1 HEALTH COMMUNICATION GUIDE

BEST PRACTICES

National Health Plan 2030 Portugal

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Author's note

The **Health Communication Guide 1: Best Practices** was developed as part of the process of drafting Portugal's National Health Plan 2030 (NHP 2030), in response to the commitement to strengthen and promote more effective health communication. In order to fulfil that purpose, it was designed as a communication tool to help different stakeholders communicate strategically, in alignment with the principles and communicative integrity of NHP 2030. Though the guide was designed with Portugal's context in mind, it has a broad and cross-cutting relevance. It serves as a practical and valuable resource for all professionals and organisations in the health sector committed to effective communication.

The Health Communication Guides — 1: Best Practices and 2: Specialised Areas — complement each other with practical and in-dept science based communication knowledge. Enjoy your reading.

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I. Introduction

Topics

- Communication best practices
- How to use this guide

The **Health Communication Guide 1: Best Practices** defines the communication foundations of Portugal's National Health Plan 2030 (NHP 2030), which supports strategic planning for sustainable healthcare at both national and local levels.

Designed as an operational tool, the guide aims to facilitate and enhance communication within the NHP 2030 framework, equipping health professionals and other stakeholders with the means to communicate more strategically, efficiently, and effectively. It can also support the development and implementation of local health plans by offering guidance on their strategic communication. The document provides both strategic frameworks and practical guidelines on developing key aspects of communication — from understanding core **communication concepts** and crafting **key messages** to identifying **target audiences**, creating a unified **strategic communication plan**, implementing **actions**, and producing or using various communication **materials**. It also addresses **specific areas of Communication** (see Health Communication Guide 2: Specialised Areas) in detail.

How?

Click on the speech bubbles to go directly to the relevant chapters.

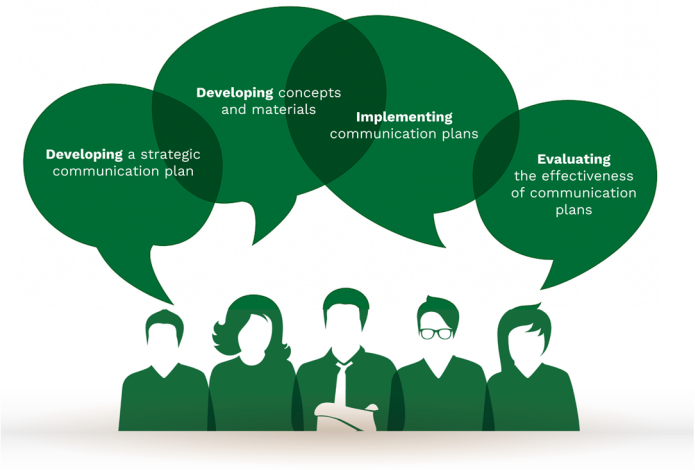


Figure 1: Virtual table of contents

How to use this guide

Each section contains a summary (**Topics**), a brief overview of the steps to be taken (**Key points**), a description of procedures (Instructions) or useful links (**Link**) relating to Strategic Communication. Each element has been designed for operational use and should be considered a guide, which should be adapted consistently and cohesively to practical situations so as to meet communicative needs.

Navigation: chapter topics, highlighted information, and link to more information

Topics

- Communication best practices
- How to use this guide



Keypoints:

To use and apply the brand correctly is to participate in the construction of the NHP 2030 and contributing to its visibility and prominence.

*Learn more about the drafting and relevance of **[link]**.*

Figure 2: Navigation features in the guide

This guide was designed by a team of communication experts from the Communication and Society Research Centre (CECS) of the Institute of Social Sciences at the University of Minho in collaboration with Portugal's National Health Plan - NHP 2030/DGS team and is specifically aimed at health professionals, in addition to stakeholders required to make decisions, implement, or evaluate communication actions within the scope of the NHP 2030 or take part in strategic planning for sustainable health care, both nationally and locally.

II. Strategic Health Communication

Topics

- Strategic Health Communication
- Impacts of Health Communication
- ‘Communication from All to All’
- Sustainable Development Goals
- Health professionals as agents of communication
- Effective communications

Communication permeates the human experience. It is fundamental to all social systems, constitutes an essential dimension in any type of organisation, and can be found in all populated locations, but it is also sensitive to countless intangible factors. Approaching communication strategically through programmes planned and predicted as part of a global overview of interactions contributes to the effectiveness of communications and, consequently, to the effectiveness of health strategies.

Communication has been increasingly valued in health care, an importance that can be witnessed at various levels and through different practices: globally, within international organisations (WHO, 2017a); in specific health care environments (Pilnick, Hindmarsh & Gill, 2010); in seeking to develop health professionals’ communication skills (Almeida, 2018; Morgado et al., 2019); in promoting health literacy, which has been identified as a social determinant of health (Nutbeam & Lloyd, 2021); in developing strategies for training, interacting, and communicating with the general public (DGS, 2019; p.20); in the adoption of digital and telematic strategies (WHO, 2016); in the use of emergency risk communication practices in public health emergencies (WHO, 2017b), and in assessing the effectiveness of national health plans (WHO, 2010). These dimensions of health communications have also come about as a result of research conducted and theories applied to practical communication (Ruben, 2016).

Questionnaires administered to public health professionals in workshops on communication within the “Sub-national Plan for Sustainable Health Care” framework - between November and December 2019 - point towards the areas in which the most difficulties are encountered in daily practice (Figure 3).



Figure 3: Key areas in which respondents reported facing communication challenges

Furthermore, 88% of respondents in a survey of public health professionals, partners, and stakeholders from various sectors, which was also carried out as part of the drafting of the NHP 2030, considered communication very or extremely relevant.

Keypoints:

Approaching communication strategically, planning and predicting a global overview of interactions contributes to the effectiveness of communication and, consequently, the effectiveness of health strategies.

Impacts of Health Communication

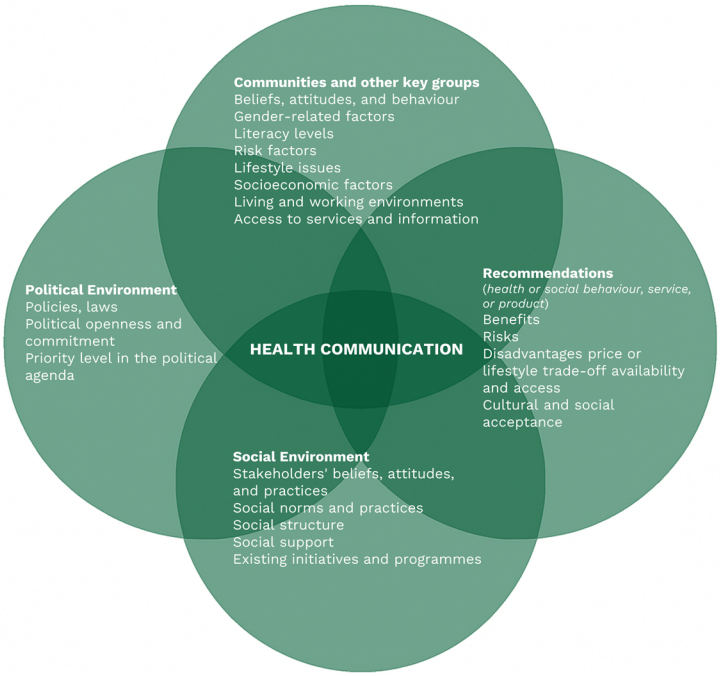


Figure 4: The health communication environment (adapted from Schiavo, 2013, p. 22)

At public policies level, communication is now recognised as fundamental to planning processes and an essential success factor in implementing behaviour changes and community strategies. Communication (Figure 4) is key to producing strategies able to shape public opinion and develop literacy, inform, and influence the general public's perspective and behaviour (Hornik, 2018; 2002; Schiavo, 2013), activating and involving communities and raising their awareness of their shared responsibility in seeking to maximise gains in health care, ensuring the equity, quality, and sustainability of the health system.

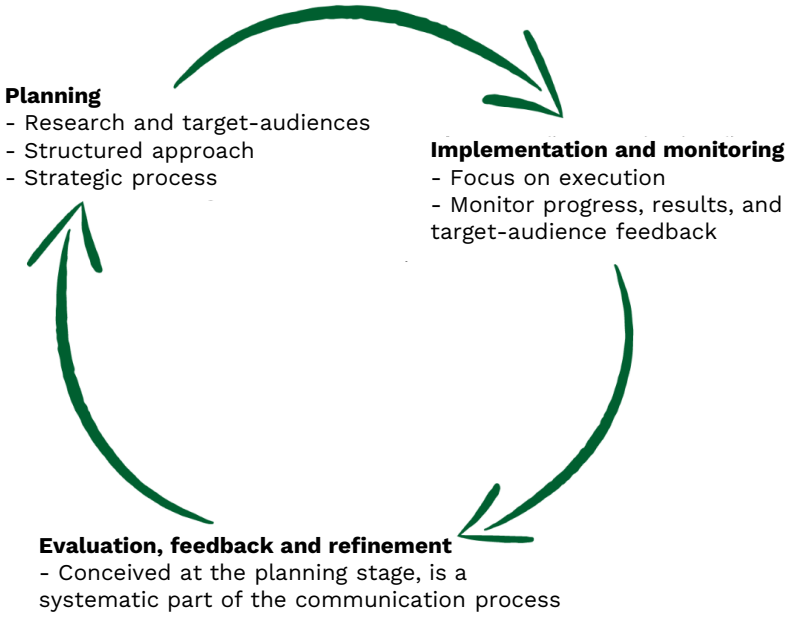


Figure 5: The Health Communication Cycle (adapted from Schiavo, 2013, p. 28)

Communication in health care, as in other sectors, should be seen as a cyclical and continuous process of constant planning, implementation, monitoring, evaluation, and refinement (Figure 5). The application of this process will result in an inexhaustible capacity to implement improvements, adapt to environmental changes, and foster organisational and community learning.

Communicating to and with people

A successful communicative process does not derive exclusively from an interlocutor, but results from, involves, and depends on several factors: internal and external circumstances and multiple interactions between the various players within the communicational ecosystem. As such, the cohesive alignment of all stakeholders with common purposes, principles, goals, motivation, and resources is crucial to effective communications.

The inspiring slogan devised for the NHP 2030, “Sustainable Health Care: from All to All”, should effectively express the inspiring principles and their practical geographical and societal implementation: “Communication from All to All” (collaborative and co-creative process). The process speaks to the importance of producing messages appropriate to each audience, sent via the channels used by the said audience, employing the appropriate means with which to do so.

Communicating for Sustainable Development Goals

Health Communication should also align with the United Nations' Sustainable Development Goals (SDG). Specifically, within the framework of the NHP 2030, communication should be seen and implemented as an asset and a strategic structural contribution to:

Goal #3: ensure healthy lives and promote wellbeing for all at all ages;
Goal #10: reduce inequality within and among countries;
Goal #16: build effective, accountable, and inclusive institutions at all levels;
Goal #17: strengthen the means of implementation and revitalise the global partnership for sustainable development.

In doing so, the NHP 2030 will align with several global concerns in which health is seen as a 'starting point' and 'end point', backing up its claim that more than a document, it is a process of change.

Health professionals as agents of communication

Health professionals are key to various interactions with different audiences, acting as activating and regulating agents of communication. As a source of information, health professionals should:

- Use accessible, assertive, clear, positive language;
- Be in control of the message;
- Provide simple, reliable, trustworthy information;
- Promote engagement;
- Affirm their position as a dynamic communicative hub.

(DGS, 2019)

Effective communication

The complex ecosystem of health relations also contains a set of principles that, when built on and enhanced, increase the probability of messages being successfully transmitted:

- Credibility and transparency;
- Clarity and accessibility;
- Empathy and understanding;
- Operational nature and contextualisation in time and space.

(WHO, 2017a)

III. Communication in Portugal's National Health Plan 2030

Topics

- Establish the nature, slogan, and scope of the NHP 2030
- Identify and incorporate strategic elements:
    - Communication goals
    - Target audiences
    - Main key messages
    - Main communication channels
    - Brand identity

The strategic plan

A National Health Plan is a strategic instrument adopted by an increasing number of countries, which consists of guidelines and recommendations for the coherent, sustained execution and implementation of health policies.

Numerous players are involved in health promotion, whether directly or indirectly, with varying participation, interest, and representation, contributing to the development of the population's health status. As such, the factors that determine and influence the health status of communities are dynamic, systemic, and complex.

Coordinated by the DGS, the drafting of the NHP 2030 is geared towards establishing goals and related strategies for sustainable health care based on an inclusive methodology that aims to reduce inequities, therefore producing a **Population-Based Strategic Plan**.

Communication goals

Taking into account the global efforts of the NHP 2030 to strategically and holistically study the health of the Portuguese population, the communication efforts planned and implemented therein should converge for the following purposes:

- To inform of the existence of the document, as well as its population-based nature and lines of operation;
- To expose the health status of the population;
- To share the strategies selected;
- To promote participation opportunities in various sectors;
- To motivate various stakeholders to join the collaborative project;
- To involve the different audiences in every phase of the process;
- To assess the progress made in each stage.

These communication goals are strategically aligned with the guiding principles of the NHP:

Guiding principles	Communication goals
To make the best choices, focusing on what's most important	To announce the existence of the document, as well as its population -based nature and lines of action
	To expose the health status of the population
To align all stakeholders so that they are able to work together, guiding and facilitating the drafting of a social contract	To share the strategies selected
	To promote participation opportunities in several sectors
	To motivate various stakeholders to join the collaborative project
To leverage the NHP for health governance	To involve different segments of the population at every stage of the process
	To assess the progress of each step

Learn more about the drafting and relevance of ***communication goals*****.**

Target audiences

An instrument of a collaborative and participatory nature, the NHP seeks to encompass various segments of the population, which renders the existence of a communication strategy able to promote and activate public, individual, and collective participation - both within and externally to the health sector - essential, opening up the opportunity for synergies and relevant partnerships.

	Main target audiences
Internal	Ministry of Health Directorate-General of Health of Portugal Authors of the NHP Executive and Technical Management of the Strategy and NHP Support Team Advisory Board Monitoring Committee
External	Stakeholders within the health sector Stakeholders outside the health sector Community (public, private, and social sector) Media (local, National, International, and specialised) General population External entities (relationship with SDG and WHO)

*Learn more about the determination and relevance of **target audiences**.*

Key messages

As the NHP 2030 is a strategic document for use in the health care sector, it contains fundamental key messages, which enable it to be understood and mastered by the various audiences involved:

- The NHP is a collaborative process under permanent construction;
- It is an instrument that guides and influences public policies;
- To participate in the NHP is to influence the state of health in Portugal in the coming years;
- We are all stakeholders in the health system and are able to and responsible for participating in its construction;
- The participation of all stakeholders is essential to achieve 'Sustainable Health Care: from All to All';
- The NHP is a social contract.

*Learn more about the drafting and relevance of the **key messages**.*

Main communication channels

The process of drafting and implementing the NHP 2030 also presents several communication opportunities by means of the appropriate channels, which contribute to the overall goals of informing, mobilising, involving, participating, and evaluating. The following table summarises the most appropriate channels for each goal for the operational purposes of this guide, despite the possible (and probable) overlap between channels and goals.

Communication goal	Communication channels
To inform	NHP website
	Partner social networks (example: DGS)
	Printed materials (posters, flyers, newsletters, statements, press releases etc.)
	NHP document
To mobilise	NHP website
	Bilateral, themed, and general events
	Partner social networks (example: DGS)
	NHP document
To involve	Bilateral, themed, and general events
	NHP document
To assess	Bilateral, themed, and general events
	NHP document

*Learn more about the determination and relevance of **communication channel** selection.*

Brand identity

The strategic planning of communications within the NHP 2030 also renders tangible the strategic elements of creating a brand identity. This plan should operate as a natural extension of the brand's conceptual and operational character to ensure it can be identified unambiguously and used appropriately. The brand can and should be used by everyone involved in the process, meeting the minimum requirements for suitability and appropriation to existing mediums.

Portugal's NHP 2030 logo



Figure 6: Full logo, letterform logo, and logo with slogan (from left to right)

NHP 2030 brand values and pillars (Figure 6):

- Contemporaneity;
- Positivity;
- Conjunction;
- Inclusion;
- Portuguese identity;
- Credibility;
- Confidence.

Features such as simplicity, clarity, and focus rise to the challenge of forming a brand that is compatible and aligned with the expectations for/of the decade. The brand fosters connection and inclusion, reinforced by its use alongside the slogan 'Sustainable Health Care: from All to All' (Figure 6).

Portugal's NHP 2030 Graphic design



Figure 7: Template for written document

The graphic design complements the brand (Figure 7). Based on a de-constructed cross - commonly linked to health care – it is transformed into a positive sign (green arrow) reminiscent of development and projecting towards the future, contributing to its memorability.

The use of the brand's communicative media - either by simply applying text to the predetermined layout, adding the logo to an e-mail signature, or stamping a document - contributes to:

- the recognition and differentiation of the process, promoting a direct mental connection for internal and external audiences;
- the building a sense of belonging and connection to a collaborative process;
- the systematic and consequential use and appropriation, positioning the brand's identity in the collective consciousness;
- the process of co-building the brand in each application;
- the prominence and recognition of the NHP 2030;
- the attribution of credibility, trust, and exclusivity to the NHP 2030.

(NHS, 2018)

Key points:

To use and apply the brand correctly is to participate in the NHP 2030 construction and contribute to its visibility and prominence.

*Click here to view the **NHP 2030 Style Guide**.*

IV. Developing a strategic communication plan

Topics

- Determine the basic elements of a strategic communication plan
- Understand the relevance, scope, and operationalisation of the steps:
    - Diagnosis
    - Communication goals
    - Target audiences
    - Key messages
    - Communication channels
    - Action plan
- Gain access to a (simplified) example of a strategic communication plan

The strategic communication plan

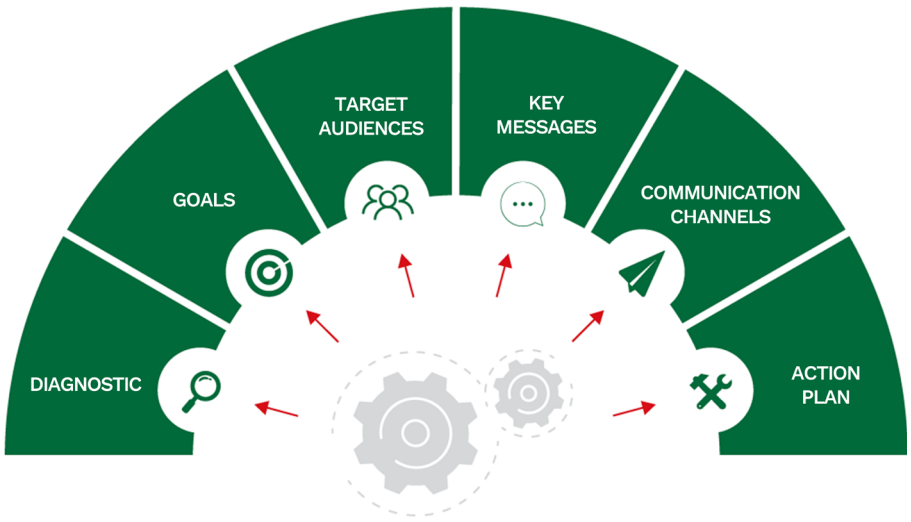


Figure 8: Construction stages of the strategic communication plan

When developing a strategic communication plan, all the players involved must be aligned in the structure, consistency, and systematic orientation of the underlying concept. Thus, those involved in designing, deciding on, implementing, and evaluating communication actions within the scope of the NHP 2030 should be properly informed and aligned with the guidelines for the promotion and operationalisation of the main messages of this strategic instrument alongside its various audiences.

A strategic communication plan operates as a backbone of operations and is used as a guide (Figure 8). It can be drafted according to various models, but a stable basis that can be worked from should answer the following questions:

- **Diagnosis:** what is the main (communication) problem/opportunity that needs to be worked on?
- **Communication goals:** which goals are established so as to minimise problems and enhance opportunities?
- **Target audiences:** who will be the main recipients of the messages?
- **Key messages:** what information do we want target audiences to take in?
- **Communication channels:** how do messages reach target audiences?
- **Action plan**: which actions best embody the key messages?

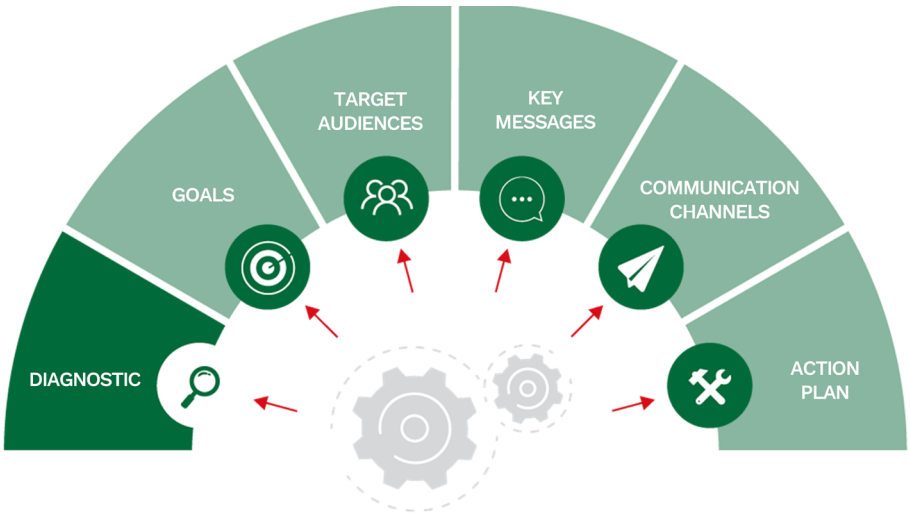


Figure 9: Structure of the strategic communication plan and diagnosis

The following section will outline the main stages of a strategic communication plan (Figure 9):

1. Diagnosis

Strategically drafting a communication plan involves establishing the starting point (current situation) and an endpoint (desired situation) to which all communicative efforts should converge. As such, the key question is:

What is the main (communication) problem/opportunity that needs to be worked on?

The answer to this question can be found through a 'conceptual dive' into a specific context to identify and gain insight into the main problems. Systemic, political, and environmental factors converge in health communication and shape the problems faced.

Thus, by combining information from different contexts - intrinsic and extrinsic to the problem of health communication - new communication opportunities may arise through which it will be possible to build a consistent framework able to draw the attention of all. It is precisely because of this ability to value important features while also leading in a specific direction that this stage is recognised and valued as one of the most important in drafting a strategic plan.

Step by step

1. Identify the potential areas of influence/relevant environment:

- Private, public, social health sector? Or a combination?
- Areas operated in: education, consumption, lifestyles, transport, tourism, etc.;

2. Gather and organise pertinent information on the relevant scope (internally and externally):

- Collect historical and statistical data;
- Listening key stakeholders and/or professionals able to provide relevant insights;
- Identify capabilities and constraints.

3. Conduct a critical assessment of communication history (if available):

- Analyse the visual and cultural identity of the brand/organisation;
- Determine brand/organisation positioning;
- Identify the communication channels in use (internal and external);
- Consult the communication materials in use.

4. Identify the main stakeholders involved (Johns Hopkins, 2003):

- Identify common audience characteristics;
- Recognise the stages of information/engagement/behaviour change at which various potential audiences are located;
- Identify well-known barriers to information receptivity/openness to involvement/behaviour change.

5. Conduct a SWOT analysis

- Establish internal strengths and weaknesses;
- Establish external opportunities and threats.

6. Strategically identify the main problem:

- Concisely formulate the problem to which the strategy should respond, providing evidence;
- Identifying the problem to which the communication strategy will respond depends on the importance, scope, and urgency of the issue to be resolved.

For example: lack of prominence of (unfamiliarity with) the NHP.

7. Identify the main opportunity to be seized:

- Concisely formulate the opportunity (external circumstance that may favour communication) that the strategy should seize, providing evidence.

For example: consistently and progressively raise awareness of the NHP.

Key points:

Strategically drafting a communication plan involves establishing the starting point (current situation) and an endpoint (desired situation) to which all communication efforts should converge.

2. Communication goals

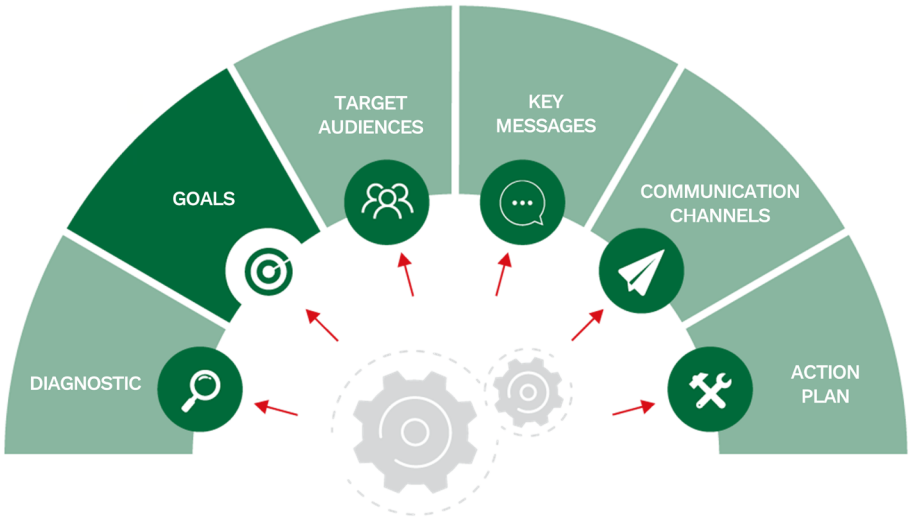


Figure 10: Structure of the strategic communication plan and communication goals

Once the starting point has been determined (and the respective information collected), goals are established that set the tone for the next steps, directing the communication plan. As such, the key question is:

Which goals are established so as to minimise problems and enhance opportunities?

Communication goals underpin the content of the strategy developed: a clear, consistent strategy increases the likelihood of more assertive, effective communication.

In developing health communication strategies, three areas are key to determining communication goals: information, involvement/motivation, and promoting behavioural changes.

Step by step

1. Set clear, concrete goals, avoiding wording that is too generic or subjective:

- Question: what exactly do we want to achieve?

2. Set goals that allow progress to be measured, avoiding broad or vague wording.

- Question: how will we know if we have achieved a certain aim?

3. Set attainable, useful goals, avoiding overly ambitious objectives:

- Question: given our resources and needs, will we be able to achieve certain aims?

4. Set goals to be achieved within a time frame, avoiding vague, arbitrary wording:

- Question: how long will it take to achieve a certain aim?

Examples of Communication Goals

- To instigate/boost the prominence of the NHP;
- To promote literacy about the NHP;
- To develop a consistent image of the NHP as a foundational tool for decisions made in health care (public, private, and social);
- To boost the reputation of the NHP as an accessible, credible, reliable source of information;
- To announce opportunities to participate in the NHP 2030 among the main Regional Health Care Authorities in the first quarter of operations;
- To increase the number of unique visitors to the NHP 2030 website (e.g., by 10% in the second semester of operations);
- To raise awareness of the NHP 2030 among national authorities in the first year in which the plan becomes operational;
- To underpin the commitment of all stakeholders by means of the NHP guidelines;
- To bring the NHP more in line with community life;
- Among others.



Key points:

Communication goals underpin the content of the strategy developed: a clear, consistent strategy increases the likelihood of more assertive, effective communication.

3. Target audiences

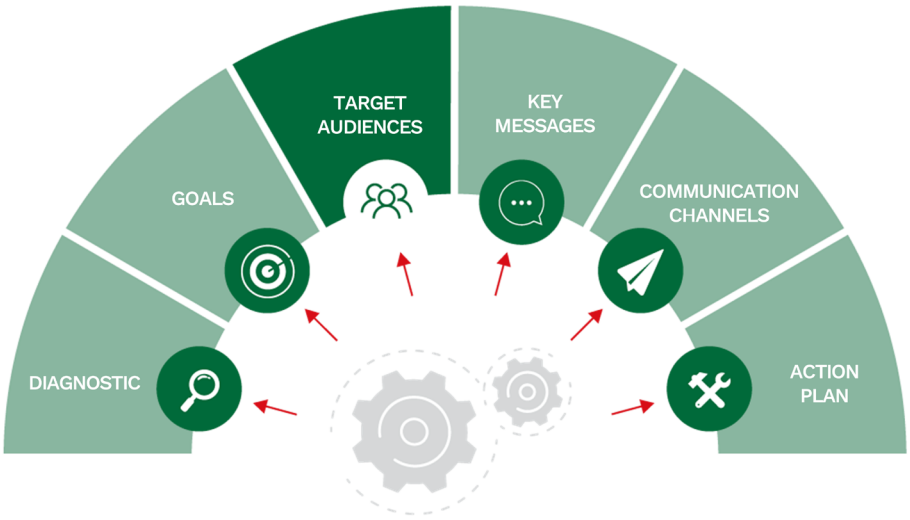


Figure 11: Sructure of the strategic communication plan and target audiences

A strategic communication plan must identify the groups of people/ organisations affected by the messages, whether directly or indirectly. Thus, the key question in this strategic step is:

Who will be the main recipients of the messages?

Considering the most common health communication goals, the recipient of a communication may be someone who (a) must be informed and/or (b) involved and/or (c) persuaded to change their behaviour. However, all groups of people/ institutions that facilitate or influence these and other aims are equally important.

Thus, the first step should be to segment recipients, that is, to **divide them into target groups** according to common criteria, characteristics, and purposes. It is also worth considering that although less likely, the same messages shared on the same channels may successfully reach a range of audiences.

Step by step

1. Establish the target audience of the strategy (prioritisation);

- For example: health professionals; the general public; local governments, etc.

2. Pick up on and systematise information about the various audiences in relation to their receptiveness to information / openness to involvement / behaviour changes:

- For example: a need for activation versus continuity of contact.

3. Anticipate and take into account any target audience special needs;

- For example: availability, accessibility, and acceptability (Johns Hopkins, 2003).

4. Pick up on and systematise information about similarities between audiences (**segmentation**);

- For example: internal versus external; patient versus prescriber.



Key points:

The recipient of a communicative process may be someone who (a) must be informed and/or (b) involved and/or (c) persuaded to change their behaviour.

4. Key messages

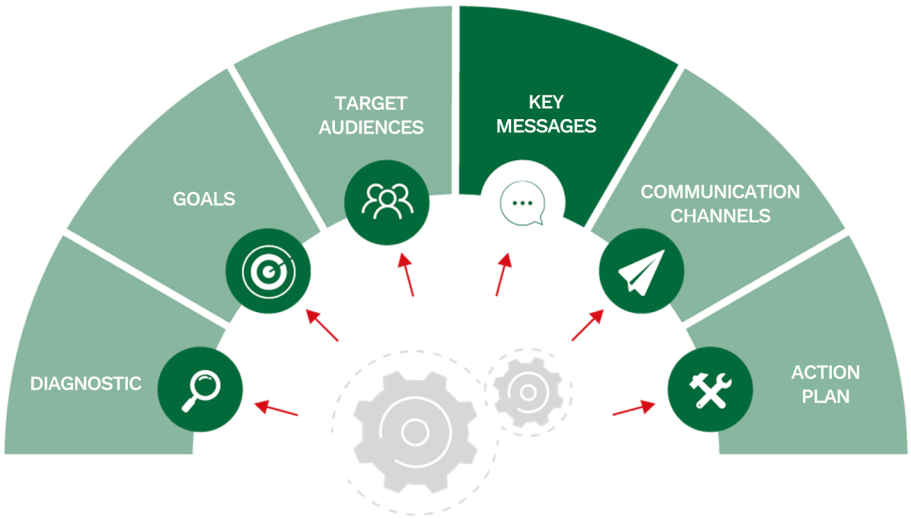


Figure 12: Structure of the strategic communication plan and key messages

The most relevant messages can be sequentially selected by establishing goals, framing the scope of messages and the target audience, and determining what sets each audience apart. As such, the key question is:

What information do we want the target audiences to take in?

Key messages should be determined based on what is considered central to achieving previously established goals, as well as the characteristics and needs of the target audience, which may need to be further tailored. Thus, if the goal is to inform, the key message should centre on the information; if the goal is to involve, the key message should highlight the process; while if the goal is to encourage behavioural change, the key message should focus on the benefits and advantages of that change.

Regardless of the strategic approach taken in a more concrete plan, a list can be made of generic traits to enhance the success of this phase.

Step by step

1. Establish a key message for each campaign/action;

- For example: goal - > boost awareness of the NHP; Message - > The NHP underpins health care in Portugal;

2. If necessary, divide the key message of the campaign/action into different sub-messages suitable for different audiences or goals;

- For example: goal -> to involve the community in the NHP; Message -> Taking part in the NHP allows you to influence the state of health in Portugal over the next 10 years.

3. Prioritise messages (managing quantity and timings);

- For example: as a rule, a balanced number of key messages will be reached by crossing the communication goals with the respective target audiences.

4. Ensuring the relevance and temporal/spatial appropriateness of the message (WHO, 2017);

- For example: when developing a local strategy, messages containing more global, generic content may not be effective.

5. Match **the tone** of messages to target audiences and goals;

- For example: informative, factual tone; motivating tone; instructive, educational tone, etc.



Key points:

Key messages should be determined based on what is considered central to achieving previously established goals, as well as the characteristics and needs of the target audience, which may need to be further tailored.

5. Communication channels

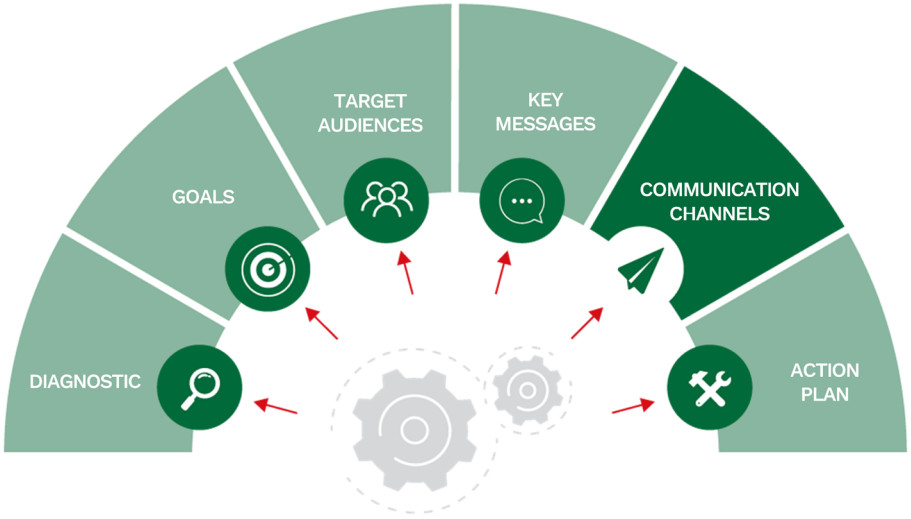


Figure 13: Structure of the strategic communication plan and communication channels

Selecting the best communication channels means selecting the media able to deliver messages to the corresponding audiences. Firstly, the use of channels that have been successful at meeting their aims in the past can be maintained by the organisation/team - these should not be neglected. However, there may also be a need to consider using other channels, depending on the strategy and resources available. It is also essential to establish how external audiences will be reached. As such, the key question is:

How do messages reach target audiences?

To answer this question, it is important to consider two aspects: the channel's reach and influence. The greater the reach of a channel (for example, television), the greater the potential for the message to reach more people; however, the channel may have less influence due to the harmful effects of audiences being 'bombarded' with large amounts of information per second and the resulting reduced absorption/attention capacities. In contrast, a communication channel with a large audience may not be suitable for a specific audience, leading to the communication effort being misdirected. Thus, balance being achieved between these two aspects will depend on the channel's characteristics and the target audience's profile.

Channels can be classified into three major categories:

Interpersonal channels used in communications between health professionals/patients; health professionals/health professionals, peer-to-peer, etc.
Community-oriented channels used in communications with the community, such as local media, posters, billboards, conferences, round tables, screenings, training, etc.
Mass-media channels used to reach large audiences in a short period of time, such as television, radio, print media, billboards and urban furniture for communication, the internet, etc.

(Adapted from Johns Hopkins, 2003, p. 33)

Across these channels, digital and mobile channels should also be considered. These allow for a high degree of personalisation when compared to other common channels such as posters or billboards.

A relatively recent practice that can help communicate targeted subject matter is to send text messages endorsed by (associated with/recommended by) a recognised Institution (for example, the DGS). These can reinforce messages and operate as credible warning mechanisms, identification tools, and far-reaching formats. However, it is important to note that the use of this channel has considerable limitations, and messages must comply with mandatory suitability and relevance requirements.

Step by step

1. Examine existing channels and those to be acquired against the resources available;

- For example: websites, print media, television screens, etc.

2. Determine the profile of the target audience in terms of media consumption and adapt to it;

- For example: does it make sense to use the internet to communicate something relating to older adults?

3. Calculate the necessary balance between the reach/influence of channels (WHO, 2017);

- For example: interpersonal channels are generally more beneficial for information communicated for the purpose of inspiring behavioural change (for example: an individualised action in a screening); community-oriented channels are more beneficial for the communication of information relevant to a particular community as a whole (for example: a Health Communication Guide 1: Best Practices local newspaper or a poster in the health

centre); finally, mass-media channels are more beneficial for communicating information of general importance with no particular segmentation (for example: a press conference on national television).

4. Prioritise the quality of channels over quantity;

- For example: if it is possible to effectively communicate a message via fewer channels, a goal can be met with reduced time and resource expenditure. Investing in an excessive number of channels can be counterproductive as the core message will tend to disperse.

5. Carry out preliminary tests when using certain channels to share more sensitive messages;

- For example: preliminary testing of a message/channel combination can be decisive in terms of the reception and general acceptance of a piece of information.



Key points:

Choosing the best communication channels means selecting the media able to successfully get the messages to the corresponding audiences, taking into account the reach and influence of the channel.

6. Action plan

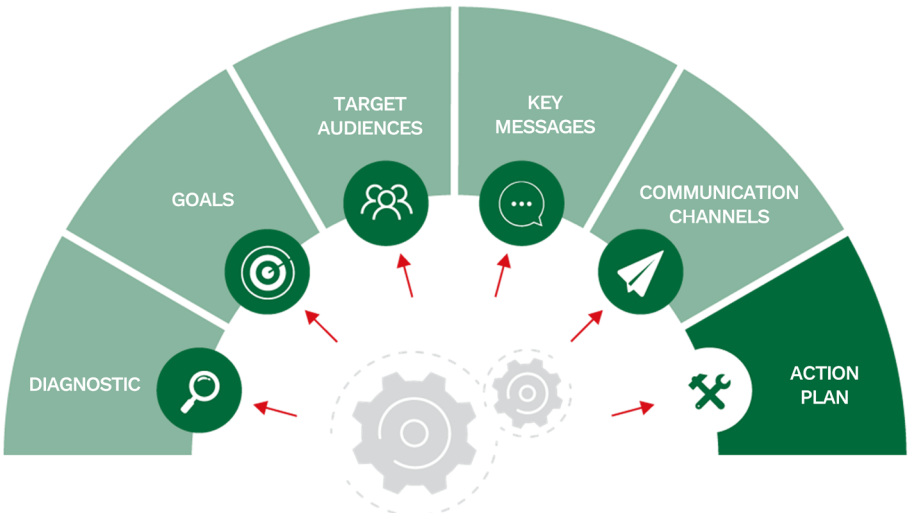


Figure 14: Structure of the strategic communication plan and action plan

Actions must be planned before a plan is implemented and, given the central importance of this practice, should be designed strategically. This means choosing actions that send out key messages and help enhance the main communicative opportunity via the communication channels selected.

As such, the key question is:

Which actions best embody the key messages?

The actions selected may take different forms and be planned depending on the channels available. Each channel has varied potential. As such, employing creativity and perseverance makes it possible to develop a wide range of actions thanks to specialised communication techniques such as Advertising, Public Relations, and Online Communication.

To inform	Distributing leaflets; strategically placing an informational poster; building a billboard or advertising panel; sending out newsletters or e-mails; holding focus groups; sending press releases/summons; filming a brand video and transmitting it via screen systems; radio/television spots; social media content, etc.
To involve/ motivate	Holding workshops or conferences; running competitions/ organising screenings; carrying out various training actions; celebrating relevant dates; entering into partnerships with patient associations; etc. runs/walks/visits; sharing testimonials; encouraging joint events with the local community; developing forums for informal interactions; holding flash mobs; school trips.
To promote behavioural change	Organise screenings; carry out various training actions; celebrate relevant dates; enter into partnerships with patient associations, etc.

(Adapted from *National Cancer Expert Reference Group*, 2016, p. 7)

Step by step

1. Recall the communication goals, target audiences, and communication channels established;

- For example: for each action proposed, draw a table to match the goals, audiences, and projected channels.

2. Conduct creative brainstorming to determine the actions appropriate to the target audience;

- For example: actions that seek to involve younger members of society may not have the desired effect if run through generalist television or the press.

3. Anticipate inclusive actions;

- For example: not neglecting people with visual/auditory/physical difficulties (for example).

4. Take advantage of various channels to add value to the message (redundancy);

- For example: an action does not have to be limited to a single channel. Interactions between channels allow for increased reach, attention, and the systematic coverage of an audience.

5. Predict logistical needs;

- For example: will multiple authorisations be required? Will specialised professionals need to be hired? Who are the key players?

Key points:

Choose actions that embody key messages and help enhance the main communicative opportunity via the communication channels selected.
*Find more information on the implementation of communication plans **here**.*

Strategic communication plan example

Diagnosis: identify the problem/communication opportunity	Lack of motivation and team breakdown > Promoting a sense of belonging	
Communication goals	Foster a culture of internal appreciation	
Target audience	Internal team	
Key messages	Every opinion counts	Together we are stronger
Channels	Interpersonal channels	
Activities (plan)	Workshop on teamwork (Team Building exercise)	Competition calling for ideas on how to improve the day-to-day operations of health professionals (prize and winning ideas implemented)

(Example adapted from *NHS*, 2016, p. 4)

V. Developing concepts and materials

Topics

- Identifying a good insight
- Creating a communication concept
- Setting the tone of communication
- Adapting media and channels
- Producing materials

Insights

What is an insight?

An insight can be described as the right idea — an "*aha experience!*" (Bowden & Beeman, 1998) —, an epiphany, or inspiration - the capacity to achieve a clear, profound, and at times immediate understanding of a complex problem or situation.

Insight is the profound truth of what influences target audience behaviour. It is the process of unearthing causes of behaviours and understanding beliefs, attitudes, obstacles, and potential unblocking factors.

Gaining good insight is a complex challenge because doing so depends on many variables and requires a disruptive, creative approach, unusual use of concepts, and an innovative look at reality.

It is a factor considered when analysing audiences, seeking to understand their position when faced with certain circumstances. Good insight is the starting point for the creation of a communication concept.

Examples of communication insights in the context of drafting the NHP 2030:

- Stakeholders within the health care sector: "*My point of view should be valued; I like to feel that I am part of the solution.*"

- Stakeholders outside the health care sector: "*Operating in a sector peripheral to health care, I am not always aware of the impact I can have on the strategic drafting of health policies.*"

- General population: "*Right now, I have a considerable distrust of health authorities/health systems.*"

Key points:

Insight must always come from observation. It is important to filter insights that alter message content.

Identifying good insight

- Establishing the general public's perspective on a given subject, knowing their attitudes and expectations, *modus operandi*, and **expected behaviours** (see Health Communication Guide 2: Specialised Areas, p. 51).

Communication concept

A strong, strategically planned communication concept clearly conveys goals, ensures the various elements within the action are aligned, transmits a coherent message that is correctly understood, and optimises results.

The creation of a concept for a campaign/action/plan should always take into account pre-existing elements such as visual identity, logo and colours, tone and type of language - as established in the communication policy - aspects that should be taken into account in the drafting of strategic guidelines and content produced by the NHP 2030.

Step by step

1. Characterise the target audience of the campaign/ action/plan;

2. Take into account the materials/content available on the same topic or any other to which that audience has access;

3. Take into account the previously outlined pillars of the NHP and apply them:

- the NHP as a collaborative and participatory process;
- commitment;
- responsibility;
- integration;
- inclusion.

4. Hold one or more brainstorming sessions;
E.g., holding meetings with team members to gather ideas/ keywords.

Tone

What is tone?

The tone of communications reveals the identity, values, and personality of a brand/organisation, as expressed through words, images, or other language. It also conveys its standpoint to its audiences. It must be consistent across all communication channels so as to come across coherently, but it can adapt to different circumstances: it can be more informative or empathetic, emotional or formal.

Establishing the communication tone is essential to producing effective materials, as if the tone is adjusted to the target audience of the message, it becomes clearer and more engaging, more easily impacting the behaviour of those who receive it.

How can the communication tone be adjusted?

- Use the active voice to facilitate understanding;

- Opt for positive, supportive, encouraging messages, boosting receptivity;

- Make message content direct and specific so that the information is quickly understood, and the audience knows how to proceed;

- Choose the vocabulary employed carefully, ensuring that the target audience of the message is familiar with the words and terms used. For example, jargon, metaphors, or words that may have different regional meanings should be avoided;

- Whenever possible, adapt the information to different contexts to allow audiences to identify with the message more easily.

Which tone should be used for different audiences of the NHP?

It is essential to adapt the tone when communicating messages to different audiences. The following tones should be considered when designing communications:

Health professionals	Factual, informative, motivating, collaborative tone. Use of terms such as “we” to promote the idea of collaboration. If possible, include relevant quotes to present how work done by professionals has impacted people’s lives or will affect the wider community.
General population	Informative, creative, personal, direct, and engaging. Written content should be able to be read aloud, designed to address a person directly. The audience receiving the message should feel informed and confident.
Internal audience	Informative, motivating, and collaborative.

Communication media

The choice of information medium must be adapted to the goal sought, message, and profile of the target audiences. The following topics should be considered:

- What is the goal of the content to be shared?
- Who is the target audience of this message?
- How health literate is the target audience?
- What are the key ideas within this content?

Once these questions have been answered, the list of media suitable for the type of message and target audience can be narrowed down.

Online platforms

Content published online must grab the user's attention, respond quickly to their needs, and direct them to other content, if necessary. Examples of online platforms are websites, mobile applications, and social networks.

Suggestions to consider when managing online platforms:

- Create content that responds to user needs using the active voice and a conversational tone (question-answer);
- Avoid using complex/specialised vocabulary/terms;
- Create visually appealing content (choose three colours, white space, create information groups, use graphs/charts, highlight the key message);
- Write brief, objective messages;
- Use links that redirect to other useful pages/sites;
- Do not include irrelevant or unnecessary information.

Pamphlets/Flyers

Pamphlets or flyers are effective communication tools to simplify complex information, employing appealing visual content that is easier to understand, such as graphs, icons, "step by step" information, among others.

Points to consider when creating pamphlets/flyers:

- These media generally ease an audience's understanding of a specific topic;
- They may contain step-by-step information or messages encouraging concrete action;
- They should include summarised information (not exceeding two pages);
- They are easy to read/understand - they use short sentences and vocabulary adapted to the target audience of the message;

- Complex jargon/terms should be avoided;
- It is important to include visually appealing content.

Videos

Videos are an increasingly powerful tool used to share information with various audiences due to them being appealing, empathetic, and easy to understand.

Points to consider when creating videos:

- Videos can be animated (usually more informative) or live action;
- This media is not suitable for use when faced with the need to transmit large amounts of information;
- The video production process includes the creation of a script that mirrors the key messages and images to be used;
- It is important to establish the channel(s) on which the video will be published early on, so as to adapt it to various viewing formats.

E-mail

E-mail is a communication tool that allows for information to be transmitted quickly and practically. It is therefore an important element to an institution's internal and external management to the extent that it contributes to such an institution's image, positively or negatively, through the message sent. Ideally, e-mail content should always adhere to the NHP 2030's visual identity in order to make recipients aware of the context of the message. Quick response rates are essential to achieving assertive communication.

Points to consider when creating e-mails:

- Using appropriate **language and tone**, introducing, and concluding the subject matter;
- Concise messages - As e-mails are quick communication tools, information must be carefully selected;
- Make the goal of the message clear by presenting it at the beginning of the body of the e-mail and providing a summary at the end, should the e-mail contain a substantial amount of information;
- Highlight the most relevant information in bold/colour (e.g., date and time of an event);
- Clear e-mail subjects;
- The layout or visual appearance of e-mails should be organised and incorporate paragraphs, highlighted text, colours, and logo(s).

Before sending, verify:

- The date, time, and location of the event;
- The title that explains the e-mail subject line,
- The agenda, if necessary;
- Confirmation of attendance request, if necessary.

Key points:

Quick response rates are essential to achieving assertive communication.

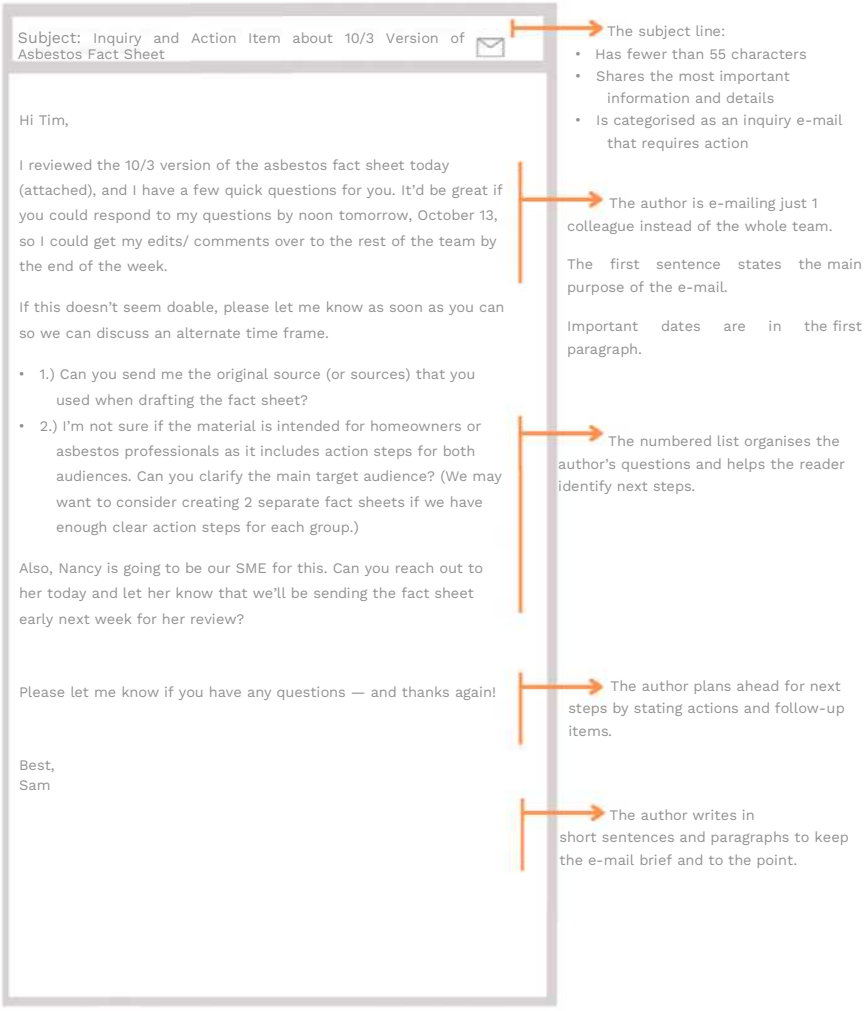


Figure 15: Sample e-mail (adapted from Health Communication Playbook - Resources to Help You Create Effective Materials, 2018, p. 92)

Online and offline channels

An effective communication strategy should be designed holistically and cohesively. It should employ both online and offline channels to reach its full potential. Communications should be approached on a case-by-case basis so as to get the most out of both types of media, depending on the goals and target audiences of the message and the resources available. Having said that, the following questions should be asked:

- What is the overall goal of the campaign/action/plan? The content aired on different channels must be interrelated, uniformly conveying the concept created. To make this possible, the campaign must be designed from a global perspective from the offset before being adapted to different channels.
- How should information be divided between different channels? It should be segmented according to the audiences and characteristics of each channel.
- How can the message/concept be adapted to various channels? The content must be adapted to different media, although it must maintain a coherent thread.

Online Communication Channels	Main features	Advantages
Website	The website should be the primary official communication channel; possibility of sharing different content: infographics, interactive graphs, articles, videos, webinars, etc.	Able to incorporate a blog.
Blog	Must provide educational/ informational content on various subjects; It is important that the blog is kept up to date.	Possibility of including a location for questions / suggestions.
Social Media	Should provide relevant content in a variety of formats, such as photos, videos, and texts; Frequent publications should provide for an active presence; Users of these media expect quick, direct responses; Posts should be created following a strategy that provides for various channels.	Direct interaction with audiences; Each social media has unique characteristics and, as such, content must be created/adapted.
E-mail	Allows messages to be personalised for different recipients; High levels of interaction with audiences (direct responses).	Low cost.

Mobile Application	Able to bring together a large amount of content and information in one place; Effective for sending out reminders/updates or warnings via notifications; Can be personalised through users creating personal accounts.	Available for the vast majority of mobile devices; Numerous features able to improve accessibility and speed of access to information; Facilitates processes, generating increased user comfort and satisfaction (for example, booking appointments/ accessing test results).
SMS	Conveys information clearly and in detail; Effective channel for reminders/updates or warnings; Minimally invasive.	Real-time notifications; Great open and read rates; Reach.

Before posting, consider:

- Is the content aligned with the NHP and DGS communication policies?
- Is the text appropriate for the channel used? (It may help to check other examples of communication produced by the organisation to adjust the language and tone.)
- Are any hashtags used short, relevant, and memorable?
- Are the images/videos, graphs, gifs, etc, used of high quality?
- Are users directed to another communication channel should they want more information? (E.g., links* to the website) *note* use online tools to shorten links
- Are previous organisations or publications properly cited?

Offline Communication Channels	Main features	Advantages
Television	Ads or other content must adhere to a communication strategy; Increased identifiability by audiences.	Wide reach.
Radio	Local channel; Intimate; Information should be shared using simple, direct language.	Wide reach.
Posters	Able to provide more detailed information about a specific subject; Posters must be designed according to a strategy; It must convey a concrete message/ call to action.	Provides variety in content creation by allowing for diverse formats and sizes; Low cost; Anyone who passes the same location several times repeatedly takes in the message provided.
Billboard	Impactful; Attention-grabbing.	Increased geographical reach.

Production of materials

Layout

Visually attractive content is created by ordering the text and images hierarchically, taking into account the importance and prominence of each piece of information and structuring them from left - most important - to right - least important and from top to bottom, respectively, corresponding to the mechanics of reading.

White space is equally important, ensuring the content is well-organised and easily legible. As such, it is important to write short, direct sentences when selecting information.

How can information be highlighted?

- Font size, colours, and the placement of key messages can be varied;
- Use titles and subheadings that highlight the topics covered, followed by relevant information;
- Present text in text boxes with varied colours/formats;
- Use icons (arrows, highlight symbols, etc.);
- Use appropriate contrasting colours, preferably taking into account the **visual identity of the NHP 2030** and all possible variations.

Images

Images should be chosen carefully, ensuring their relevance. All images within a layout must have a purpose - to explain an action, for example.

If the images contain people, they must be behaving appropriately and responsibly - for example, for a pamphlet explaining COVID-19 preventive measures, ensure that the person illustrated is wearing a mask.

Tables and graphs

Tables and graphs should be simplified, easy to understand, and provided alongside supporting texts that explain the information presented. No visual elements should contain complex values such as decimal numbers.

Using mobile phones for audio-visual production

When it is not possible to use communication professionals or the Directorate-General of Health of Portugal resources to create audio-visual content, using a mobile phone with good image quality may be an option.

Suggestions for using mobile phones for audio-visual production:

1. Content must be considered and planned before it is recorded, taking into account the goal and outcome sought. If possible, a script should be written that conveys the ideas of the content and guides recordings and post-production.

2. Mobile phones that film in FULL HD (1920x1080 pixels) or 4k (3480 x 2160 pixels) should be used where possible;

3. Avoid shooting videos vertically, as it is easier to adapt horizontal videos to various formats, if necessary;

4. Select locations with more depth, such as a room with (blurred) items in the background over a white wall;

5. Use accessories that improve stability, lighting, and sound, such as tripods, lighting (especially indoors), and microphones for footage that contains dialogue;

6. Use the focus adjustment tool to highlight the most important elements of a scene;

7. Exposure - content should not be filmed in low lighting, as this leads to substantially decreased image quality. Shooting in well-lit locations can avoid unwanted shadows. Never point the camera directly at a bright light source, and exposure should remain consistent throughout the video | Tip: use backlighting or white balance correction tools to adjust the light;

8. Framing - position yourself as close as physically possible to the object filmed rather than using the mobile phone camera zoom, as its use leads to a significant loss of image quality;

9. To avoid background or movement noise, film in quiet locations with as little environmental noise as possible;

10. Whenever possible, record sound using a recording device with a quality higher than that of a mobile phone, which is usually weaker than a Lavalier microphone, for example. This alteration should only be made if image-sound synchronisation can be ensured in post-production. If this option is not available, the mobile phone should be placed as close as possible to the audio source;

11. Short videos with simple, direct messages are usually more engaging;

12. Include background sounds/music at strategic moments to catch the audience's attention and make the content more dynamic and appealing;

13. Do not use hard cuts. Videos should tell a story and make sense in a wider context;

14. If unable to employ communication professionals, applications that allow for intuitive video editing can be used, such as:

- iMovie; Movie Maker; tools endorsed by the DGS

Resources available

Photograms	https://www.pexels.com/pt-br
	https://pixabay.com/pt/
Sounds	https://freesound.org/
Songs	https://www.bensound.com/
Vectors	https://www.freepik.com/
Fonts	https://fonts.google.com/

VI. Implementing communication plans

Topics

- Segment target audiences
- Pinpoint the relevant audiences of the NHP 2030
- Identify implementers
- Explore actions that promote activation and engagement
- Invoke more effective implementation

This is the stage in which the **strategic definitions** are established - when a communications plan begins to come off the page and is applied to shape public opinion, inform, and influence attitudes and behaviours, for example. Operational decisions must now be made as part of a series of consistent steps.

Target audience segmentation

Why segment target audiences?

Target audience segmentation is based on the premise that though social groups are not homogeneous, their members are connected by certain characteristics. This duality results in considerable differences in how individuals respond to certain messages - a particularly relevant factor when attempting to influence attitudes and behaviours. Thus, segmentation allows you to (Lacerda, 2020):

- Communicate more efficiently;
- Communicate in a more personalised way;
- Communicate proactively;
- Communicate uniquely (positioning).

Key points:

Being aware of and identifying target audience segments and their relevant communicational characteristics is crucial to building a targeted, useful strategy - in which messages and channels are aligned with audience concerns, needs, and perspectives - rather than a scattered, inconsequential strategy that wastes resources.

How is an audience segmented?

Segmenting requires structured criteria to be established and consistent research and information to be collected on the **target audience**. Seeking support from a specialist able to identify relevant insights on the audience to be segmented may be advisable.

However, a good starting point from which to identify subgroups of a target audience is to establish a set of criteria (Johns Hopkins, 2003):

	Segmentation criteria
Sociodemographic criteria	Sex, age, qualifications, socioeconomic status, profession, marital status, household, religion, language, etc.
Geographic criteria	Country, region, urban or rural, community or isolated, etc.
Behavioural criteria	Degree and consumption of information, motivation, involvement, and predisposition to change, etc.
Psychographic criteria	Lifestyle, values, concerns, activities, interests, preferences, etc.

Considering the complexity of the relationships established in the health care ecosystem, audience segmentation may require more incisive, systematic work. Answering the following questions, which have been drafted according to the parameters established, may be a good first step:

Availability	
Question	Check
Are the communication actions in the strategic plan implemented in the location where the target audience lives/works/frequents?	

Accessibility	
Question	Check
Can the benefits put forward by the strategic plan be easily accessed by the target audience - either in terms of physical resources or in financial terms?	

Acceptability	
Question	Check
Is the implementation of the communication programme socially (or other) acceptable to the target audience?	

Scope		
Question	Segmentation	Check
Are the actions in the communication plan aimed at internal employees of an organisation or actors internally involved in a project?	Internal	
Are the actions in the communication plan aimed at audiences external to the organisation/project but with interest in the issuer?	External	

Prioritisation		
Question	Segmentation	Check
Are the actions in the communication plan designed to respond directly to the needs and interests of these audiences?	Priority	
Do the actions in the communication plan affect the needs and interests of these audiences, even if indirectly?	Secondary	

Purpose		
Question	Segmentation	Check
Do the actions in the communication plan seek to directly benefit (inform, influence, activate, etc.) these audiences?	Consumers/Patients	
Do the actions in the communication plan seek to take advantage of the authority/relevance/recognition of third parties to reach the audience intended?	Prescribers/Influencers	
Do actions in the communication plan aim to produce media repercussions?	Media	
Do the actions outlined in the communication plan seek to respond to specific community needs?	Local community	
Do the actions outlined in the communication plan seek to respond to general populational needs?	General population	



Key points:

This checklist presents individual segments for practicality, but combining criteria is recommended for more effective segmentation. For example, a communication action may prioritise a target audience - a particular patient association, for example - which will benefit from the initiatives carried out. Messages can be sent to this group via specialty doctors who frequently contact these patients, acting as prescribers of information. This simple example overlaps three different but complementary segments.

Main health communication audiences of Portugal's NHP 2030

Considering the nature, communication goals, key messages, and other **communicational attributes**, five main target audiences can be identified as being either directly or indirectly involved in the implementation of the NHP 2030, which can be segmented into various categories in a cyclical, rotating process:

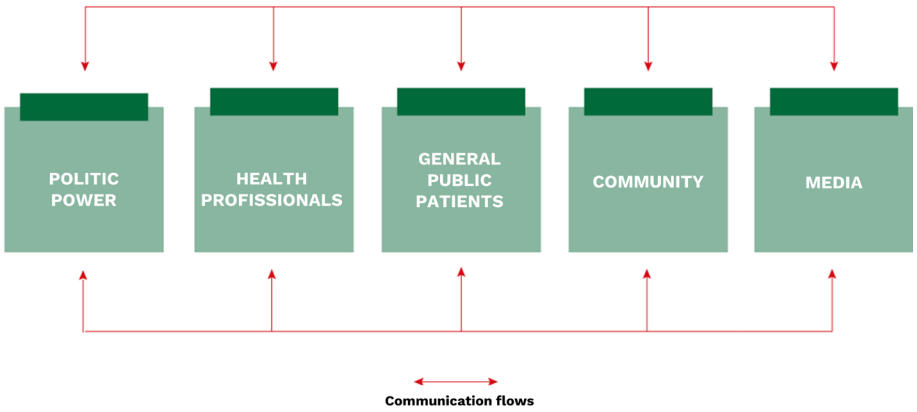


Figure 16: Communication flows between the main target audiences of the NHP 2030

This selection also responds to the operational goal of bringing this guide in line with the day-to-day operations of the professionals who will use it to the greatest extent possible, as it is aligned with the results of the **communication surveys** conducted.

Key implementation actors

Those appointed to implement the plans are stakeholders who maintain stable contacts over time by virtue of their area of operations (whether public, private, or social) and are therefore relational focuses.

1. Health professionals

Health professionals are often the first point of contact in the health care relationships established. In addition to the vital nature of their professional role, the constant interpersonal interactions required of them justify their role as activators and regulators of health communications. The key question that may arise is:

How can health professionals be activated and involved in implementing health communication plans?

- By sharing supporting elements/materials geared towards the standardisation and recognisability of the **NHP 2030 brand**, encouraging its use;
- By promoting periodic meetings in which to share information, exchange views, and validate processes;
- By regularly providing up-to-date information via less formal means, e.g.: bulletin boards or service newsletters;
- By promoting training (and workshops) on Public Health Communication;
- By implementing idea sharing/feedback processes, ensuring the appropriate follow up tools are implemented. For example: 'do you have any ideas of how to improve health professionals' day-to-day lives or the service they provide?;
- Collect and share testimonials (on digital channels, physically in the workplace, at specific events, etc.).



Key points:

In addition to the vital nature of their [health professionals'] professional role, the constant interpersonal interactions required of them justifies their role as activators and regulators of health communications.

2. Community partners

Think strategically about **community partnerships** (see Health Communication Guide 2: Specialised Areas, p. 25) - such as political and local authorities, community and voluntary organisations, patient associations, etc.- encompassing groups of players who interact closely with communities, who may even become prescribers of health information, taking messages further (WHO, 2017). This involves considering their various spheres of influence, such as in the private, public, and social sectors. The key question is:

How can a community partner be activated and involved in implementing health communication plans?

- By having in-depth knowledge of the community in which a communication plan is to be implemented;
- By sharing supporting elements/materials geared towards ensuring the standardisation and recognisability of the **NHP 2030 brand**;
- By establishing and nurturing continuous and reciprocal communication channels (e.g., sending a monthly newsletter, invitations to events, sharing relevant content and information to be shared on their channels, etc.);
- By promoting interaction forums in which to listen to important stakeholders, rendering them protagonists in the process of change;
- By encouraging participation in public health actions, such as screenings and specialised training actions;
- By sharing knowledge in gatherings and round tables held in community venues;
- By strengthening communication and social marketing strategies that promote the implementation of healthy policies;
- By developing health education and health literacy programmes through the creation of partnerships.

For more information, see - **Community Communication** (Health Communication Guide 2: Specialised Areas, Chapter III “Community-based Communication”).

Key points:

To think strategically about community partnerships encompassing groups of players who interact closely with communities, who may even become prescribers of health information.

3. Patients/Members of the General Public/Residents

Patients/members of the general public also take on a fundamental role in implementing this plan by establishing themselves as the key beneficiaries of a population-based plan that identifies the main health problems and provides intervention strategies aiming to resolve them.

However, patients/members of the general public will only take on their full role in this process if the principle of Public Health awareness is cultivated, in which it is accepted that their individual state of health shapes and is shaped by the state of health of their peers. This leads to one of the most challenging questions:

How can patients/members of the general public be activated and involved in implementing health communication plans?

- By systematically and comprehensively raising awareness of the NHP and all its components;
- By valuing patients/members of the general public as the main precursors of change, placing them at the centre of the problem and providing practical solutions to start the process;
- By presenting real opportunities for participation in order to respond to the specificities of each one;
- By involving patients/members of the general public in health actions in a way that is neither intrusive nor critical. People do not like to be pulled up on their mistakes. It is preferable to adopt community initiatives that transmit relevant information under the pretext of mobilising and valuing cultural identity (for example: events involving groups of the general public in hospitals/health centres).



Key points:

Patients/members of the general public/residents will only take on their full role in this process if the principle of public health awareness is cultivated, accepting that their individual state of health shapes and is shaped by the state of health of their peers.

Find out more about interpersonal communication and user communication protocols here:

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3526719/
- https://www.aafp.org/afp/1998/0501/p2131.html
- https://www.aafp.org/fpm/2018/0900/p13.html
- https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html

4. Media

Local and/or national media can be seen as partners sharing relevant information due to their inherent credibility and validity. The relationship with these media sources must be cultivated based on the premises of transparency, clarity, proof, and mutual support. The key question is:

How can the media be activated and involved in implementing health communication plans?

- By providing frequent meetings with journalists to exchange relevant information;
- By checking all information shared;
- By ensuring that the information provided is relevant to the strategy but also to the population (newsworthiness criteria);
- By preparing the institutional interlocutor to meet the need to share new, relevant information (with the organisation and the media);
- By displaying availability for any matters relating to the specific context and follow-ups;
- By sharing resources, documents, and the means necessary to facilitate and prompt media coverage (e.g.: Press Kits);
- By creating the conditions necessary for journalists to carry out their duties clearly and transparently.



Key points:

The relationship with the media must be cultivated based on the premises of transparency, clarity, proof, and mutual support.

For more information, see - **Communication with the Media** (Health Communication Guide 2: Specialised Areas, Chapter VII “Media Relations”).

Operationalising the communication plan implementation

The implementation of a communication plan must follow on from strategic decisions made and planned previously and detailed in the launch of any communication plan/action.

In addition to the emphasis already placed on target audiences — as failing to determine the recipients of communications and their characteristics makes implementation of the plan unlikely to be successful - other useful operational guidelines are available with which to answer the question:

How can a strategic health communication plan be implemented?

Resources:

1. Detail the (internal and external) human/technical/financial resources required and available for implementation **|** For example: make a list and compare the differences;

2. Establish the human/technical/financial resources to be hired **|** For example: if necessary, hire new employees, taking advantage of mutually beneficial partnerships/collaborations (such as students of vocational subjects);

3. Verify the quantity and quality of communication materials necessary to successfully comply with the action plan **|** For example: whenever possible, reuse or adapt more complex materials (such as videos);

4. Design alternative scenarios to circumvent any gaps in the human/technical/financial resources required for implementation **|** For example: if a face-to-face meeting is not possible, have a digital option available;

5. Consider inclusive media **|** For example: channels adapted to those who are blind, deaf, have any physical disabilities, etc.

Items to be validated:

1. Validate compliance issues according to the identity model, communication policy, and channels used **|** For example: ensuring the visual uniformity and correct appropriation of the NHP 2030 brand;

2. Validate institutional authorisations **|** For example: if various partnerships have been entered into, ensure that everyone is aligned with the plan;

3. Validate the communication channels selected in terms of logistical, financial, and human resources (availability/interest/processing capacity) **|** For example: structural changes may take place between planning and implementation that require certain factors to be re-examined;

4. Validate the physical spaces to be used **|** For example: ensuring they are accessible;

5. Carry out test runs of actions in more sensitive cases **|** For example: test them on a focus group and assess interpretations of particular materials.

Contacts:

1. Check and update the list of most important contacts for the scope of the communication plan **|** For example: if the plan contains media goals, it is important that an updated list of the main media to contact (in terms of reach and scope) is available;

2. If distributing/positioning physical materials, draw up a list of the best suppliers in the area (or validate an existing list) **|** For example: printers (flyers, banners, posters), stampers (signs), etc.;

3. Verify the need to hire professionals with specific technical skills (to be contacted subsequently) **|** For example: if the plan includes shooting an institutional video, it will be necessary to contact a production company (at the very least);

4. Survey and list community organisations/institutions of interest for the strategy to be contacted subsequently **|** For example: include local authorities, (voluntary) charitable organisations; patient associations, etc.;

5. Should partnerships be entered into, confirm the availability and respective forms of partnership, as well as strengthening the reciprocity of relationships **|** For example: phased, written communications (relationship record);

6. Open a tender to external organisations promptly so as to assess cost/benefits | For example: if the plan or part of the plan is implemented or managed by third parties, it is important to assess every possibility (although it is advisable to cultivate and maintain pre-existing relationships);

7. If convening the mass media, prioritise strategic contact | For example: firstly, with an agenda summons, then with a follow-up phone call, and later with a press release (providing more information and establishing the context).

Task force:

1. Confirm and/or update the list of people involved | For example: always have backup teams if necessary (and possible);

2. Clearly distribute tasks and assign task forces, each with a team manager | For example: for each action, list the group of people responsible as well as the respective 'leader' and their roles;

3. Develop and communicate criteria and expectations for each employee | For example: if there is a dress code, they will need to be informed in advance;

4. Promote general contacts with the team and bilateral contacts with managers | For example: adjust performance, listen to feedback from the team, and motivate/value members;

5. Run (and validate) actions with institutions, community networks, and partner organisations (prescribers) | For example: reminding them of their responsibility and realigning their practices with established goals.

When 'launching':

1. Clearly **schedule actions** to be implemented | For example: assign goals, audiences, and an implementation team (with contacts) to each action/group of actions;

2. Appoint an institutional spokesperson and ensure they are prepared for the role | For example: see 'Communication with the Media';

3. When promoting press conferences, choose a location with the best possible conditions | For example: space for journalists and their equipment, no interruptions, and quality acoustic and lighting conditions;

4. Closely monitor the implementation of the programme | For example: if necessary, realign implementers with the main goals;

5. Keep in constant contact with the task force | For example: use intuitive, immediate communication channels for faster communication (e.g., WhatsApp or Slack);

6. Collect feedback from all stakeholders | For example: use a checklist to compare plans with the actions actually carried out and adjust the plan in real-time (if possible);

7. Collect data for the subsequent **assessment** of the plan | For example: adjustments that are not possible at the time should be documented for subsequent discussion.



Key points:

These suggestions can be applied generically, depending on the type of situations encountered, aiming to enable the best decisions to be made when implementing communication programmes. Specialist support may be required, depending on the extent and aims of the plan.

VII. Evaluating the effectiveness of communication plans

Topics

- Effectiveness of communication
- Assessment tools
- Follow Up
- Scheduling

Methodologies for studying communication effectiveness

Evaluation is fundamental to a communication strategy so as to determine whether the options selected were the best and why or why not.

As such, an evaluation of the plan should be provided for from the offset to allow for an interim evaluation to be carried out and for any elements that may not correspond to the goals established to be adjusted, if necessary. This evaluation therefore allows for:

- Channel results, language used, interest, etc., to be measured;
- Knowledge to be gained of various online audiences, according to their reactions and insights collected, and for expectations to be forecast;
- Planning to be adapted when done in the interim;
- A starting point to be established for new strategies and campaigns, which can be designed in view of previous campaigns' positive and negative aspects in addition to the data and information obtained in the evaluation process.

When planning the evaluation, consider:

- What are the goals of this communicative action? What is the aim?
- Which behaviours does the programme intend to change? Who will I need to engage with to gather information for the evaluation?
- What is the time frame available to measure the impact?

Assessment tools

If measurements and evaluations are conducted frequently, the communication employed can be adapted to make it more effective. Various metrics are available with which to evaluate communication actions, such as:

- Page/post views - the number of page views and time spent by internet users on it can reveal data about the reach and relevance of the content.
- Social media interactions - likes, comments, and shares are important to engage audiences and collect feedback.
- Most read content - content maintenance and restructuring can take into account the most read content, which achieves better results, therefore contributing to alterations.
- Clipping - news pieces published in newspapers, magazines, on the radio, on websites, television channels, and other media containing references to the organisation are selected, documented, and compiled into a report. It is important that the clipping take into account not only the number of pieces published with references to the organisation but also the content and medium in which they are published. A clipping allows for a comparison to be made with competing organisations.
- AVE (Advertising Value Equivalency) - measures a company's level of exposure in the media by calculating the space covered by the media coverage and the price of the equivalent ad space.

Many media platforms contain integrated metrics that allow for the reach of a video posted to be determined through the number of views and interactions recorded, for example.

The results of these evaluations should be considered in all subsequent campaigns and interventions and, as such, it is important that the results of this evaluation are shared so that the teams involved are aligned and well-informed.

When sharing these results, consider:
- Informing the teams of the evaluation conducted;
- Presenting the results in percentages to ease interpretation;
- Using graphs and images to highlight content and make it easier to read.

Follow-up and scheduling

Follow-up consists of monitoring and collecting feedback from various stakeholders throughout a communication action.

This supervision allows for correcting any reversible errors and improving subsequent campaigns based on the responses obtained.
Scheduling is a key part of strategic planning in communications, as it allows for coherent, relevant, useful content to be structured, even if priorities change based on recent events.

A content schedule can help structure plans of action, as it provides an overview of needs. This scheduling may contain the predicted application date, messages, images, and segmentation by networks, among other topics that may be relevant.

VIII. References

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Supporting materials

Consult Identity and Brand at pns.dgs.pt (https://pns.dgs.pt/files/2022/02/Marca-PNS-apresentacao-seta-verde.pdf)

Feedback/ Contact

Your opinion counts.
The NHP 2030 values your experience. Share your best practices, questions, and suggestions with us (pns-21-30@dgs.min-saude.pt) so that they may be included in future editions of this guide.

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