Preface

The CBA Provider Network (CPN) National Resource Center (National CRC or Resource Center) will utilize multi-focal strategies to achieve planned outcomes. Central among these will be the two-pronged approach to marketing. The Resource Center will carry out internal marketing and communications to CBA Providers and will market the services of the CPN to the HIV prevention workforce. This marketing plan is focused primarily on external marketing to the HIV prevention workforce.
1. **Introduction**

Since 1988, the Centers for Disease Control and Prevention (CDC) has provided funding to organizations for the purpose of building the capacity of state and local health departments and community-based organizations in implementing HIV prevention programs. In 2014, healthcare organizations were also funded to build the capacity of this category of HIV prevention providers.

In 2010, the National HIV/AIDS Strategy was released, and galvanized the federal government around key goals and strategic action steps. Toward meeting the vision and goals of the National HIV/AIDS Strategy, CDC will institute a new initiative, Community High-Impact Prevention (CHIP), in order to shift programmatic efforts of the capacity building organizations to further maximize their prevention impact to reduce HIV infections and related morbidity, mortality, and health disparities across the United States and its territories.

The Capacity Building Branch (CBB) is one of five branches in the Division of HIV/AIDS Prevention (DHAP) at CDC. The CBB accomplishes its mission by maintaining the following priorities:

- Provide national leadership and partnership support.
- Ensure diffusion of effective behavioral interventions and public health strategies.
- Design curricula and trainings.
- Provide oversight of the marketing, delivery, and quality of capacity building assistance.

Through its Capacity Building Assistance (CBA) program, the CBB makes services available free of charge to community-based organizations, healthcare organizations, and health departments through a national network of CBA Providers.

The Capacity Building Assistance Provider Network, known as the CPN, includes 23 grants to 21 different organizations that provide information, training, and technical assistance to the nation’s HIV prevention workforce. The CPN is CDC’s flagship program that fully reflects the new direction for providing Community High-Impact Prevention services.

The work of the CPN is coordinated by the National CBA Provider Network Resource Center (National CRC or Resource Center). The Resource Center is responsible for providing organizational, informational, and communications leadership and support to the network of CBA Providers and for promoting national visibility and utilization of the CPN programs and services delivered to health departments, community based organizations, and healthcare organizations – the workforce that provides prevention services to people living with or at risk of acquiring HIV.

This marketing plan is designed to promote national visibility of the CPN in order to improve promotion and broad dissemination of CBA products and services and to facilitate rapid adoption of evidence based interventions by health departments, community-based organizations, and healthcare organizations. The ultimate goal of this effort is to support DHAP’s vision of a future free of HIV. The Resource Center has established an operating structure for the CPN that includes a Communications Committee. The Communications Committee is broken down into two sub-committees: marketing and website. Both sub-committees are comprised of representatives from the CBA Provider Network. The marketing sub-committee will review the marketing plan and contribute to its ongoing refinement and implementation.

The National CRC considered several models used for developing a marketing plan before selecting the model depicted below. The selection of this model was informed by industry standards and in part, by *Marketing2020*, a comprehensive study initiated by EffectiveBrands in partnership with the Association of National Advertisers, the World Federation of Advertisers, Spencer Stuart, *Forbes*, MetrixLab, and Adobe.
2. **Marketing Objectives**

The National CRC has used CDC Funding Opportunity Announcement (FOA) PS14-1403 as a guiding document in developing the marketing objectives for the CPN. Additionally, the initial findings from the CBA Provider needs assessment conducted by the Resource Center has informed the development of objectives and the marketing mix described in this plan.

The CPN’s marketing objectives are:

2.1. Create a recognizable CPN brand.
2.2. Increase awareness and utilization of research-based, culturally and linguistically appropriate capacity building assistance for high impact HIV prevention available through the CPN.
2.3. Support the National HIV/AIDS Strategy, particularly the goal of achieving a more coordinated national response to the epidemic.
2.4. Build communication, coordination, and collaboration among CBA Providers to amplify the impact of the Network overall and avoid duplication of effort.

3. **Situation Analysis/SWOT**

Important to establishing a future direction, is the process of analyzing the situation as it exists today. A situation analysis that includes an evaluation of strengths, weaknesses, opportunities, and threats (SWOT) provides a useful benchmark for adapting this marketing plan in the months ahead.

**Situation Analysis**

The National HIV/AIDS Strategy for the United States was released in July 2010 and highlighted the need for renewed commitment, increased public attention, and leadership focused on HIV, amid a decline in the public's sense of urgency around the domestic epidemic, challenges in serving people living with HIV, and higher healthcare costs. CDC reports that more than 50,000 people become infected with HIV each year, with more Americans living with HIV than ever before. The National HIV/AIDS Strategy has three primary goals:

1) Reduce the number of people who become infected with HIV.
2) Increase access to care and optimize health outcomes for people living with HIV.
3) Reduce HIV-related health disparities.
These goals have informed the development of this CPN Marketing Plan. Likewise, the DHAP Strategic Plan 2011-2015 has served as a guide to the development of strategic marketing objectives for the CPN as it embarks on network-wide initiatives as part of CDC’s Cooperative Agreements, PS14-1403 “Capacity Building Assistance for High-Impact HIV Prevention.”

Together, the 21 providers that make up the CBA Provider Network, are responsible for providing information, training, and technical assistance in order to build the capacity of the nation’s HIV workforce. The CPN’s capacity building assistance products and services focus on:

- HIV testing.
- Prevention with HIV-positive persons.
- Prevention with high-risk HIV-negative persons.
- Condom distribution.
- Organizational development and management.
- Policy.

The CPN must collectively brand and market its CBA programs and services to positively impact the awareness of and utilization of state-of-the-science capacity building assistance available to the HIV prevention workforce.

**Strengths**
The CPN is CDC’s flagship program that fully reflects a new direction for providing high quality CBA services to health departments, community-based organizations, and healthcare organizations to plan, implement, and sustain a high-impact approach to HIV prevention. CDC’s recognition of this program as a *flagship program* will be foundational to CPN marketing initiatives.

Many CBA Providers bring years of experience in capacity building assistance and have relationships with the HIV prevention workforce that will bring an initial steady flow of CBA requests. The strong reputation of these providers and quality service will be an excellent foundation for the CPN to build upon in branding and leveraging the entire CBA Provider Network as a collective with even greater strength.

The CPN’s state-of-the-science programs and services are provided to the HIV prevention workforce at no cost. In a time of severely constrained resources, this will be a marketing advantage.

**Weaknesses**
In an environment of 24/7 communications, there is competition for “air time” and CBA consumer attention. Hence, the CPN must compete for the attention of busy professionals working in the nation’s health departments, community-based organizations, and healthcare organizations. These professionals operate in a hectic and dynamic work environment, particularly in the midst of changes in healthcare as a result of the Affordable Care Act.

In addition to general “noise,” there is communication and outreach from other similar federally-funded initiatives such as “CBA to Improve Delivery and Effectiveness of HIV Prevention Services for High-risk and/or Racial/Ethnic Minority Populations” and the AIDS Education and Training Centers (AETC) Program of the Ryan White HIV/AIDS Program. These similar or parallel programs may be providing messaging and information that could be confused with messages being put out through the CPN or through individual providers within the CBA Provider Network. Consistency in messaging from the CBA Provider Network to CBA consumers is critical.
Some challenges are not a part of the external environment, but rather internal issues regarding the receiver of the message. Initial needs assessment research with CBA Providers suggests that some CBA consumers, particularly those that are directly funded by CDC, may perceive a stigma or potential negative consequence if they request capacity building assistance. The CBA Provider Network will need to ensure that its marketing strategies include messaging that addresses perceptions of stigma and communicates the CDC expectation that health departments, community-based organizations, and healthcare organizations take full advantage of CBA programs and services.

Opportunities
The CBA Provider Network, as a whole, has not had a unified brand and messaging in the past. The launch of a new logo and brand image for the CPN provides an opportunity to make a “splash” in the HIV prevention field and has the potential to generate improved recognition among consumers of capacity building assistance that the CPN is THE source of trusted, state-of-the-science capacity building assistance endorsed and sponsored by CDC.

Developing a new brand identity, logo, and key messages is a process of consensus building around key terms and uniformity in communicating key terms and messages to the field. The Resource Center will work across the Capacity Building Assistance Provider Network to build consensus and buy-in around key terms and messages, as this will ensure consistency in communication.

Many opportunities for collaboration between branches in DHAP, especially the Prevention Program Branch and Prevention Communication Branch, exist. As the CBA Provider Network communicates and markets its services with a collective voice, it is better able to amplify the messages and objectives of CBB and other branches of DHAP.

Threats
Amidst the messaging that is pushed out by various federally-funded providers of services in HIV prevention, there are high-impact prevention (HIP) messages coming from sources other than CDC and the CPN. For instance, there are other federal agencies such as the AIDS Education Training Centers (AETCs) funded by the Health Resources and Services Administration (HRSA) that offer HIV training and services. With the new emphasis from CDC on High Impact Prevention (HIP), health departments, community-based organizations, and healthcare organizations will be even more challenged to sort through information and sources of information in order to determine what is ultimately going to provide the programs and services they need to build their capacity.

The CBA Request Information System (CRIS) website usability has also been an issue for some CBA consumers and CBA Providers. There are no current plans for the system to undergo any changes, so the CPN and marketing initiatives will need to overcome the negative perceptions held by potential consumers and identify opportunities for technical assistance within the CRIS system.

A few members of the CPN have questioned the need for a comprehensive brand of which all CBA Providers would be a part. The marketing sub-committee will work with all CBA Providers to raise awareness of and create buy-in around the value of a national brand for the CPN.
4. Market Segmentation

4.1 Market Segments – Key audience segments on which the National CRC will focus in this marketing plan are listed below. Over time, these audiences will be further evaluated, based on geographic, demographic, psychographic, behavioristic, and other distinguishing characteristics. Different consumers have different needs and further research and analysis of the audiences below will better equip the CPN to meet their needs. Initial audience analysis performed in collaboration with the Marketing sub-committee provides the following audience insights:

4.1.1 Internal Audience
- CBA Providers for health departments, community-based organizations, and healthcare organizations
- CDC Capacity Building Branch
- Other DHAP Branches

4.1.2 External Audience
- Health Departments
- Community-based Organizations
- Healthcare Organizations
- Partners (such as, other federal agencies [e.g., HRSA, CMMS], other federally funded training and technical assistance centers [e.g., AETCs], tribal governments, colleges/universities, faith-based organizations, for-profit organizations, and non-traditional partners [e.g., HBO, Facebook, Google, Human Rights Campaign])
- People living with or at risk of acquiring HIV

4.2 Research and Analysis – The National CRC will continue to assess and further define the marketing mix to be implemented in this plan and will update the plan accordingly. Additional target market information will determine what look and feel will work well with target markets, what messages will resonate with target markets, and what mechanisms (products, means of distribution) for disseminating those messages will work best for each target market.

4.2.1 As CRIS data emerges over the duration of PS14-1403 cooperative agreements, the CPN Resource Center will incorporate historical or new data on CBA consumers and service requests that becomes available. The CPN Resource Center will also gather and consolidate Google analytics from the CPN website, counts of participants in online courses, and other participant data from capacity building assistance programs/services over time.

4.2.2 Summary of primary research on audience segments – Based on the experience of the CBA Providers working with the field, some generalizations about the HIV Prevention workforce can be made. The workforce has a large segment of professionals ready to retire and likewise, it has been observed that the workforce is younger and younger. Many younger members of the workforce don’t have experience or recollection of the early years of the HIV/AIDS epidemic and the large numbers of people who died, and hence have lost some of the sense of urgency in the HIV prevention field. There is a growing need for succession planning and professional development for the younger members of the workforce, in order to prepare for the eventual retirement of large numbers of individuals. The HIV Prevention workforce that is employed in the nation’s health departments, community-based organizations, and healthcare organizations tend to be over-worked and under-funded in their work. In some respects, segments of the workforce may be a skeptical audience for CPN messages – they really want to know “how can CBA support our organization in developing new and innovative strategies to serve our highest needs populations?”
4.2.3 The following initial data further describes the primary markets for CBA services by category (HDs, CBOs, HCOs) and will assist in building consumer personas that will provide a better understanding of CBA consumers as people and describe their specific needs.

-Health Departments (HDs)
  - HD staff tend toward multi-discipline teams that are comprised of individuals with different levels of knowledge and understanding of CBA
  - HDs don’t always do a good job of conveying CBA information to CBOs and the CPN will need to provide strong messaging for use by HDs

-Community-based Organizations (CBOs)
  - CBOs are comprised of multiple layers of staff and all groups will need CBA marketing messages (direct service, managers/coordinators, senior staff, CEO/executive director)
  - CBOs are facing challenges around adapting for specific populations and CBA can assist them with addressing this challenge

-Healthcare Organizations (HCOs)
  - HCOs first need to be convinced they are a part of the target market for CBA
  - HCO audience is multi-layered and different subsets of this audience will respond to different messages (front line staff, clinicians, administrative)
  - HCOs often have “care teams” that include healthcare counselors, educators, social workers, medical assistants, and others. CPN messaging will need to incorporate support staff.
  - HCOs approaching high-impact HIV prevention is a different model and they will likely be seeking concrete tools to help them in this work

4.2.4 Identified needs of primary markets

- CBOs need clear guidance on HIP and how their organization can align with that guidance
- CBOs need to be educated on the fact that CBA Providers can negotiate on their behalf with their Project Officers on adaptation timelines
- HCOs need capacity building around billing and ACA (how will billing be implemented?)
- In the HCO environment, different messengers carrying the CBA message will be important (e.g., clinicians prefer to get information from other clinicians)
- There are many opportunities for collaboration across categories
  - Guidance on what HIP is and collaborating with FQHCs
  - Guidance to new 15-1502 awardees specific to the need for CBOs to develop relationships with clinics
- All CBA consumers could benefit from a library of scientific literature relevant to their work
5 Define the Marketing Mix [The following Year 1 strategies and activities are underway; some will carry over into Year 2.]

### Marketing Timeline

**March 2015**
- 5.4.2.3. Develop and implement social media "listening"
- 5.4.3. Relationship building and partner-based marketing
- 5.4.3.1. Identify potential partner organizations and reach out to partners for cross promotion
- 5.4.3.2. Conduct a "linking" campaign to promote CPN events/ trainings in various partner organization
- 5.5. Create and disseminate at least 5 all-purpose promotional materials in both English and Spanish to market the CPN.
- 5.6. Prepare at least 1 specialized marketing packages targeted to potential CBA recipients 5.6.1
- 5 Pre-test marketing packages with marketing
- sub-committee and target audiences

**February 2015**
- 5.2.1 Review draft marketing plan with marketing sub-committee
- 5.2.2 Update and refine marketing plan based on additional needs assessment data, CDC baseline data
- 5.4.2. Social media marketing
- 5.3.3 Develop and distribute the CPN Style Guide to the Network
- 5.3.4 Develop a uniform set of presentation slides that explain the CPN for use by all CBA Providers to ensure consistent messaging
- 5.3.5 Create templates, graphics for multiple platforms, and other assets for CBA

**January 2015**
- 5.1. Establish a marketing sub-committee with representation from CBA Providers and members of the National CRC marketing team (Q3)
- 5.2. Develop a state-of-the-art CPN marketing plan (Q3)
  - 5.2.1 Review draft marketing plan with marketing sub-committee
  - 5.2.2 Update and refine marketing plan based on additional needs assessment data, CDC baseline data (CRIS and other CDC research)
  - 5.2.3 Rollout final marketing plan to CPN in a series of virtual trainings (Q4)
- 5.3. Institute the CPN brand (Q4)
  - 5.3.1 Develop CPN logo
  - 5.3.2 Develop CPN tagline and key messages
  - 5.3.3 Develop and distribute the CPN Style Guide to CBA Providers
  - 5.3.4 Develop a uniform set of presentation slides that explain the CPN for use by all CBA Providers to ensure consistent messaging

**December 2014**
- 5.3.1 Develop CPN logo
- 5.3.2 Develop CPN tagline and key messages
- 5.3 Institute the CPN brand

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5.3.3 Develop and distribute the CPN Style Guide to CBA Providers

5.3.4 Develop a uniform set of presentation slides that explain the CPN for use by all CBA Providers to ensure consistent messaging
5.3.5 Create templates, graphics for multiple platforms, and other assets for CBA Providers to use in marketing individual and collective work and make available on dedicated section of CPN intranet site.

5.4 Incorporate the use of innovative strategies and technology to increase awareness and utilization of CPN programs and services by potential CBA consumers (Q4). Strategies include:

5.4.1 Web-based marketing
   - 5.4.1.1 Purchase Google Ads to market the CPN brand and reach a broader audience
   - 5.4.1.2 Conduct Search Engine Optimization (SEO) to increase CPN website and social media account identification
   - 5.4.1.3 Include a RSS feed button on the CPN homepage, along with social media account buttons, to provide website visitors an option to connect with CPN and receive announcements

5.4.2 Social media marketing
   - 5.4.2.1 Build CPN’s social media strategy by establishing and managing five social media sites (Facebook, Twitter, LinkedIn, Instagram and Tumblr). The initial strategy in Year 1 will focus on building an audience and awareness of CPN and over subsequent grant years, the goal will be to increase engagement and document results.
   - 5.4.2.2 Gather and report social media metrics for the purpose of establishing baseline data for CPN social media activity and points of reference for social media goals and performance measures to be developed in years 2-5 of the grant cycle
     - Metrics may include: impressions/views, number of followers, level of engagement (number of people who take some form of action based on messages), trend tracking, thought leadership, interactions from influencers/detractors, brand mentions, sentiment, customer happiness, product feedback
   - 5.4.2.3 Develop and implement social media “listening” by monitoring conversations, identifying trends, and increasing understanding of audience interests and knowledge
     - Employ appropriate tools to assist in social media monitoring (i.e., TweetDeck, Social Inbox, bookmarked streams, LinkedIn group digest and CPN page monitoring, Google Alerts)
     - Monitor the activity of thought leaders in HIV Prevention and related field; the conversation around words and phrases that are core to CPN brand; and questions or concerns people have about CPN products/services
   - 5.4.2.4 Develop a digital template for all electronic marketing materials ensuring optimization for viewing content across multiple platforms, including mobile devices

5.4.3 Relationship-building and partner-based marketing
   - 5.4.3.1 Identify potential partner organizations and reach out to partners for cross promotion
   - 5.4.3.2 Conduct a “linking” campaign to promote CPN events/trainings in various partner organization platforms (publications, eNewsletters, websites, etc.)

5.5 Create and disseminate at least 5 all-purpose CPN promotional materials in both English and Spanish to market the CPN (Q4).
   - CBA Postcard
   - CPN social media magnet
   - CPN brochure
   - CPN Folders
   - CPN pens

5.6 Prepare one specialized marketing package targeted to HIV Prevention workforce focused on Transgender Health in support of National Transgender Health Summit (Q4). Package to include:

   - 5.6.1 Pre-loaded flash drive with National Transgender Health Summit meeting agenda and materials, CBA Provider Directory
5.6.2 Flyer of CPN Resources targeted to Transgender population
5.6.3 Toolkit to support the launch of National HIV Testing Campaign for Transgender population
5.6.4 General CPN Brochure and CBA Postcard

5.7 Develop a technical assistance program for CBA Providers to increase their understanding of marketing and utilization of the marketing packages to reach their target audiences, which may include (Q4):
- Training of CBA staff in the implementation of marketing activities via 10-min video, which will provide overview of marketing plan, collateral, targeted populations, and recommendations for distribution activities
- Social media marketing tactics for sharing across the Network
- Lists of potential CBA consumers for direct marketing
- List of CRIS coordinators for direct marketing

5.8 Present and/or exhibit at 2 national HIV prevention (or related) conferences as a means to market the Network (Y1) (Note: The CRC exhibited at the United States Conference on AIDS in October, 2014 and CRC Co-Director presented on behalf of CPN at the National Coalition of STD Directors annual meeting in Washington, DC, October 28-31, 2014)

5.9 Prepare and launch external communications targeted to a range of recipients, including, but not limited to, CBA consumers and potential consumers, partner organizations, and the field of HIV Prevention and other related fields
5.9.1 Produce a monthly eNewsletter for release in January 2015.
- Build a subscriber list for the newsletter of up to 1000 within first six months of distribution
5.9.2 Produce a blog for release in 2015.
- Produce up to six blog posts after the blog is released with an average of 100 visits per post

6 Evaluate and Adjust
6.1 Determine data that will be tracked and measured over time in conjunction with the marketing sub-committee (Q4)
   - Outputs (measures of efforts)
     • CPN Marketing Plan
     • CPN Visual Style Guide
     • Monthly CPN eNewsletter
     • Intra-CPN Communication Strategy
   [Outcomes (measuring change that occurs because of outputs – baseline data from CDC will be necessary to measure change from Year 1 activities)]
     • Increase in HIV Prevention workforce’s recognition of the CPN as a credible, national resource for providing CBA to facilitate high-impact HIV prevention
     • Increase in accessibility of all CPN-developed materials to the public
     • Increase and maintain operational efficiency of the CPN by increasing coordination and communication among CBA Providers and decreasing duplication of effort

6.2 Obtain baseline data (e.g., CRIS usage data) (Q4)

6.3 Develop measurement tools and schedule (Q4)
   6.3.1 Gather feedback from target audience segments
   6.3.2 Collect data from CDC staff and CBA Providers (utilize a mix of online focus groups, surveys)
   6.3.3 Monitor progress on CRIS requests

6.4 Develop a “brand ambassador” award program to reinforce CPN brand implementation (Q4)

6.5 Work with Marketing sub-committee to review and adjust the marketing plan on an annual basis
Comments or questions about this plan may be directed to:
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