

Health Communications Plan

Center for Tobacco Prevention and Control Policy
Approved August 20, 2010

Background

This Health Communications Plan outlines how health communications efforts will support the full implementation of the new comprehensive statewide tobacco prevention and control program created by Measure 3. *The plan draws upon best practices determined by evidence-based analysis of scientific literature and outcomes of comprehensive state tobacco control programs and interventions as recommended by the Centers for Disease Control and Prevention (CDC) Best Practices. CDC recommends that states implement evidence-based tobacco control programs that are cost-effective, comprehensive, sustainable, and accountable.*

This plan was developed by tobacco prevention and control professionals from the following organizations: Center for Tobacco Prevention and Control Policy, ND Department of Health Tobacco Prevention and Control Program, local public health units (LPHUs) in North Dakota, Clearway Minnesota, the Office of Smoking and Health at the Centers for Disease Control and Prevention (CDC), Legacy, Campaign for Tobacco-Free Kids, American Cancer Society, American Lung Association of the Upper Midwest and a volunteer advocate. The Health Communications Plan builds on the North Dakota five-year plan, *Saving Lives – Saving Money: North Dakota’s Comprehensive State Plan to Prevent and Reduce Tobacco Use 2009-2014*. *Saving Lives - Saving Money* was developed by the North Dakota Tobacco Prevention and Control Advisory Committee as a requirement of Measure 3 law. The Advisory Committee, also created by Measure 3, teamed with local, state and national organizations and advocates, including the ND Department of Health and the CDC, to draft the five-year comprehensive plan that was adopted by the Advisory Committee in July 2009. The plan includes the following objective:

By June 2010, create and implement a tobacco prevention and control health communication initiative that delivers strategic, culturally appropriate and high-impact earned and paid messages in sustained and adequately funded campaigns integrated into the overall comprehensive North Dakota Tobacco Prevention and Control Program.

This Health Communications Plan outlines how this objective will be implemented from July 1, 2010 through June 30, 2011. The Plan will be updated as needed to adapt to opportunities and other changes in the implementation of the comprehensive program.

Goals:

The following health communication intervention goals will be implemented using CDC recommended funding levels for North Dakota, by investing a minimum of \$1.2 million to a maximum of \$2.5 million annually.

- 1) De-normalize tobacco use to prevent youth from using tobacco products and to encourage tobacco users to quit.

- 2) Educate the public, policymakers and media about the impact of tobacco use in North Dakota and raise awareness among audiences about the role of the tobacco industry causing death and disease in North Dakota including incurred costs.
- 3) Communicate to the public, policymakers and media changes in public beliefs, behaviors, accomplishments and the health and economic benefits of fully sustaining North Dakota's Measure 3 comprehensive program.

Implementation

The following information further explains how organizations and advocates will implement the Health Communications Plan:

Strategies will:

- 1) Support and reinforce statewide campaigns identified in the Year 2 (2010-2011) Work Plan (and subsequent plans) adopted by the Advisory Committee to achieve the objectives contained in *Saving Lives – Saving Money*.
- 2) Support state and community interventions outlined in the Year 2 (2010-2011) Work Plan (and subsequent plans) adopted by the Advisory Committee to achieve the objectives contained in *Saving Lives – Saving Money*.
- 3) Support influences that counter pro-tobacco messaging statewide.
- 4) Develop statewide and local communications to achieve the objectives contained in *Saving Lives – Saving Money* in a strategic plan, focused on the program's policy and social norm change objectives.

Methods include:

- 1) Paid media - coordinated, ongoing paid media campaigns of one or more themes with sufficient reach, frequency and duration. Staff, with the guidance of the Health Communications Task Force, will oversee the work of the media contractor(s) to develop the media plan and to ensure paid media is based on using audience research, market research and rigorous message testing. Campaigns will be built using evidence-based messaging strategies that elicit strong, emotional responses to produce high-impact and consistent effects. Campaigns will be built using evidence-based messaging strategies that elicit strong, emotional responses to produce high-impact and consistent effects.
- 2) Media advocacy – strategic use of media and community advocacy to create social or policy change.
- 3) Earned media – build relationships with media to have key campaign messages reported in the press.
- 4) Grassroots marketing – encourage people to participate in counter-marketing programs to gain new support and increase involvement of those already involved to increase exposure of key messages. Tactics include: local community event participation, event sponsorships, community organizing, partnerships, local media advocacy and more.
- 5) New and existing technologies – such as list serves, blogs, viral marketing, social networks and more.
- 6) Surveillance of tobacco industry marketing efforts at the state and community levels.
- 7) Process and outcome evaluation of the Health Communications campaigns as part of the comprehensive health communications program.
- 8) Disseminate reports, newsletters, fact sheets and talking points to reach targeted audiences.

Stakeholder organizations may include, but not be limited to:

- 1) **Local:** Local public health units (LPHUs), local grantees, local coalitions, community organizations and advocates.
- 2) **Statewide:** Center for Tobacco Prevention and Control Policy, Department of Health, tribal nations, Tobacco Free North Dakota, American Cancer Society, American Lung Association, March of Dimes, American Heart Association and statewide grantees.

- 3) **National/Federal:** Centers for Disease Control and Prevention Office on Smoking and Health, Campaign for Tobacco Free Kids, Legacy, Americans for Nonsmokers' Rights, Tobacco Control Legal Consortium.

Training and technical assistance programs will:

- 1) Allow for regular, ongoing training to LPHUs, statewide and local grantees, state and local coalitions and statewide and community partners on grassroots engagement strategies, including statewide and local media advocacy, statewide and local promotions, event sponsorships and other state and community tie-ins.
- 2) Provide training with ongoing technical assistance for every major policy and communications initiative.

Evaluation and accountability reporting will include:

- 1) Quarterly Tobacco Prevention and Control Executive Committee Reports to Interim Legislative Budget Section (required by legislature): Disseminate to legislators, media, state and local policymakers, LPHUs, local grantees and contractors; post on the Center and Health Department websites.
- 2) Bi-annual Independent Program Audit for the State Health Officer and the Governor (report required by law - September 2011, 2013, etc.): Disseminate to State Health Officer, Governor, media, state and local policymakers, LPHUs, local grantees and contractors; post on the Center and Health Department websites.
- 3) North Dakota Quitline Reports (annual report released around the anniversary date; monthly reports, reported by county, tailored for local use are ongoing): Disseminate to legislators, media, state and local policymakers, LPHUs, local grantees and contractors; post on the Center and Health Department websites.
- 4) Report of Leading Indicators (winter/spring 2011, 2013 etc.): Disseminate to legislators, media, state and local policymakers, LPHUs, local grantees and contractors; post on the Center and Health Department websites.

Action steps will be completed to:

- 1) Secure and maintain support from LPHUs and other organizations and advocates through communication, training and participatory decision-making.
- 2) Enhance capacity to deliver counter-marketing programs, including sufficient staff, outside contractors and partner support:
 - a. Using CDC evidence-based methods, develop and implement paid media campaigns:
 - i. Test messages for saliency and efficacy
 - b. Adopt BreatheND logo and tagline – Saving Lives, Saving Money with Measure 3 – to strengthen message across entire spectrum of program.
 - i. Develop standard use of logo and tagline in all media forms.
 - ii. Introduce brand with earned media activities.
 - c. Leverage branding opportunities to increase public's awareness of Measure 3 and how it is being implemented: *Since this program was created in an uncommon manner (by an initiated measure), we hold an uncommonly large responsibility to demonstrate accountability directly to the public.*
 - d. Develop and maintain a website.
 - e. Develop a plan for print and electronic communications, including newsletters for priority audiences.
- 3) Identify and convene a *Health Communications Work Group* to develop, guide and implement the Health Communications Work Plan. Identify and convene a *stakeholder group* to serve as champions to

guide and advise implementation of the State Plan objectives through communications strategies described here.

- 4) Update the Health Communications Plan annually.
- 5) Develop an annual Health Communications Work Plan.
- 6) Develop and implement a media plan with agencies and contractors, using proven CDC Best Practice strategies:
 - a. Develop and disseminate RFP for contractors; review applications and select contractors.
 - b. Develop message tested media plan through June 2011; continue to build long-term annual media plans.
- 7) Implement media advocacy – strategic use of media and community advocacy to create social or policy change, led by advocacy groups:
 - a. Generate statewide talking points, news releases highlighting the Center’s Measure 3 program events, guest speakers, trainers, new accomplishments, etc.
 - b. Develop long-term relationships with editors and reporters.
 - c. Alert media about important political or policy-related developments.
 - d. Meet with newspaper editorial boards, policymakers, including legislators.
 - e. Use of existing online communications, such as list serves, website postings and blogs; investigate new and emerging online communication strategies such as: Facebook, Twitter and more.
 - f. Write opinion/editorial columns and letters to the editor.
 - g. Conduct process and outcome evaluation of media advocacy.
- 8) Garner earned media – also called free media, used to add credibility and additional exposure to campaigns by reinforcing messages:
 - a. Generate statewide news releases highlighting the Center’s Measure 3 program events, trainers, new accomplishments, etc.
 - b. Develop long-term relationships with editors and reporters.
 - c. Use of existing online communications, such as list serves, website postings and blogs; investigate new and emerging online communication strategies such as: Facebook, Twitter and more.
 - d. Conduct process and outcome evaluation of earned media.
- 9) Surveillance of tobacco industry marketing efforts at the state and community levels:
 - a. Investigate emerging opportunities with new FDA law and communicate to organizations and advocates.
 - b. Complete activities and generate earned media to counter the tobacco industry’s influence in North Dakota. This includes education and messaging on how much the tobacco industry spends on marketing in North Dakota, the kinds of advertising and marketing reaching vulnerable populations, and number of tobacco industry and allied lobbyists active in our state.
- 10) Educate policymakers, organizations, advocates, the public and media about the negative impact of tobacco in North Dakota and how the tobacco industry perpetuates the epidemic; also educate on the progress gained, changes in public beliefs and behavior related to tobacco use, the benefits of implementing a comprehensive tobacco prevention and control program and unmet needs, as illustrated by comparisons to other states with significantly lower tobacco use rates:
 - a. Build relationships: ongoing personal communication – emphasis on face-to-face.
 - b. Disseminate reports to reach targeted audience: Quarterly Tobacco Prevention and Control Executive Committee Reports (required by legislature); Bi-annual Independent Program Audit (required by law); Quitline report (annual and monthly); Leading Indicators report (winter/spring 2011, 2013, etc.)
 - c. Disseminate newsletters, fact sheets and talking points to reach targeted audiences.

- d. Develop and implement social and viral media avenues.
 - e. Develop paid media messaging: emphasize the impact of tobacco use in North Dakota.
 - f. Implement media advocacy: strategic use of media and community advocacy to advance social norms and policy change.
 - g. Develop tools for LPHUs and other statewide organizations and advocates, such as local grantees, local coalitions, community organizations and advocates. Tools will contain “how-to” strategies and activities to share program successes, build relationships and assess support (August 2010) and will include the following:
 - i. Schedule meetings with policymakers to thank them for the support and appropriation for Measure 3.
 - ii. Implement a thank you mechanism with earned media activity, via public events, newsletters, social media and more.
 - iii. Promote on-going media advocacy: letter to editor samples.
 - iv. Encourage community event participation by policymakers and community leaders to keep them informed of program progress and unmet needs, constituent support, and reasons why the program is worthy of continued support.
 - v. Publicly recognize community leaders and policymakers for advocating tobacco-free initiatives.
 - vi. Develop earned media opportunities through local media, newsletters, social media and more.
- 11) Evaluate the effectiveness of each campaign and campaign components as part of the state Surveillance and Evaluation Plan:
- a. Monitor each campaign to assure goals, objectives and activities remain on track.
 - b. Develop evaluation questions to track campaign effectiveness.
 - c. Evaluate media buy to assure appropriate reach and frequency of targeted rating points (TRPs) and target market was reached.
- 12) Conduct surveillance to measure beliefs, attitudes and behaviors related to tobacco use and social norms; establish baseline to document the impact of the program on reducing tobacco use over time.
- a. Contract for surveillance of health communications strategies and activities as needed.
 - b. Develop surveillance questions to measure beliefs, attitudes and behaviors related to tobacco use and social norms.
 - c. Analyze local public opinion polls.
 - d. Aggregate and analyze support for local smoke-free policies from local public opinion polls.
 - e. Aggregate and analyze support from secondary data surveys and data collection systems through *Surveillance and Evaluation Data Resources for Comprehensive Tobacco Control Programs* and the *State Tobacco Activities Tracking and Evaluation (STATE) System*.