

# Guidelines for Media Planning

## Introduction

Media campaigns are a crucial part of a strategy aimed at changing people’s health behaviors. Vital Strategies’ BREAKTHROUGH Strategic Planning Model for Communication Campaigns uses evidence-based approaches to plan, prepare, implement and evaluate population- level communication programs to achieve desired public health outcomes (see Fig. 1).

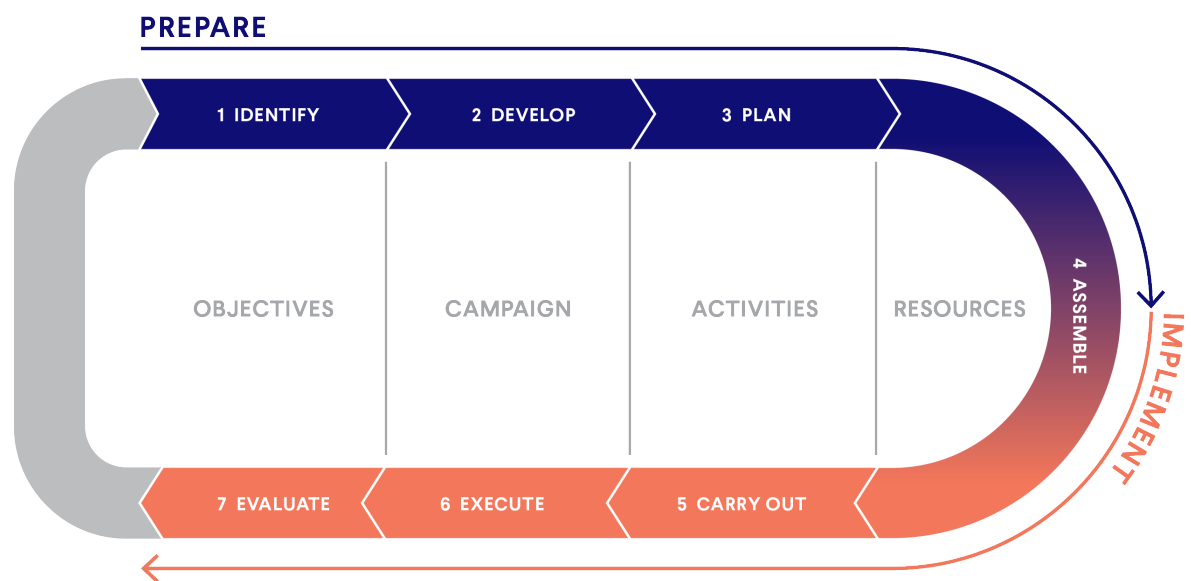


Fig. 1. BREAKTHROUGH: Strategic Planning Model

The BREAKTHROUGH Model operates on the principle that there are three critical components of successful public health interventions:

- **Powerful campaign messages achieve optimal behavioral impact;**
- **Effective dissemination and reach of messages to the target audiences; and**
- **Exposure to campaign messages over time**

These guidelines are designed to inform Stages 3–6 of the Strategic Breakthrough Model —Plan, Assemble, Prepare and Implement—to achieve a BREAKTHROUGH in health behavior change, in relation to a variety of risk factors such as tobacco and alcohol use, lack of physical activity, etc.

To help reduce rates of non-communicable disease, public health media campaigns should ensure that public health communication programs reach the campaign’s target groups and effectively influence behavior change. They should also seek to provide optimal return on investment (ROI)<sup>1</sup> so that they can continue to air campaigns as needed to create the desired change over time.

## Adopting a scientific approach to media planning

Health programs operating in the resource-constrained settings of low- and middle-income countries (LMICs) must carefully consider the local media environment in order to transmit their messages effectively and achieve a good ROI.

The components of best-practice, evidence-based media plans vary from one country to the next, depending on the media landscape. Professional media planners should be contracted to provide expertise on media plans for public health communication programs.

## What Are Gross Rating Points?

Best-practice media plans operate on a system of Rating Points, which are a measure of the percentage of an audience potentially viewing a message by the frequency of exposures. When aggregated, the Total or *Target Audience Rating Points* (TARPs) of all media channels are called *Gross Rating Points* (GRPs). GRPs are calculated through audience media surveys, conducted at regular intervals by private sector companies who sell this data to advertising agencies and their clients.

These surveys identify which media channels and specific programs have the highest percentage of viewers or listeners. In some countries, a scientific system of calculating GRPs may not be available due to the limited number of advertisers and the costs involved in conducting regular audience surveys. In these countries, other approaches to media planning can be adopted to develop best-practice models to ensure that messages are effectively disseminated to the widest possible audiences.

## Media Planning Options

Understanding the media consumption habits of the desired audience is crucial when developing the optimal media plan. The most efficient channels of communication—those that can reach the largest audience at the lowest cost—are most easily identified from audience or other survey data, which may also provide audience media preferences—what media they use and when.

## Media Placement Options: Traditional to Digital

The range of *media vehicles* to be used can vary considerably across different countries and across different demographic groups. An effective media mix—may include traditional electronic media channels such as TV, radio, as well as newspapers and out of home (OOH) billboards, which generally provide the most extensive reach to broad audience segments.

Other communication channels might include online or digital media, social media or SMS on mobile phones. More community level approaches that don't have the reach of mass media but may complement mass media efforts and activate ground level engagement include community billboards, wall paintings, posters, etc.

Digital media can provide valuable process metrics that allow campaigners to gauge if campaigns are gaining wide reach and if messages are engaging audiences. Metrics such as numbers of Facebook likes, comments and shares, Twitter retweets, Web page visitors, or SMS delivery and responses indicate whether a campaign has gained traction. However, to determine behavioral outcomes, these metrics are not sufficient and should be integrated into a research strategy that looks at changes in knowledge, attitudes, beliefs and behavioral intentions within target audiences.<sup>2</sup>

## Optimizing Media Plans

Evidence on the optimal media plans for public health programs indicate plans of around 100 GRPs per week may provide adequate reach and frequency of messages. This is based on broad access to media channels, high weekly viewing hours and homogenous audiences in high income countries (HICs).<sup>3</sup> Adequate frequency over sustained periods of around two months will optimize success of campaigns. Exposure to messages over time has also been found to increase individuals' recall of and response to campaigns.<sup>4,5,6</sup>

Campaign managers must also be wary of a diminishing rate of returns or “message decay.” This mainly occurs when media messages are run at potentially excessive frequencies—such as

6+ exposures per person during the programming period.<sup>7</sup> This is generally not a dilemma faced by public health programmers who face limited budgets as this type of media schedule requires considerable investment.

### **What to do in environments where GRPs are not used to determine media plans?**

In countries where media surveys or GRPs are not conducted, a good rule of thumb is for a minimum of 30 public service messages per week on each national channel, with at least 50% of the spots aired during prime-time viewing periods. To achieve high recall, a gold standard media plan should aim to achieve 70% reach of the target group, with a frequency of 3+ messages per person, although highly graphic, “threat” messages used for some noncommunicable disease prevention campaigns<sup>8</sup> can achieve effective recall with even fewer exposures.<sup>9,10</sup>

### **How to think about the cost of media planning relative to the costs of the communication program overall**

Media placement often carries the highest price tag of the communication program and does not include the cost to produce advertising material or the cost of research and evaluation. A rule of thumb for the budgeting of media delivery within a communication program budget is as follows: *Media production 20%; Media delivery 70%; Research and evaluation 10%*. Please note: Media production costs can often be reduced by sourcing already existing effective advertising materials that can be adapted into other local contexts (see <https://www.vitalstrategies.org/resource-center/media-campaigns>)

## **References**

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