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| CALIFORNIA **Office of Oral Health** | **COMMUNICATIONS PLAN**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LOHP) ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_ (Date) |

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| **Performance Measure & Work Plan Objective:** | |
| **STAGE OF PLAN:**   * No Formal Activities * Planning/Advocating * Policy/System Change Proposed * Policy/System Change Adopted | |
| **COMMUNICATION OBJECTIVES:** | **AUDIENCES:** |
| (*Use S.M.A.R.T. objectives and align with workplan priorities.*) | Primary:  Secondary: |
| **MESSAGES:** | **LOCATION TARGETING:** |
| Key Audience Message: |  |
| **STRATEGIES:** | |
| **Will you be using SMILE CA material?  Yes  No | Name of creative campaign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If no, what ads will you be running? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who developed the ads? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **STRATEGIES: General Media** | **STRATEGIES: Social Media** |
| **Activity Number(s):** | **Activity Number(s):** |
| **Timing:** *(please list specific weeks/months)* | **Timing:** *(please list specific weeks/months)* |
| **Website URL:** *(if applicable)* | |
| **Key Considerations:** *(Please list any key considerations or other notes that will have an impact on your media efforts.)* | |
| **Planned Channels and Materials:** *(i.e., Meetings, Webinars, Website Posting, Legislative Briefings, Emails)* | |
| **Evaluation Methods and Measures:** *(website statistics, social media traffic, digital surveys)* | |