Tools for Behavior Change Communication

CONTENTS

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Many health and development programs use behavior change communication (BCC) to improve people's health and wellbeing, including family planning and reproductive health, maternal and child health, and prevention of infectious diseases. BCC is a process that motivates people to adopt and sustain healthy behaviors and lifestyles. Sustaining healthy behavior usually requires a continuing investment in BCC as part of an overall health program.

The tools in this issue of *INFO Reports* are meant to help with planning and developing a BCC component in family planning programs. The same tools can be used, however, for any health- or development-related BCC program. This report is part of a set of publications on behavior change communication. Other publications in the set are *Population Reports*, "Communication for Better Health," and *INFO Reports*, "Entertainment-Education for Better Health."

See companion *Population Reports*, "Communication for Better Health." Also see companion *INFO Reports*, "Entertainment-Education for Better Health."

✓CHECKLIST:
Behavior Change Communication Program Cycle

How to use this tool: Family planning program managers can use this checklist to help plan, carry out, and evaluate BCC programs. The checklist reflects the communication program processes of several organizations (see list of sources at end of checklist). Each organization's process has different names for the steps, but they include common elements.

Each step highlights, in a colored box, tips for engaging the participation of members of the intended audience and other key stakeholders.

STEP 1 : Analysis

Understand Dynamics of the Health Issue

☐ Determine severity and causes of the health issue, noting differences by audience characteristics such as gender and ethnicity.

☐ Identify possible health-related behaviors that could be encouraged or discouraged.

☐ Identify social, economic, and political factors blocking or facilitating desired behavior changes.

☐ Develop problem statement that summarizes the above points to help identify what aspects of the health issue can be addressed through communication.

Understand Audience and Other Potential Participants in the Program (Formative Research)

☐ Identify primary audience (people who are at risk of or are suffering from the health problem) and secondary audiences (people who influence health behaviors of primary audience).

- Collect in-depth information about the audience: What are their knowledge, attitudes, and beliefs about health? What factors affect their health behaviors? What are their media habits? What access do they have to information, services, and other resources? Where do they currently stand in the stages of behavior change?

- Are there different groups of people who have similar needs, preferences, and characteristics (audience segments)? Will the BCC program need customized messages and materials to suit audience segments?

- Develop a profile, or description, of each audience segment to help the creative team develop effective messages and materials later (see p. 5 for a tool).

☐ Conduct participant analysis.

- What other people or groups can participate in the BCC program (partners, stakeholders, allies, and gatekeepers)? These may include nongovernmental organizations, professional associations, schools, faith-based groups, and the media. What skills or resources can they offer? What would motivate their participation?

☐ Conduct channel analysis.

- What communication channels are available?

- What are the strengths and weaknesses of each channel? For example, how effective are the channels in reaching the audience? How many people can they reach?

🤝 *Engage community participation*

- Be open and public about the program's objectives. Respond to the audience's expressed needs.

- Involve audience members and other key stakeholders in the analysis of their own concerns. Participatory techniques include scoring and preference ranking (community members weigh different problems or program options as to how well they meet various criteria) and community mapping and modeling. In this process community members draw a map of their community to identify what programs are available and where they may be needed most.

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INFO Project
Center for Communication Programs
Johns Hopkins Bloomberg
School of Public Health
111 Market Place, Suite 310
Baltimore, MD 21202 USA
410-659-6300
410-659-6266 (fax)
www.infoforhealth.org
infoproject@jhuccp.org

STEP 2 : Strategic Design

- [ ] Define communication, behavior change, and program objectives.
  - Communication objectives describe desired changes in indirect influences on behavior, such as knowledge, attitudes, and social norms. Behavior change objectives refer to intended changes in the audience's actual behavior. Together, communication and behavior change objectives contribute to the overall program objective, which refers to anticipated results of the overarching health program.
  - Are objectives SMART: Specific, Measurable, Appropriate, Realistic, and Timebound? (see companion *Population Reports,* p. 12)
- [ ] Develop a conceptual framework to show how program activities are expected to contribute to objectives.
- [ ] Use the conceptual framework to help select monitoring and evaluation indicators.
  - Are indicators *valid*—that is, do they measure the topic or issue that they are meant to reflect? Are indicators *reliable*—that is, do they produce consistent results when repeated over time? Are they *specific* (measure a single topic or issue), *sensitive* (responsive to change), and *operational* (measurable)?
- [ ] Prioritize communication channels.
  - Use relevant behavioral theories and findings from formative research to guide the choice of channels.
  - To help maximize effect, can the program use a mix of the three major types of channels—mass media, interpersonal, and/or community channels?
- [ ] Develop a creative brief to share with people and organizations involved in developing messages and materials.
  - Does the brief include a profile of the intended audience, behavior change objectives, resulting benefits that the audience will appreciate, channels that will carry the messages, and the key message points?
- [ ] Draw up an implementation plan, including activities, partners' roles and responsibilities, timeline, budget, and management plan.
- [ ] Develop a monitoring and evaluation plan.

🤝 *Engage community participation*

- Select participants who work with or represent those most directly affected by the health issue; ensure fair representation of women and marginalized groups.
- Facilitate their involvement in strategic design workshops by using appropriate exercises and "games."
- Hold workshops at locations in the community at times that are convenient for them.

STEP 3 : Development and Pretesting

- [ ] Develop messages and materials.
  - Use findings from formative research and the strategic plan to guide development. The creative brief and audience profiles developed in Step 2 summarize this information.
  - Tailor messages to the audience's stage of behavior change.
  - Choose type of appeal, such as empowering or entertaining, and tone, such as humorous or authoritative.
- [ ] Pretest messages and materials with audience members.
- [ ] Revise messages and materials based on pretesters' reactions.

🤝 *Engage community participation*

- Form an advisory group made up of key stakeholders close to or representing the audience. Advisory groups can provide useful advice about developing appropriate messages and materials and can help with revisions after pretesting.
- Invite audience members to suggest messages and materials.

STEP 4 : Implementation and Monitoring

- [ ] Develop and implement a dissemination plan.
- [ ] Manage and monitor program progress—activities, staffing, budget, and responses of the audience and other stakeholders.
- [ ] Make midcourse adjustments to the program based on monitoring results.

🤝 *Engage community participation*

- Mobilize a large number of stakeholders to help implement activities and develop a broad sense of ownership.
- Offer different means and levels of participation during implementation. For example, for a radio program, audience members can participate in listening groups, suggest questions for the program, or even start a community radio program.
- Include audience members and other stakeholders in steering committees to oversee program implementation, make recommendations, and ensure action to improve activities.

STEP 5 : Evaluation

☐ Measure outcomes, assess impact.

☐ Disseminate results to partners, key stakeholders, the news media, and funding agencies.

☐ Record lessons learned and archive research findings for use in future programs.

☐ Revise or redesign program based on evaluation findings.

Sources: Cabañero-Verzosa 2003 (3), Figueroa et al. 2002 (6), GreenCOM 2004 (8), Health Communication Partnership 2003 (9), National Cancer Institute 2001 (13), O'Sullivan et al. 2003 (14), Synergy Project 2006 (18), Tapia, Brasington, and Van Lith 2007 (19), U.S. CDC 2006 (21), UNICEF and WHO 2000 (24), and WHO 2003 (25)

Engage community participation

- Involve audience members in evaluating the program against parameters they set themselves (participatory evaluation). Ask what they want to know and why, how they can help conduct the evaluation, and how they will use the results.
- Encourage involvement of audience members in experimental evaluations (designed to measure outcomes objectively). Share key findings of the experimental evaluation with audience members and of the participatory evaluation with other stakeholders.
- Encourage participants from the audience to share evaluation findings with their communities, advocate further activities, and spread activities to other communities.

Budgeting for Behavior Change Communication

How to use this tool: This table helps program managers identify the major areas of costs for typical BCC programs. To estimate the actual funding needed for each category in the budget, program staff should obtain quotations from contractors. In developing a budget, the program allocates its financial resources so as to be sure that all steps and activities can be carried out.

Activities	Possible Costs
Communication research and planning	• Personnel salaries and benefits; consultant fees • Training for data collection • Travel allowances for field work • Supplies • Data processing and analysis • Report writing • Meetings for planning
Monitoring and evaluation	• Development, distribution, and collection of monitoring and evaluation questionnaires • Orientation of trainers and training of field workers • Travel allowance for supervision and/or quality assurance of data collection • Compilation and analysis of data • Organization of feedback session(s) • Fees/salaries for evaluators
Training and capacity development (throughout the BCC program process)	• Curriculum development • Consultants' and trainers' fees • Per diem and accommodation for participants • Training materials • Equipment purchase or rental • Hiring of training site

Activities	Possible Costs
Production of print materials	• Fees/salaries for writers, artists, and graphic designers • Copywriting and editing • Typesetting • Pretesting of all print materials, including posters, brochures, and training curricula • Printing and distribution
Production of broadcast materials	• Fees/salaries for artists, scriptwriters, producers, videographers, and technicians • Copywriting • Studio and equipment rental • Technical content reviewers • Pretesting of broadcast materials • Airtime • Distribution
Special events	• Give-aways—for example, stickers and T-shirts • Press conferences and kick-off events • Honoraria for dignitaries, celebrities • Hiring of sites, public address system, other equipment
Other	• Communication—telephone, Internet access, fax, postage • Administrative and overhead costs • Other transportation

Sources: Cabañero-Verzosa 2003 (3), O'Sullivan et al. 2003 (14), UNICEF 1999 (23), and Younger et al. 2001 (27)

Model of an Audience Profile

How to use this tool: To help the creative team to develop effective messages and materials, the program team should tell a story about typical audience members. To do this, they create a profile that embodies the characteristics of the audience. The program and creative teams can imagine the audience as a specific person rather than as a collection of statistics.

The BCC program can collect information about the audience from existing data such as Ministry of Health statistics or health and population surveys. The program's formative research can provide detail. Characteristics to consider include age, sex, marital status, place of residence, occupation, income level, years of schooling, religion, ethnicity, number of children, family structure, health beliefs, and degree of readiness to change behavior. Then, in the story the program team should describe the person's important behaviors and some key attitudes about the health behavior that the program needs to address. The following example, created in a workshop to develop a national population communication strategy for Ghana, shows what an audience profile might look like.

"A Man in Ghana"

Meet Kwame. He is a farmer living in the Central Region and is 42 years old. He has two wives and five children ranging in age from 8 to 20. He lives a traditional Ghanaian rural lifestyle. He spends his early morning tending his field and spends the late afternoon with his friends in the chop bar. Although he considers himself to be a family man, he occasionally has extramarital affairs. He cares about his children's well-being and would like them to live a better life than he does. He cares about his two wives because they raise his children.

However, he is not at ease communicating with them about intimate matters, such as reproductive health. He assumes that they know what to do. He is also more comfortable having his wives talk to their children about these matters than talking to them himself.

Sources: O'Sullivan et al. 2003 (14), Yonkler 1998 (26), and Younger et al. 2001 (27)

✓CHECKLIST: Ensuring Good-Quality Materials

How to use this tool: This checklist can help program managers gauge whether audiences will understand, accept, and respond to proposed messages and materials. Many answers to the checklist questions come from pretesting messages and materials with audiences.

Are messages accurate?

☐ Experts reviewed program messages to ensure they are scientifically accurate.

Are messages and materials consistent?

☐ All messages in all materials and activities reinforce each other and follow the communication strategy.

☐ All campaign elements have the same graphic identity: Print materials use the same or compatible colors, types of illustrations, and typefaces. All materials include the program's logo or theme, if applicable.

Are messages clear?

☐ Messages are simple and contain as few scientific and technical terms as possible.

☐ Messages state explicitly the action that audiences should take.

☐ Visual aids such as photographs reinforce messages to help the audience understand and remember the messages.

Are messages and materials relevant to the audience?

☐ Messages state benefits of the recommended behavior that the audience will value. For example, psychological benefit ("you will feel more in control"), altruistic ("spacing pregnancies is healthier for your wife and children"), economic ("have just a few children, and you can educate them all"), or social ("condom users are cool").

☐ Presentation style of messages is appropriate to the audience's preferences. For example, rational versus emotional approach, serious versus light tone.

☐ Messages keep in mind regional differences, ranging from the language and dress of people portrayed in materials to the organization of health care delivery.

☐ Messages and materials speak to the experience of the audience. New and unfamiliar information is related to something familiar to help the audience learn the new information more easily.

☐ Messages suit the readiness of the audience to make a change.

Are communication channels credible?

☐ The source of information is credible with the audience—for example, doctors or opinion leaders.

☐ Celebrity spokespeople are carefully selected. Celebrities should be directly associated with the message and practice the desired health habit—for example, an athlete promotes exercise.

Are messages and materials appealing?

☐ Messages stand out and draw the audience's attention.

☐ Materials are of high quality by local standards.

☐ Mass media programming is both accurate and interesting.

Are messages and materials sensitive to gender differences?

☐ Messages do not reinforce inequitable gender roles or stereotypes.

☐ Messages and materials include positive role models.

☐ Messages, materials, and activities are appropriate for the needs and circumstances of both women and men. In particular, they consider differences in workload, access to information and services, and mobility.

Sources: Kols 2007 (12), National Cancer Institute 2001 (13), Population Communication Services 2003 (16), and Younger et al. 2001 (27)

✓CHECKLIST:
Working With the News Media

How to use this tool: This tool can help program managers work with the news media to reach the public. News coverage is often people's first source of information. It increases the reach and credibility of a BCC program at minimal program cost. News coverage also influences opinion leaders and policy makers. Like other communication efforts, working with the news media works best when it is based on a strategy and follows a process.

STEP 1 : Conduct a Quick Assessment

- ☐ Monitor coverage.
  - Establish a systematic and continual means of monitoring news coverage (for example, clipping newspaper articles or regularly listening to news broadcasts).
  - Identify media outlets that cover reproductive health, how, where, when, and, particularly, what generates coverage.
  - Identify gaps in information that offer opportunities to help the media and inform the public.
- ☐ Develop a media list.
  - Develop and keep current a list of contacts in the news media.
  - Identify reporters who cover reproductive health issues.
- ☐ Assess media needs and constraints.
  - Understand what news media want from a story.
  - Become known as a good source among reporters.

STEP 2 : Develop a Strategy

- ☐ Develop goals and media communication objectives.
  - Establish what the goal and objectives are: For example, is the goal to inform and educate the public about a particular issue or to raise opinion leaders' awareness?
- ☐ Develop a written media communication plan.
  - Include goals, staff roles, clear policies and procedures for interacting with the news media, the intended audience(s) and preferred media channels, available resources including budget and logistical support, timing of events, and contacts.
  - Evaluate, revise, and update this plan regularly.

STEP 3 : Identify and Train the Media Communication Team

- ☐ Establish the media communication team.
  - Designate and train staff members to represent the program to the media, and the media to the program.
  - Choose spokespersons who are at ease speaking with the media; knowledgeable about the issue; resourceful; and perceived as authoritative and credible by the media, stakeholders, and the public.

STEP 4 : Prepare and Deliver Messages

- ☐ Use the SOCO ("single overriding communication objective") approach.
  - State the SOCO, that is, the essence of the message that needs to be conveyed, clearly and simply. The SOCO should reflect what the team would like to see as the lead paragraph in a news report and the message that the audience should take away.
- ☐ Match the medium to the message.
  - Choose a format for contact with the news media that best fits the program message and audience. Examples include interviews, press releases, briefings, public service announcements, and letters to the editor.
- ☐ Pretest messages whenever possible.
  - Review materials with experienced people to ensure that proposed formats, writing style, and tone are effective and that the content is newsworthy.
- ☐ Deliver the message strategically.
  - Capitalize on breaking news that is related to your issue, to get your program message out.
  - Proactively engage the media to head off controversy, but also plan for negative publicity.
  - Keep to your message. Decide whether or not it is strategic to respond to the news media's point of view.
  - Involve the media as a partner from the start by, for example, including them in program stakeholder meetings.

STEP 5 : Evaluate Messages and Performance

- ☐ Monitor implementation of the media communication plan.
  - Periodically review time schedules, expenditures, work performed, and outputs.
  - Adjust the activities and schedule as necessary to meet goals and objectives.
- ☐ Evaluate outcomes of media relations activities.
  - Evaluate media coverage, using the monitoring system (see Step 1: Conduct a Quick Assessment).
  - Track numbers of inquiries from the public.
  - Compare accomplishments with objectives.
- ☐ Provide continuity.
  - Maintain frequent contact with journalists and other news media personnel. Thank those who provide good coverage.
  - Foster a future generation of media partners by offering internships in your organization for journalism students.

Sources: Churchill 2003 (4), Covello 2003 (5), Howard 2000 (10), Hyer and Covello 2005 (11), National Cancer Institute 2001 (13), Robey and Stauffer 1995 (17), and U.S. CDC 2006 and 2007 (20, 22)

Types of Evaluation: Purpose, Questions Answered, and Sample Indicators

How to use this tool: Evaluation spans the life of a BCC program. A program begins with formative research or evaluation, progresses to monitoring, and closes with evaluation. The resulting findings help guide program design, determine whether program implementation is occurring as planned, suggest midcourse improvements, provide evidence that the program influences behavior, help guide the design of future programs, and demonstrate accountability to partners and funding agencies. The table below can help program managers consider how to measure progress towards objectives and which indicators to use. Ideally, program managers should work hand-in-hand with researchers and evaluators to identify appropriate measures and assist with measurement.

Types	Broad Purpose	Main Questions Answered	Sample Indicators
Formative research	• Learn more about all aspects of the health issue, the affected population, and its context. • Help guide program design. • Establish the baseline status of the health behavior. • Pretest materials.	• What is the current situation in the country/region regarding the health issue? • What groups of people are most affected and why? • What current behaviors influence this aspect of health? • What are the barriers to improvements in behavior? • Is development of materials on the right track?	• Prevalence/incidence data for the health problem • Percentage of audience with access to health care services • Percentage of audience with exposure to various media, by type • Percentage of audience with a favorable/unfavorable attitude toward materials • Sample indicators listed below under "evaluation"
Monitoring	• Quantify what has been done; when, where, and how it has been done; and who has been reached. • Identify how the audience is reacting to the messages. • Identify problems and areas for adjustment as implementation proceeds. • Help to explain why the expected changes did (or did not) occur.	• Are activities being implemented according to schedule or as planned? • What problems have arisen during implementation? • Which components of the program are or are not working? • What is the audience's reaction?	• Number of times messages aired on radio or television in a reference period • Number of materials disseminated, by type, during a reference period • Number of audience members participating in community mobilization events • Percentage of audience who recall hearing or seeing a specific message
Evaluation*			
Outcome evaluation	• Measures change in outcomes (for example, knowledge, self-efficacy, skills, attitudes, behaviors) against BCC objectives. (Changes may or may not be due to the program.)	• Did the desired changes in outcomes take place? • How much did knowledge, attitudes, and behavior change?	• Percentage of audience who know of the recommended behavior • Percentage of audience with a specific attitude (favorable or unfavorable) toward the recommended behavior • Percentage of audience who are confident they could perform the recommended behavior • Percentage of audience who practice the recommended behavior
Impact evaluation	• Measures the extent to which program activities changed outcomes (consistent with BCC objectives).	• Are changes in outcomes due to the BCC program? • Did communities with the program have better results than communities without the program? • Did people with greater exposure to the program experience better results than people with little or no exposure?	

* Two types of evaluations—outcome and impact—answer different questions but use the same set of indicators. Impact evaluation, which assesses causality, requires skilled evaluators and resources that may be beyond the scope of many BCC programs.

Sources: Bertrand 2005 (1), Bertrand and Escudero 2002 (2), Cabañero-Verzosa 2003 (3), Freimuth, Cole, and Kirby 2001 (7), Hyer and Covello 2005 (11), National Cancer Institute 2001 (13), O'Sullivan et al. 2003 (14), Piotrow et al. 1997 (15), and UNICEF and WHO 2000 (24)

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