent of enrollments in east Healthyville Lifestyle Prevention Programs referred by WIC clinics.

In this example, the state had limited resources for media and needed to rely heavily on partners and intermediaries. For these reasons it was important to focus on a very specific audience who could be reached by intermediaries and who would be likely to act based on their recommendations. While this campaign may have a small reach, it can have a meaningful impact because the audience is at high risk. Note that while this campaign may have lower upfront costs due to limited media use it may be more labor intensive in terms of the time it takes to develop partnerships and engage intermediaries. It was also important to set realistic goals based on the program’s limited resources. When developing communication efforts with limited resources:

- Focus on small but meaningful segments of your audience.
- Begin with audiences that are open to change and can be reached through lower cost methods.
- Leverage partnerships and existing resources, and allocate the time necessary to make these relationships work.
- Set realistic goals and objectives.