**2021-2023 TPEP Communications Plan Template – Tier 2**

The purpose of communications for tobacco prevention and cessation is to:

* Equip individuals and organizations with what they need to influence policies, systems, and environmental change in their communities;
* Increase awareness and skills of individuals and communities through culturally relevant education; and
* Engage community members in the conversation and solutions for developing healthier communities, environments, and policies.

In alignment with this overreaching purpose, this communications plan template will help you:

* Develop communications goals, objectives and tactics that further your tobacco prevention and cessation strategies;
* Identify key audiences and how to reach them; and
* Tailor your messages to reach and engage your key audiences.

You don’t have to build or execute your communications plan alone. We strongly recommend working with your team, program, local public health authority leadership, coalition (if available), and other partners as you build your communications plan. Working with external partners can be especially helpful if you face barriers in the clearance process for media outreach and public engagement – your partners may be the most effective messengers and spokespeople for your work.

Additionally, your HPCDP community liaison, a HPCDP communications staff person, and communications contractor staff are available to help you draft a communications plan so that it aligns with your selected TPEP health systems change and/or policy strategies. ***For support with your TPEP Communications Plan, please contact Olivia Stone at*** [***ostone@metgroup.com***](mailto:ostone@metgroup.com)

Communications plans evolve over time, as context shifts, and new opportunities become available. Your communications plan is a living document that you revisit and adjust over time. HPCDP and communications contractor staff are available to help with these adjustments.

**Reminder: A communications plan is required for TPEP grantees in Tiers 1-3 as part of their application. Please reference the communications guidance in the 2021-2023 TPEP RFA. The guidance is based on the** [**CDC Best Practices User Guide: Health Communications in Tobacco Prevention and Control**](https://www.cdc.gov/tobacco/stateandcommunity/bp-health-communications/index.htm)**.**

**COMMUNICATIONS PLAN STEPS**

1. Goals, Objectives & Tactics
2. Key Audiences
3. Communications Tactics
4. Communications Checklist

**STEP 1: GOALS AND OBJECTIVES**

***EXAMPLE:***

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| ***Work plan health systems change or policy strategy:*** |
| ***The county adopts a comprehensive tobacco retail ban on flavored tobacco products.*** |
| ***Goal(s) of communication to help achieve or advance the health system change or policy strategy listed above:*** |
| *Create a sense of urgency to address flavored tobacco product and e-cigarette use.* |
| ***Communication objectives:*** *What are three to seven measurable objectives that will show progress toward your overall goal? In other words, if this communications plan is successful, what will your audiences understand, believe, and do as a result?* |
| * *Get the local newspaper to run an article about the harms of flavored tobacco.* * *Have representatives from local community-based organizations provide testimony at future tobacco-related public hearing.* |

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| **Work Plan Health Systems Change Strategy** |
| **<INSERT HERE>** |
| **Goal(s) of communication to help achieve or advance the health system change or policy strategy listed above:** |
| <INSERT HERE> |
| **Communication objectives** |
| * <INSERT HERE> * <INSERT HERE> * <INSERT HERE> * *Add more rows if you need them!* |

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| **Work Plan Policy Strategy 1: Reduce the Availability of Tobacco Products *OR* Reduce Exposure to Secondhand Smoke** |
| **<INSERT HERE>** |
| **Goal(s) of communication to help achieve or advance the health system change or policy strategy listed above:** |
| <INSERT HERE> |
| **Communication objectives** |
| * <INSERT HERE> * <INSERT HERE> * <INSERT HERE> * *Add more rows if you need them!* |

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| **Work Plan Policy Strategy 2:** **Reduce the Availability of Tobacco Products *OR* Reduce Exposure to Secondhand Smoke *OR* Flexible Tobacco Prevention Strategy** |
| **<INSERT HERE>** |
| **Goal(s) of communication to help achieve or advance the health system change or policy strategy listed above:** |
| <INSERT HERE> |
| **Communication objectives** |
| * <INSERT HERE> * <INSERT HERE> * <INSERT HERE> * *Add more rows if you need them!* |

**STEP 2: KEY AUDIENCES**

Your target audience is the group of stakeholders who can help bring about the change you hope to achieve. They are the key leaders and decision makers – or the people who influence them – who can collaborate on systems change strategies, create new or improve existing policies, and ensure that change progresses in a sustainable way. Audiences may overlap if you are working on multiple strategies as part of your work plan.

There are two kinds of target audiences: **primary** and **secondary** audiences.

* **Primary audiences** are those individuals with the direct authority to make the desired changes.
* **Secondary audiences** are those people who can *influence* the decisions of your primary audience. Secondary audiences are important because they can provide a way to reach the primary audience, some of whom may not be available for you to reach directly. Secondary audiences may include strategic partners such as parent groups or social justice groups, the media, members of community advisory boards, business leaders, CCO representatives, local government agencies, etc.

The table below includes question prompts to help you identify your target audiences and think through how best to reach and communicate with them. Since audiences may overlap, you only need to fill out **one** matrix. Over the course of your work plan, you may develop different messages for each audience to further each work plan strategy. Message mapping worksheets are available on the TPEP Portal on [www.smokefreeoregon.com](http://www.smokefreeoregon.com).

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| **PRIMARY AUDIENCE**  *Who are the leaders and decisionmakers who can help create desired change?* | **CORE VALUES**  *What are the big things they care about?* | **BENEFITS**  *What will they get out of engaging around tobacco prevention work? (In other words, why should they care?)* | **BARRIERS**  *What’s blocking or preventing them from currently being engaged in tobacco prevention work?* | **INFLUENCERS or PATHWAYS**  *Who influences them? Who do they listen to? What relationships do you have that could help connect you with this audience and provide a pathway to engaging them?* |
| ***[EXAMPLE] City Council*** | * *Care about youth and healthy communities, and the business community (economic vibrancy), but want to strike a reasonable balance between them.* | * *Credit from their constituents for standing up for youth and a healthy community.* | * *A feeling of overreach with possible ramifications for business community.* | * *Direct engage through health department relationships with board leadership and county commissioners.* |
| ***[EXAMPLE] Law Enforcement*** | * *Protect community from harm.* | * *Will have input on an ordinance that they may enforce.* | * *Capacity issues.* * *Possible feelings that this isn’t one of the biggest problems in the community.* | * *Police Chief in a specific town.* * *County Health Department staff person that already works with this group.* |
| **<INSERT HERE>** | * <insert here> | * <insert here> | * <insert here> | * <insert here> |
| **<INSERT HERE>** | * <insert here> | * <insert here> | * <insert here> | * <insert here> |
| **<INSERT HERE>** | * <insert here> | * <insert here> | * <insert here> | * <insert here> |
| **<INSERT HERE>** | * <insert here> | * <insert here> | * <insert here> | * <insert here> |
| **<INSERT HERE>** | * <insert here> | * <insert here> | * <insert here> | * <insert here> |
| **<INSERT HERE>** | * <insert here> | * <insert here> | * <insert here> | * <insert here> |

**STEP 3: COMMUNICATIONS TACTICS**

Sketch out your approach to spreading your messages using the four key components of a successful communications strategy: program communications, owned and social media, earned media, and paid media. Programs may reference the [Centers for Disease Control and Prevention Best Practices User Guide: Health Communications in Tobacco Prevention and Control](https://www.cdc.gov/tobacco/stateandcommunity/bp-health-communications/index.htm) for additional information about these communications components. You may include communication tactics for each workplan health systems change or policy strategy, or include tactics that are important across strategies.

The table below includes a checklist for required communications activities for **Tier 2.** You are encouraged to customize the checklist based on your program plan and add additional tactics as appropriate. For example, you may specify a media outlet or reporter you wish to build a relationship with for earned media or name a partner organization who will speak to a leadership body about your workplan strategies.

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| **COMMUNICATIONS COMPONENT** | **POSSIBLE ACTIVITIES** | **MESSENGER AND TOOLS** |
| **PROGRAM COMMUNICATIONS** | * Develop and document an approval process for external communications with your program leadership. This process is meant to encourage team conversations about staff roles and how the program would like to share timely, accurate, and proactive tobacco prevention and cessation information, news, and program updates. * Use outreach materials from statewide communications initiatives, such as Smokefree Oregon, throughout the grant period. For example, the program may use Smokefree Oregon materials such as fact sheets, social media posts, and campaign ads in their outreach. * Identify internal and external spokespeople for tobacco prevention and cessation initiatives in the communications plan. * Present to a leadership body or members of that body at least once yearly about the program’s policy goals. This may be demonstrated during reporting through public meeting agendas or similar document. | *Messenger examples: Program manager, county commissioner, TPEP coordinator, parent…*  *Tool examples: Smokefree Oregon press releases, program email newsletter, public Zoom forums…* |
| **OWNED AND SOCIAL MEDIA** | * Develop a process to share tobacco-related information on the organization’s website and social media channels, if available. This may be included in the approval process for external communications described under Program Communications above. * Include messages from the Smokefree Oregon social media calendar in the program’s communications plan as they align with the program’s communications objectives. HPCDP may request post metrics as part of communications campaign monitoring and evaluation. * Maintain channels for regular program updates to external partners, for example, a listserv or blog, and include these channels in the program’s communications plan. * Post tobacco-related content on the organization’s social media site at least quarterly, including at least one post from a Smokefree Oregon social media calendar. |  |
| **EARNED MEDIA** | * Work to secure at least one earned media piece in the first grant year and two earned media pieces in the second grant year. This may be demonstrated through links or other documentation during reporting. * Use at least one earned media template provided by Smokefree Oregon in the first grant year and two earned media templates in the second year to leverage statewide cessation and prevention campaigns. These activities may count toward working to secure earned media. |  |
| **PAID MEDIA** | * Leverage statewide paid media campaigns to promote the Oregon Tobacco Quit Line, for example, by using cessation media tools such as social media posts, newsletters, email blasts, ads, and fact sheets available on Smokefree Oregon. * Leverage statewide paid media campaigns to promote the Smokefree Oregon prevention campaign, for example, by using prevention media tools such as social media posts, newsletters, email blasts, ads, and fact sheets available on Smokefree Oregon. |  |

**STEP 4: COMMUNICATIONS CHECKLIST**

Implementing your communications plan will require buy-in from leadership in your program and local public health agency. This is especially true for earned media strategies such as press releases and story pitches, and it may also be applicable if you need permissions to post on your organization’s website or social media page.

The brief checklist below confirms that you have the support you need to implement your communications plan.

**If you do not have the required approvals, garnering those approvals and building internal support for communications activities is required for Tiers 1 through 3.**

 **Funding Tiers 1-3:** Establish an approval process for external communications activities from your Public Information Officer or County Health Administrator. This process should describe how the program shares timely, accurate, and proactive tobacco prevention and cessation information, news, and program updates. It should also include staff roles and responsibilities.

Please indicate the approval of your leadership team for your communications process by completing the signature box below.

**Leadership Commitment**

By signing below, I agree to support the communications plan for my local TPEP program.

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| *Printed Name and Title* | *Signature* | *Date* |