A Field Guide to

Designing A Health Communication Strategy

A Resource for Health Communication Professionals

Acknowledgments

As the field of behavior change communication continues to evolve, there is an ongoing need among policymakers, communication professionals, and program staff for useful tools to help them apply their communication expertise in strategic and innovative ways.

Since 1982, the Johns Hopkins University (JHU) Population Communication Services (PCS) project has provided assistance worldwide to hundreds of national, regional, and local organizations seeking to improve health outcomes for specific audiences. JHU/PCS advocates creating a dynamic synergy between communication theory and practice to advance behavior changes in the areas of family planning (FP), reproductive health, maternal/child health, human immunodeficiency virus (HIV) acquired immunodeficiency syndrome (AIDS), and environmental health. The strategic communication process used by JHU/PCS can be extended beyond the realm of health and can be applied to other issues relevant to developing countries, such as democracy and governance. Similarly, the behavior change communication framework employed by JHU/PCS can be applied to individual behavior change efforts or can be used to influence community and social norms.

The purpose of this book is to share a set of steps and tools with those in the field to help ensure that behavior change communication efforts are developed strategically—with participation from all stakeholders, clear goals, segmented audiences, and effective messages based on sound research and credible theory. The text is based on many years of experience in the field and is supplemented with real-world examples and case studies.

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Using This Book

The purpose of this strategic communication Field Guide is to provide practical guidance to those who are in a position to design, implement, or support a strategic health communication effort. The emphasis of the guide is on developing a comprehensive, long-term approach to health communication that responds appropriately to audience needs. The guide is based on the idea that effective strategic communication is based on the convergence of "senders" and "receivers" in which the differences between the two begin to disappear. It is also based on the recognition that communication, to be effective, must not be treated as a "spare" wheel, used only when the efforts start to falter or fail, but as a "steering" wheel that can serve as a basis for making informed choices. Strategic communication is collaborative and participatory in nature, follows a sound decisionmaking process based on science, and creates sustainable efforts that improve health outcomes.

The guide has three primary audiences:

● Program managers in developing countries who are responsible for designing and implementing health programs.
● Communication specialists who are responsible for designing and executing health communication strategies and for developing materials and messages.
● Policymakers and representatives of funding agencies who determine the level of support for health communication strategies and the degree to which communication efforts are integrated into other health program initiatives.

A program manager should find this book helpful in understanding the context within which communication professionals design and implement health communication strategies. Program managers may find that issues identified in the course of developing one health communication strategy have an impact on other health programs on which they are working.

For a communication specialist, this book will provide a comprehensive set of practical tools and steps to guide efforts to improve health among specific populations. Each chapter provides worksheets, examples, and tips to help the reader apply the concepts and processes described.

For a policymaker, this book will demonstrate the role that strategic communication can play in addressing complex health problems. It will also emphasize the need to continuously apply strategic communication principles to achieve long-term behavior change objectives.[*]

The process of designing a health communication strategy is participatory in nature. Typically, a team of individuals will be involved in designing the strategy. The communication specialist is often the primary staff person responsible for creating the process in which all stakeholders, including the beneficiaries, participate in designing the strategy. The communication specialist works in close collaboration with the other stakeholders and team members, which at the national or subnational level may include a variety of public and private sector agencies, such as the Ministry of Health (MOH), service delivery groups (e.g., clinics, doctors' offices, nurse-midwife associations), clients or audience members, advertising agencies, research organizations, public relations (PR) firms, and other technical consultants with relevant expertise.

As you read this book, keep in mind that it is designed to be a catalyst for your own creative thinking. The steps and worksheets provided are flexible guidelines that you can—and should—adapt to fit your own particular situation. The emphasis is on practical tips and advice as well as on examples to illustrate how to apply

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[*] The term "behavior change" is used in this book in a broad sense. It includes reinforcing existing behaviors, when desired, or developing new behaviors when they do not exist.

Icon Key: **Icons will appear throughout the field guide to help you with the process of developing a communication strategy.**

Example

Worksheet

Tip

Checklist

Questions to ask yourself

Important note

Uganda summary example

the concepts in real-life situations. The book contains summary sheets at the end of each chapter that are designed to be compiled and used together in writing a health communication strategy. It is important to note, however, that designing a strategy is not a linear process. Strategy development is iterative in nature, and you will likely have to revisit decisions made early in the process as more information becomes available and as you gain additional insight from and about the audience.

To aid you in developing a strategy, the field guide offers illustrative examples, worksheets, tips and other special features that can be easily identified through the use of icons. In addition, every chapter ends with a Uganda communication strategy summary statement that capsulizes the chapter's main points. The Uganda summary example can be identified through its own icon.

We hope that after you have read this book, you will have found it a useful tool that helps design and implement health communication efforts that are truly strategic.

Introduction

By the end of this introduction, the reader will understand:

- **The components of a communication strategy outline**
- **Why the word "*strategic"* is important in health communication**
- **The importance of having a vision**
- **The Process of Behavior Change (PBC) framework and the 'P" Process**
- **The definition and characteristics of strategic health communication**

As you embark on the process of developing a health communication strategy, you will need to have a framework in mind to help organize the information gathered. The following outline lists the components that should be included in an integrated, multiyear, multiphased communication strategy. The elements in this outline will be discussed in detail in the following chapters. You will note that the communication strategy outline does not exactly match the chapter titles and chapter subheadings. This discrepancy is intentional, as the communication strategy outline is intended to be a synthesis of the strategic design process, while the chapters include detailed steps to follow at each stage of the process.
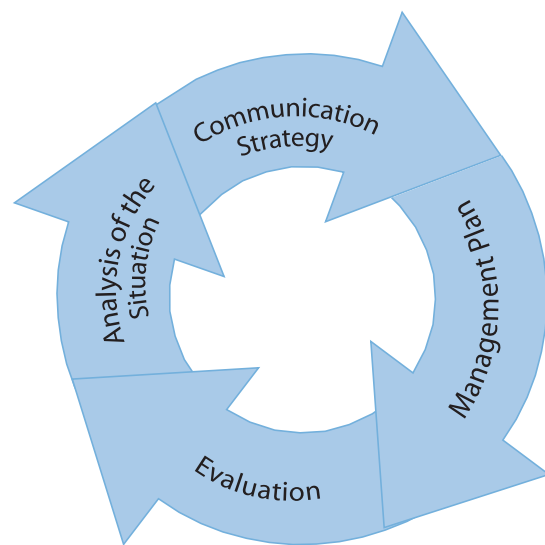
Communication Strategy Outline

I.   Analysis of the Situation

    A. Purpose (Health situation that the program is trying to improve)
    B. Key Health Issue (Behavior or change that needs to occur to improve the health situation)
    C. Context (Strengths, Weaknesses, Opportunities, and Threats [SWOT] that affect the health situation)
    D. Gaps in information available to the program planners and to the audience that limit the program's ability to develop sound strategy. These gaps will be addressed through research in preparation for executing the strategy
    E. Formative Research (New information that will address the gaps identified above)

II.   Communication Strategy

    F. Audiences (Primary, secondary and/or influencing audiences)
    G. Objectives
    H. Positioning and Long-Term Identity
    I.   Strategic Approach
    J.   Key Message Points
    K. Channels and Tools

III.   Management Considerations

    A. Partner Roles and Responsibilities
    B. Timeline for Strategy Implementation
    C. Budget
    D. Monitoring Plan

IV.   Evaluation Tracking Progress and Evaluating Impact

Overview

Consider, for example, the way an architect and a builder work together to produce a building for their client. Suppose, for example, that a city in your country needs a new primary school. The Ministry of Education is the client. The Ministry staff consult with an architect and discuss the overall characteristics of the need: the number of students expected, the number of different classes, the location of the school, and allocated budget and timeframe for completing the project. The key stakeholders work together as a team to clarify what is needed.

The architect then analyzes the situation further, for example, specifying the number of classes, the estimated number of boys, girls, teachers, and administrators, the number of floors the school should have, the number of offices for staff, and the placement of hallways and stairways. The architect develops a strategic design for the school, a design that meets the specified needs and is at the same time feasible in terms of cost, materials, and labor.

In other words, the architect interprets data as well as the client's needs and creates a unique master plan, specifications, and detailed blueprints. The architect is a strategic designer who works with his client to ensure that the client's input is taken into account. The builder's role is similar to that of an implementer, who develops a tactical plan to execute the strategy and ideas in the architect's blueprint, while staying within the budget and meeting deadlines. He or she implements through a team of subcontractors: engineers, electricians, plumbers, carpenters, and designers. Without an overall strategy, a master plan, and detailed blueprints for the workers to follow, the finished building might look more like a house than a school.

TIP: As you read this book, look for "your friend the architect" at the beginning of each chapter. His or her role in designing the school will help you understand the ideas explained in the chapter.

Why the Emphasis on *Strategic* in Health Communication?

Strategic design is the hallmark of successful health programs. Over the past 20 years, health communicators have come to realize that collaboratively designed, implemented, and evaluated health communication strategies will help achieve the goal of improving health in a significant and lasting way by empowering people to change their behavior and by facilitating social change. Sound communication strategies provide coherence for a health program's activities and enhance the health program's power to succeed. Strategic communication is the program's steering wheel, guiding it towards its goals. Strategic communication is also the glue that holds the program together or the creative vision that integrates a program's multifaceted activities.

Prior to this era of strategic design, health communication in the 1960s was largely characterized as the "medical era." It operated under the assumption that, "If we build it they will come." This medical monologue model is often represented by the image of a physician lecturing or talking to patients. The 1970s recognized the need to reach beyond the clinics. Borrowing mainly from the agricultural extension model, field work was mostly supported by print materials and visual aids. Mass media impact was considered modest due to limited reach. This period was mainly described as the "field era," moving from monologue to dialogue (Rogers, 1973). The 1980s saw the proliferation of social marketing with a move from nonpaying clients to customers who ask and pay for services, and the use of integrated marketing communication approaches borrowed from the commercial sector. This period may be called the "social marketing" era. Health communication in the 1990s to the present has evolved into what may be called the "strategic era," characterized by multichannel integration, multiplicity of stakeholders, increased attention to evaluation and evidence-based programming, large-scale impact at the national level, more pervasive use of mass media, and a communication process in which participants ("senders and receivers") both create and share together (Rimon, 2001).

The new, strategic era of communication is distinguished by several other important characteristics:

- Previously separate services are more integrated. It is becoming more common to find a variety of services, such as family planning (FP), maternal and child health, and sexually transmitted disease (STD) treatment and prevention offered at the same location.

- Integration is also occurring among communication channels. Mass media, community-based, and interpersonal channels are being used strategically to reinforce one another and maximize impact.

- The role of the electronic media is becoming more prominent. New technologies are being added to the communication mix to reach more people in innovative ways.

- Decentralization has shifted control and decisionmaking from the central government to local communities.

- A multiplicity of stakeholders is involved at every step in the strategic communication process.

- Audience segmentation is becoming more sophisticated, which allows for more tailored messages to audiences.

- A recognition that households and communities are producers of health and play a different role in improving health than does the health service delivery system.

- Increased attention to evaluation and evidence-based programming is providing much-needed data upon which to base decisions (Rimon, 2001).

Strategic Vision

The overarching component of a strategically oriented health communication program is a powerful, well-articulated, long-term vision.

Example

The Coalition for Healthy Indonesia envisioned "healthy individuals, families, and communities in a healthy nation." By 2010, their mission at the individual/household level is that individuals and households (2000):

- Are receiving health-related messages through multiple channels.

- Are knowledgeable about personal and public health problems, are knowledgeable of types and sources of services to prevent diseases and promote health, and will be motivated to adopt healthy behaviors and practices.

- Understand their rights to a healthy environment and to a basic package of accessible, affordable, quality health services.

- Are participating in social, cultural, religious, and other associations that include health information, promotion, and advocacy on their agendas.

- Are exhibiting healthy behavior and avoidance of health risk.

Every program needs a long-term vision. It can empower people because it shows what is important. It can stimulate teamwork because it shows what everyone needs to do. And it can strengthen organizations because it generates new energy.

—*(Piotrow, Kincaid, Rimon, & Rinehart, 1997).*

A good strategic vision is one that is shared among all stakeholders. It is inspirational and concrete, suggests what people need to do, and engages participants. The strategic vision should paint a mental picture of a desired scenario in the future. It should reflect the core values and beliefs shared by team members, such as the concept of people acting as producers of their own health. A good strategic vision focuses not on the size of the problem at hand but on the possibility of sharing in the creation of a better future.

[I have a vision of a society where] Nontechnical, everyday people are able to easily use technology.

—*Steve Jobs, Chairman, Apple Computers*

I have a vision. I want to see an Indonesia twenty years from now in which 80 percent of FP services are provided by the private sector and 20 percent by the government, with government serving only those who are poor or cannot afford to pay. Work with us to make this vision a reality.

—*Dr. Haryono Suyono, Chairman of the Indonesian National Family Planning Coordinating Board (BKKBN), 1986*

Good strategic visions are also practical and set the team's sights on what is considered possible. Visions considered to be beyond the realm of possibility are often disregarded as a leader's fanciful dreams. A dream that is not thought possible to achieve in real life is ignored.

Successful elements of strategic visions:

- Build on the core strengths of the program.
- Reinforce a program's history and culture while striving to achieve new goals.
- Clarify the purpose and direction of communication activities.
- Emphasize the power of teamwork.

The true test of a strategic vision is this: Does it provide direction, communicate enthusiasm, kindle excitement, and foster commitment and dedication? If it does, then the strategic vision can provide several benefits, including:

- ***Empowering the team to work toward a common goal because the vision shows what is important.*** A vision stimulates teamwork because it shows what everyone needs to do. Inspirational visions energize program activities, giving them new strength upon which to draw when implementing strategies.

- ***Helping team members determine priority actions in relation to the program.*** A vision helps people focus on attaining certain outcomes and on acting in ways that will achieve those outcomes. When a clear vision is in place, it concentrates power by avoiding arguments about whether to do something or not.

- ***Claiming the future.*** A vision supplies a calling for team members, creating meaning for their work and a justifiable pride. By comparing the present with a desired future, a vision creates a useful tension between what exists now and how the team would like the world to be. It helps people recognize barriers to achieving the desired state or condition by vividly describing the desired state and making it seem attainable.

Effective communication efforts develop vision statements, with the participation of stakeholders and beneficiaries, to set forth the direction that the team should follow and to define clearly and succinctly how the communication activities will affect the broader program environment. Sometimes a program mission state-ment is also developed to translate the overall thrust of the strategic vision into more management-oriented goals and objectives. The vision statement should be

a brief but compelling description of how the health situation or condition will look after the communication activities have successfully reached their conclusion. This statement should become the catalytic force or organizing principle for all subsequent strategic communication activities carried out by the team.

A Framework for Strategic Design

Many theoretical models and frameworks can guide the strategic design process (see appendix 1). This book describes a framework known as the PBC; a framework that has been used successfully in the field of health communication for many years.

Process of Behavior Change

The PBC framework recognizes that behavior change—and thus communication intended to influence behavior change—is a process. People usually move through several intermediate steps in the behavior change process (Piotrow et al., 1997). In addition, there is typically a correlation between increases in behaviors, such as partner-to-partner dialogue about reproductive health and subsequent use of reproductive health methods.

Furthermore, this framework suggests that people at different stages constitute distinct audiences. Thus, they usually need different messages and sometimes different approaches, whether through interpersonal channels, community channels, or mass media.

An audience can generally be described as:

- **Preknowledgeable**—Is unaware of the problem or of their personal risk.
- **Knowledgeable**—Is aware of the problem and knowledgeable about desired behaviors.
- **Approving**—Is in favor of the desired behaviors.
- **Intending**—Intends to personally take the desired actions.
- **Practicing**—Practices the desired behaviors.
- **Advocating**—Practices the desired behaviors and advocates them to others.

Process of Behavior Change
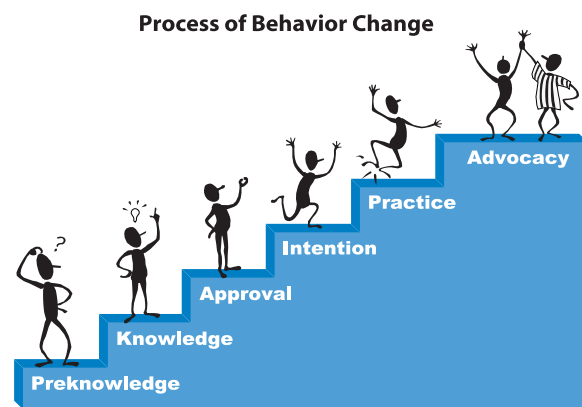
It is important to understand where the audience is in relation to these elements before embarking on a strategy. Progress from one element to the next increases the probability of behavior change and continuation.

Public policy and communication strategies influence both individual and collective change, establishing new community norms and, over time, providing support for stronger and more effective policies and programs. The PBC can play an important role in creating an enabling environment to support new behaviors. Advocacy is a key element in this process and can help make the desired behavior sustainable.

The PBC framework can work effectively together with a comprehensive project design and implementation approach known as the Processes and Principles of Health Communication—the "P" Process (Piotrow et al., 1997). The "P" Process was developed in 1983 and is depicted by the figure on the right.

The "P" Process steps are:

1. **Analysis Understand the nature of the health issue and barriers to change:** listen to potential audiences; assess existing program policies, resources, strengths, and weaknesses; and analyze communication resources.
2. **Strategic Design—**Decide on objectives, identify audience segments, position the concept for the audience, clarify the behavior change model to be used, select channels of communication, plan for interpersonal discussion, draw up an action plan, and design for evaluation.
3. **Development, Pretesting, Revision, and Production—**Develop message concepts, pretest with audience members and gatekeepers, revise and produce messages and materials, and retest new and existing materials.
4. **Management, Implementation, and Monitoring—**Mobilize key organizations; create a positive organizational climate; implement the action plan; and monitor dissemination, transmission, and reception of program outputs.
5. **Impact Evaluation—**Measure impact on audiences, and determine how to improve future projects.
6. **Planning for Continuity—**Adjust to changing conditions, and plan for continuity and self-sufficiency.
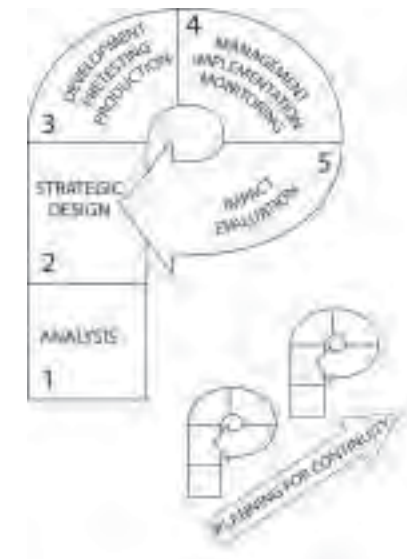
For almost two decades, the "P" Process has provided a solid framework that is easily applied to strategy development, project implementation, technical assistance, institution building, and training. This framework is used collaboratively as a guide by the various stakeholders involved in designing and implementing strategic health communication programs.

Several qualities of the "P" Process make it a very useful tool for program planning and implementation:

- It is systematic and rational.
- It is continually responsive to changing environments and can be adapted to new research findings and data.
- It is practical for field applications at all levels.
- It is strategic in setting and pursuing long-term objectives.

When followed in sequence, the six steps of the "P" Process are helpful in developing effective program design. The focus of this book is on step 2—strategic design. When reading through each chapter, keep step 2 of the "P" Process in mind to reinforce the level of strategic decisionmaking that is required. The focus is on designing, not implementing, a program.

Applying Step 2 of the "P" Process to design a communication strategy will also require using information obtained from conducting an analysis of the situation. Similarly, the strategic design process will require thinking ahead to issues involving the other steps of the "P" Process.

Definition and Characteristics of Strategic Health Communication
Strategic communication is based on a combination of:

1. Data, ideas, and theories integrated by
2. A visionary design to achieve
3. Verifiable objectives by
4. Affecting the most likely sources and barriers to behavioral change, with the
5. Active participation of stakeholders and beneficiaries (Piotrow & Kincaid, 2001)

In other words, strategic communication takes advantage of science and facts, in addition to ideas and concepts, to set forth a long-term vision and realistic behavior change objectives to address a health issue. The vision and objectives are developed through dialogue with the intended audience and various stakeholders. In the dialogue process, both the "senders" and "receivers" are affected, moving toward mutual adjustments and convergence. A blending of science and art is essential to crafting a sound strategy.

Specific Characteristics

For communication to be strategic, it should be:

1. **Results-oriented.** The ultimate proof that a strategic communication effort is effective lies in health outcomes. Research should be designed to gauge increases in audience knowledge, approval, and adoption of healthy behaviors. Equally important is increasing the capacity of local partners to carry out these kinds of programs on their own.

2. **Science-based.** A science- and research-based approach to communication requires both accurate data and relevant theory. It begins with formative research and adequate data to define a specific health problem, identify feasible solutions, and describe the intended audience. This approach relies on the health sciences to make sure that the content and context of a strategic communication effort are correct. For example, in Brazil a series of focus groups was conducted with potential audience members to identify the sexual practices of street children, in an effort to determine the risk of contracting HIV/AIDS. Results of the focus groups were compiled and analyzed according to several variables, such as number of partners, type of partners (e.g., same sex, commercial sex workers), type of sexual contact (e.g., oral, anal, vaginal), frequency, and reasons for the occurence of the sexual activity. This analysis formed the basis for developing a communication strategy that was designed to reduce HIV/AIDS transmission among Brazilian street children.

Strategic communication also depends upon appropriate social science models or theories of behavior change, which might include:*

- Stages of change/diffusion theories
- Cognitive theories
- Emotional response theories
- Social process and influence theories
- Mass media theories

3. **Client-centered.** A client-centered approach requires starting with an understanding from the client's point of view of what the health needs are. Discussions with the potential audience provide insights about those health needs and the barriers to meeting the expressed needs. Through research, especially qualitative research and participatory learning approaches (PLA), members of the intended audience can help shape appropriate messages and can offer insights for other communication-related decisions that need to be made. A client-centered approach also implies understanding strategic changes that can affect the balance of power, including the gender balance of power, in service programs. For example, encouraging greater community participation, allowing clients to choose their own methods and treatment, or having clients set the program priorities for health services are ways to strengthen a client-centered approach.

4. **Participatory.** Strategic communication promotes participatory decision making by stakeholders and beneficiaries in all stages of the "P" Process, including planning, implementation, and evaluation. It is critical to involve the key stakeholders at the inception of the strategy design process. Building a sense of ownership will help ensure that the strategy will be implemented in a meaningful way. See the resource book titled *How To Mobilize Communities for Health and Social Change* published by Johns Hopkins Bloomberg School of Public Health/CCP in collaboration with Save the Children for further information on this topic.

*See Appendix 1, "Behavior Change Theories", for more information.

5. **Benefit-oriented.** The audience must perceive a clear benefit in taking the action promoted by the communication effort. This characteristic is closely associated with the long-term identity and with the notion of positioning, which is discussed in chapter 4.

6. **Service-linked.** Health promotion efforts should identify and promote specific services, whether through health care delivery sites, providers, brand name products, or ways to increase access to services and products. This approach reinforces the concept of individual self-efficacy or the ability to resolve a problem oneself and also supports the concept of collective self-efficacy or the ability of a community to assert its will.

7. **Multichanneled.** Effective strategic communication uses a variety of means. Communication strategies often integrate interpersonal communication (IPC), community-based channels, and various media to create a dynamic, two-way exchange of information and ideas. Additionally, research has shown that often the effectiveness of messages being understood and acted upon increases with the number and type of channels used to disseminate them. This is sometimes called the "dose" effect. Like a good carpenter who knows when to use a hammer or a chisel, an effective communicator does not argue whether mass media is better than IPC. Each tool has a role, and the communicator uses the tool or combination of tools that is most appropriate for the situation.

8. **Technically high quality.** The strategic health communicator works with competent agencies and individuals to:

   - Design high-quality communication messages and materials.
   - Produce professionally designed materials.
   - Ensure that community-based activities are appropriate and well done.
   - Strengthen counseling skills.

Investing resources wisely to design effective strategies and materials at the outset will ultimately be more economical than cutting corners and producing a campaign that conveys a substandard image. Simply put, quality costs less. Another important point to remember is that focus demands sacrifice. Strategic communication is specific in what it attempts to accomplish and does not try to be all things to all people.

9. **Advocacy-related.** Advocacy occurs on two levels: the personal/social level and the policy or program level. Personal and social advocacy occurs when current and new adopters of a behavior acknowledge their change and encourage family members and friends to adopt a similar behavior. For example, individuals who have quit smoking often advocate to other smokers that they should quit.

    Policy or program advocacy occurs when the advocacy is aimed at change in specific policies or programs. Seeking to influence behavior alone is insufficient if the underlying social factors that shape the behavior remain unchanged. Behavior change objectives will address individual behavior, but policies, laws, strategies, and programs may also need to be influenced, so that they support sustained behavior change. The two levels of advocacy reinforce one another.

10. **Expanded to scale.** It is easy to ensure the effectiveness of a communication intervention when applied to a small village or district. The real challenge is whether the intervention can effect change on a much wider scale beyond a village or the usual pilot areas. Communication strategies can be scaled up to reach ever-larger populations and areas. In general, mass media interventions are easier to scale up than community or interpersonal interventions. The latter two can be costly to scale up and can be difficult to monitor.

11. **Programmatically sustainable.** Strategic communication is not something that is done once. A good strategy continues over time as it reaches new audience members and adapts to changes in the environment. Continuity must be in place at the organizational level, among leaders, and with the donor community, to ensure that strategic communication efforts achieve long-term impact.

12. **Cost-effective.** Strategic communication seeks to achieve healthy outcomes in more efficient and cost-effective ways. Strategy designers must also examine costs by the type of intervention, to try to achieve the optimal mix of activities and channels.

Conclusion

A sound and effective health communication strategy should be based on an overarching vision of what needs to be achieved to address a particular health issue. The strategy should be integrated, have a long-term focus, should be responsive to individual behavior change needs, and should maximize the potential for change on a broader societal level. Frameworks such as the PBC and the "P" Process for project design and implementation are useful tools to guide the process of developing health communication strategies that get results. A combination of science, facts, vision, stakeholder buy-in, and audience participation is essential for success.

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Analysis of the Situation

Communication Strategy

Management Plan

Evaluation
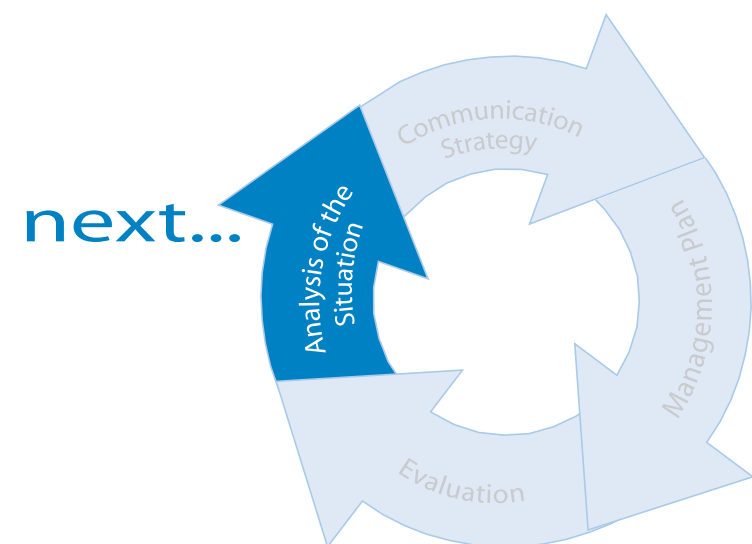
References

Coalition for Healthy Indonesia Strategy Document (2000). (pp. 8).

Piotrow, P. T., Kincaid, D. L., Rimon, J. G. I., & Rinehart, W. (1997). *Health Communication: Lessons from Family Planning and Reproductive Health.* Westport, CT: Praeger Publishers.

Piotrow, P. T. & Kincaid, D. L. (2001). Strategic Communication for International Health Programs. In Rice and Atkin (Ed.), *Public Communication Campaigns* (3rd ed., pp. 251). Sage Publications.

Rimon, J. G. I. (2001). Behavior Change Communication in Public Health. In Beyond Dialogue: Moving Toward Convergence. Managua, Nicaragua: Presented at the United Nations Roundtable on Development Communication.

Chapter 1
Analysis of the Situation

By the end of this chapter, the reader will be able to conduct an analysis of a particular health problem by completing the following steps:

Step 1: **Identifying and Understanding the Problem**

Step 2: **Determining Potential Audiences**

Step 3: **Identifying Potential Communication Resources**

Step 4: **Assessing the Environment**

Step 5: **Summarizing the Strengths and Weaknesses of the human, technological, and financial resources available as well as the Opportunities for and Threats to effective health communication in the current environment.**

Overview

After a preliminary meeting with the client, the next step of your friend the architect is to meet his client, the Ministry of Education, at the site of the proposed school to look over the situation, analyze it, and make some preliminary observations. This analysis will help shape his plan for designing the school. Working with the key stakeholders, the architect will refine many of these initial findings over time.

For example, the architect looks over the building site, notes whether it is flat or hilly, notes whether it is covered with trees or open space, and decides whether heavy machinery can easily access the area. In other words, he identifies any problems, and he notes their extent and the difficulty or ease with which they can be overcome. He also begins to think of how teachers, students, and parents will view this space. He thinks about their needs, such as natural light for the classrooms, air circulation, and ample room for sports activities and games.

With a mind to available resources, he examines the infrastructure to ensure that water and electricity are readily available. He begins to think about engaging a builder who has experience building a school and who has access to the kinds of subcontractors who will do their jobs most efficiently, for example, engineers, electricians, plumbers, carpenters, interior designers, and landscapers.

In much the same way, as you and your team begin the process of designing your health communication strategy, your first undertaking is the analysis of the situation.

This chapter offers guidance, practical tools, and approaches to help your team work through the five steps of developing an analysis of the situation. At the end of this chapter and at the end of most chapters, you will find a summary worksheet. **The Delivery of Improved Services for Health (DISH) project in Uganda** is used throughout this book to provide a comprehensive example showing how these summary worksheets are to be completed. When compiled as a set, the information in these summary worksheets will provide a concise overview of the key strategic considerations upon which you will base your strategy. Once you and your team have completed the analysis of the situation, you will have a more informed basis for proceeding to the next stages of strategy development.

Developing a health communication strategy demands in the first place that you understand all the factors that may have an impact on communication efforts. Such an understanding, known as the analysis of the situation, serves as the guide for all communication activities. Health communicators use the analysis of the situation to observe, gather, organize, and assess relevant factors. These factors include the nature and extent of the problem, audience characteristics, available resources, and the communication environment. Thus, although the analysis of the situation is not technically a part of step 2 of the "P" Process, which is the concern of this book, its importance warrants inclusion here of the information that will help you work through step 2.

The term "analysis of the situation" can be defined and used in many different ways. In the context of this Field Guide, the term "analysis of the situation" refers to the process of analyzing factors related specifically to the development of a communication strategy.

One result of conducting an analysis of the situation is an understanding of the gaps in your knowledge base that will need to be filled in order to move ahead with the strategy development process. A quantitative measure of the current situation as it relates to the audience is typically conducted in the form of a baseline survey. Additional insights are often gained by using qualitative techniques, such as focus groups. The "Tips on Information Collection Methods" in this chapter provide brief descriptions of some of the more commonly used

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TIPS: Do's and Don'ts To Keep in Mind as You Analyze Your Situation

Do's
Develop a clear outline before gathering information. It will help keep you focused on the important issues.

Ensure that the analysis will inform the decisions of strategic components (identification of audiences, objectives, etc.) that will be made later in the process.

Set a timetable for the process, and stay within the parameters of the timetable.

Read, listen, and observe many sources of information. No single source of information will provide you with all the information that you need.

Keep your summary statements as objective as possible.

Keep a notebook for jotting down ideas for strategy or tactics. Also, keep a list of challenges and opportunities that arise from reviewing the data. Your notebook and the list will give you a head start in writing the plan.

Document your progress by making note of your key sources of information, so that you can refer to them in future discussions.

qualitative techniques. As you work through the steps in this chapter, keep a list of the gaps and questions that you will need to answer through formative or preliminary research.

Even under the best of circumstances, it is unlikely that you will have a complete set of data to inform your decisions. The process of designing a health communication strategy is part art and part science. You will have to make judgments throughout the process to decide how much importance to assign a particular issue as well as to decide which approaches and strategies will work best.

Step 1
Identifying and Understanding the Problem

The first step in conducting the analysis is to identify and understand the specific health problem that will be the focus of the proposed communication effort. Consider the health problem in the context of the overall strategic vision. To define an effective communication strategy, you will need to compare the shared vision with your understanding of the present situation, and you will need to understand why there is a difference between the two.

Usually in a national health communication strategy and especially when health programs and services are integrated, a number of different problems will be identified that need attention. This series of problems is often dealt with over time using phasing or sequencing techniques, layering of service delivery and communication channels to ensure maximum coverage, and clustering of health behaviors to promote integration.

However, it is important to identify the key problem related to each health behavior included in the strategy and to craft appropriate objectives and messages for each of these problems. The key to a successful health communication strategy is to focus on one specific problem at a time. Addressing too many problems at one time or too general a problem often creates messages that confuse or overwhelm the audience, limiting the impact of the communication.

TIPS: Do's and Don'ts To Keep in Mind as You Analyze Your Situation

Don'ts
Do not write objectives and strategies as part of the analysis of the situation. Keep your analysis as factual as possible. Appending objectives and strategies tempts you to adjust the analysis to fit the proposed strategy and objectives.

Do not give up if you cannot find the information that you need. Call on contacts, visit libraries, and consult collaborating organizations. The answers are there, but you will not always have data to substantiate every finding. At times you will have to rely on the views of knowledgeable individuals and your own observations, in addition to research data, as you begin to understand the situation.

In some cases, you will not need to identify the problem. An existing strategy may already point to what needs to be done, whether as directly related to an overall program objective (see chapter 3, step 4) or, ideally, as related to the overall strategic vision, articulated by key leaders and policymakers. However, if the problem is already identified, it is important to verify that it is still valid. You want to avoid beginning with a preconceived notion about the problem that may be based on old information, political concerns, or limited understanding of stakeholder perceptions.

Understanding the Health Problem

Understanding the health problem means having a clear perception of its extent and severity as well as of the behaviors that will prevent and treat the problem. In the course of gaining such an understanding, you will become familiar with the available sources of information about the problem.

The Extent of the Health Problem

Estimating the extent of a health problem is a factor in deciding how to communicate about it. Look for two key measures of extent: prevalence and incidence. These measures are commonly available through the MOH.

Prevalence measures the proportion—usually, the percentage—of people in a defined population who have the problem at a given time. For example:

- Last year, 65 percent of all sex workers in the northern region had gonorrhea.

- This month, 30 percent of all pregnant women in the eastern region between the ages of 18 and 25 years were anemic.

Since prevalence is constantly changing, public health practitioners use the most recent measurement in combination with incidence to estimate the extent of the problem. Incidence measures the rate of new cases of a particular health problem per thousand people in the population. For example:

- The number of cases of gonorrhea in the northern region is increasing by 10 percent per year.

- The number of anemic pregnant women seen in antenatal clinics in the eastern region is increasing by 2 percent per year.

- Measurements of incidence help to estimate what the prevalence rate will be in the future without any intervention. This information is usually available from the MOH or from programs or projects dealing with the health problem.

The Severity of the Health Problem
Closely related to the extent of the health problem is its severity, which is measured as:

- Mortality, or the number of people who die from the problem

- Morbidity, or the number of people who are permanently or temporarily disabled by the problem

- The cost of the problem to an individual, the individual's family, and society as a whole

The MOH usually compiles information about a specific health problem's rates of mortality and morbidity. Organizations advocating attention to a health problem often compile information about its costs to individuals and society. When defining the severity of a health problem, it is usually helpful to put the problem in perspective by comparing its effects to those of other common diseases.

The data that you have gathered on the problem's extent and severity will play an important role when you develop your justification for spending resources to prevent and treat the problem.

Desired Prevention and Treatment Behaviors

Several potential behavior changes may be appropriate responses to a health problem. Look beyond the factual information about the health problem to truly understand the broader environmental context. Pinpointing the desired behavior changes at the beginning of the planning process will help you and your team design an appropriate strategy.

To be sure that your team is planning to communicate appropriate prevention and treatment behaviors, talk with experts in the MOH, in the private sector, and in your organization, and ask whether the desired behavior is, for example, to:

- Improve dietary habits.
- Visit a clinic.
- Use a particular product.

In this area, ascertaining the views of the potential audience is critical. Do they perceive the problem in the same way as the experts? What would they like to see happen to address the health problem? Gaining understanding about the audience's perceptions may lead you to design communication interventions geared toward other groups, such as service providers or key influentials. Similarly, talking to health care providers may yield important insights about the health problem that may influence the strategy development process. Such insight may also demonstrate the need to conduct policy advocacy or media advocacy to address the health needs of the audience in a comprehensive way.

Information Sources

The information that you have gathered by identifying the extent and severity of the problem and the desired prevention and treatment behavior will inform your communication strategy. Review example 1.1 below, and then complete worksheet 1.1 to organize and summarize the information that you have collected.

Note: For Worksheet 1.1 and for all worksheets in this book, use real data whenever possible. If the specific information requested in the worksheet is not available, complete the worksheet to the best of your ability.

Example: Nicaragua (Informe de . . . 2001)

Project Background: In October 1998, Hurricane Mitch cut an unprecedented swath of destruction through the heart of Central America, leaving thousands dead and billions of dollars (USD) in damage. In Nicaragua, more than 800,000 people suffered some degree of damage to their water supply system due to the effects of the hurricane. Thanks to the rapid intervention by the Government of Nicaragua and generous international assistance, the country quickly entered a reconstruction phase.

USAID/Nicaragua funded a water and sanitation component as a crucial piece of their Hurricane Mitch Reconstruction Project. Under this component, the Environmental Health Project (EHP) is responsible for the construction and repair of the community water and sanitation infrastructure. The Mitch Project included a behavior change communication component to promote better hygiene and sanitation practices. A coalition of various partner organizations implemented the project, with the ultimate goal of reducing the incidence of diarrheal diseases in the areas affected by Hurricane Mitch.

This national effort was named the Blue Star Campaign, one of the most comprehensive diarrhea prevention programs undertaken at the national level. The local population understood the value of health to the family, and the Blue Star symbol represented the dreams or goals of the audience to achieve a better quality of life. There were knowledge barriers, however, in that many people did not understand the links between bacteria on hands, handling of food, and the onset of diarrhea. Focusing on blocking the main pathways of diarrheal disease transmission, under the Blue Star Campaign, a number of interdependent components worked synergistically to implement an effective diarrhea prevention program.

Example 1.1: Health Problem Analysis Worksheet

Health Problem	Extent		Severity***	Desired Prevention/ Treatment Behaviors	Sources of Information on This Health Problem
	Prevalence*	Incidence**			
Acute Diarrheal Diseases		874 per 10,000 children ages 0–5	Main cause of infant morbidity and mortality	Prevention: Hand washing at critical times, water chlorination Treatment: Use oral rehydration therapy Bring child to health center	Report on health statistics from: National Enterprise for Water Pipes and Latrinization — Direction of Rural Water Pipes (ENACAL –DAR) United Nations Children's Fund (UNICEF) EHP

* Proportion of the at-risk population known to have the health problem.
** Rate of new cases of the health problem reported in a period (month, quarter, or year)
*** Death, morbidity rates

Instructions: Identify up to three key health problems that you might address. Use available data to estimate the prevalence, incidence, and severity of each problem. List the prevention and treatment methods recommended to the population by the program or organization with which you are working.

Worksheet 1.1: Health Problem Analysis

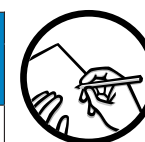| Health Problem	Extent		Severity***	Desired Prevention/ Treatment Behaviors	Sources of Information on This Health Problem
	Prevalence*	Incidence**			

* Proportion of the at-risk population known to have the health problem.
** Rate of new cases of the health problem reported in a period (month, quarter, or year)
*** Death, morbidity rates

Step 2
Determining Potential Audiences

The primary audience for a communication strategy will usually be the people who are at risk of or who are suffering from a particular health problem. One exception to this is children, in which case their caregivers are usually addressed as the key influencing audience. To help identify potential audiences, review the available research about the extent of the condition or disease. Sources of this information include the MOH, local health centers, and national health surveys. Medical and public health personnel can explain how the problem spreads and can identify those at risk or affected by it. There may well be gaps in available information that will require formative research or baseline studies before you can understand enough about potential audiences to clearly articulate and describe who they are.

Identify Common Audience Characteristics

As you identify potential audiences, group them according to common characteristics, such as age range, gender, occupation, residence, or number of children, as well as by lifestyle and access to print, radio, and television media. Look for characteristics that differentiate the potential audience from persons who are not at risk or do not have the health problem. Make sure that your analysis is gender-sensitive by considering the different gender roles and relationships among potential audience members. How are the potential audiences currently behaving in relation to the concepts of gender equity and gender equality? Also look at whether members of potential audience groups have a high degree of perceived social support, which can play an important role in an individual's ability to change. Table 1.1 presents common group characteristics and examples of audience groupings.

Identify Behavior Change Stage

For each audience, look for information that identifies current health behaviors compared with desired or recommended health behaviors. How close or far away are they from adopting the behaviors? One useful approach is to categorize your potential audience according to the PBC framework presented in the "Introduction."

TIPS: Practical Techniques for Analyzing the Situation

1. Read
To collect quantitative and qualitative studies and reports pertaining to health and communication, first contact the Ministry of Planning, MOH, and Ministry of Information. They may recommend other government agencies that can provide the type of information you want. Private organizations also collect good quantitative data, but these surveys may be too costly or unavailable due to proprietary issues. Ask for both published and unpublished documents, including internal reports, that cover the subjects in which you are interested, such as:

Literature reviews	Economic reports
Population-based surveys	Policy documents
Service and sales statistics	Workshop reports
Focus-group discussion	Management reports
reports	Supervisory reports
Evaluation reports of other	Technical assistance
health programs	reports
Analyses of health care and	Training needs
health delivery systems	assessments
DHS and other household	Interview records
surveys of knowledge,	Service delivery
attitudes, and practices	records
Inventories of communication	Action plans
materials available at clinic	Progress reports
sites	Project evaluations
Census data	University papers
Donors' country reports	Journal articles

Get as many samples of health communication materials as you can for future reference. Printed materials, such as brochures and posters, are easy to transport, and you may be able to obtain audio or videocassettes as well. If you don't know the language, ask for a written translation.

To develop estimates of the stage of behavior change of the potential audiences, review existing quantitative data, such as Demographic and Health Surveys (DHS) and census data. Both sources may provide relevant information about the stage of behavior change of various groups of people within a country's population. DHS generally ask about knowledge, attitudes, and practices relative to reproductive, maternal, and child health. The latest DHS is generally available from your local MOH or from the USAID office. If not, Macro International, Inc., can provide copies of DHS reports for various countries.*

Often the existing audience data are insufficient for making decisions related to a communication strategy. You may need to work with research experts to design and implement a quantitative baseline survey that generates reliable information about audience characteristics, behavioral issues, barriers to behavior change, etc. Similarly, it is often useful to conduct qualitative research, such as focus groups, with potential audience members to yield rich, descriptive information about the audience. Sometimes this is coupled with one-on-one interviews with key stakeholders to get additional insights. You and your team members will need to make judgments about what preliminary research, if any, is required, and you should also consider timing and budget issues when addressing this issue.

In addition to reviewing formal studies, interview local experts to get their opinions on the stage of behavior of the group in question. Also, to gain additional insight, talk with program personnel who work with the potential audience on a daily basis.

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TIPS: Practical Techniques for Analyzing the Situation

2. Listen
Another way to get the information you need to analyze the situation is to conduct interviews. Interviews will help you:

- Solicit the needs, views, and perspectives of those identified as stakeholders in the program, including the audience
- Identify potential resources for assisting with health communication

Before conducting the interview, develop an interview questionnaire to ensure that you ask all the questions you intend to ask.

To help complete your understanding of the situation, conduct interviews with representatives of at least five types of groups:

- Potential audience members
- Agenda setters (policymakers and researchers)
- Organizations providing health services and products
- Media
- Donors and technical assistance organizations

Potential interviewees are any persons, groups, or entities that can shape the direction of a communication effort, provide vital resources, or serve as an implementing partner.

Examples of those to interview include:

Senior program managers within your program	Traditional healers
Directors of organizations providing related health services	Directors of radio and television stations
Representatives of religious organizations in areas where health problems exist	Journalists and editors of magazines and newspapers
Community leaders in areas where health problems exist	Donor representatives
Directors of service delivery	Representatives of ministries or directorates concerned with women's issues
Directors of logistics management	University representatives
Political leaders with a demonstrated interest in health	Clients of clinics offering health services
Potential clients	Clinic supervisors
	Service providers International organizations working in health

Table 1.1:   Possible Common Characteristics of Potential Audiences
(Schiffman & Kanuk, 1995)

Characteristics	Examples
Geographic	
Regional	North, south, east, west
City size	Major metropolitan area, small city, town
Population density	Urban, suburban, rural
Climate	Temperate, hot, humid
Demographic	
Age	Under 12, 12–17, 18–24, 25–34, 35–49
Sex	Male, female
Marital status	Single, married, divorced, widowed
Income	Below poverty line, top 20 percent
Education	No formal education, some primary, primary complete, some secondary, secondary complete, university
Occupation	Agriculture, trader, civil servant, professional, technical
Psychological/Psychographic	
Motivation	Limit, regulate, protect against unwanted pregnancy or disease
Perception	Low risk, moderate risk, high risk
Involvement	Low involvement, high involvement
Attitudes	Positive, negative
Lifestyle	Conservative, status seeker, innovator
Sociocultural	
Language/culture	Khmer, Twi, Zama
Religion	Buddhist, Muslim, Christian, Animist
Ethnicity	Hausa, Yoruba, Kurd
Social class/caste	Lower, middle, upper
Family lifestyle	Single, recently married, retired
Degree of Use	
Common use rates	Heavy user, moderate user, light user, nonuser
Use Situation	
Time	Morning, evening, midday
Objective	Personal protection, protection of others
Location	In home, at work, other location
Person	Self, spouse, sexual partner

Identify Known Barriers to Behavior Change

As you interview program workers, health experts, community representatives, and members of the potential audience, ask why they think the audiences are not adopting the desired health behaviors.

Often one of the main barriers to adopting behaviors is the fact that the audience is preknowledgeable. In Bangladesh, for example, a situation analysis for the National Tuberculosis Control Strategy revealed that most people, especially in rural areas, did not know that treatment is provided free of cost from Government health facilities.

However, you and your team must also consider barriers that go beyond aware-ness and knowledge. Look for barriers in the following categories to give you a more complete picture of the situation:

Category	Questions To Ask
Availability	Are the services or products needed to adopt the desired behavior available in the area where the proposed audience lives and works?
Accessibility	Is the audience able to obtain and use the services or products needed to adopt the desired behavior? For example, a teenage audience may not be allowed to get counseling or contraceptives from a service provider.
Affordability	Can the audience afford the services and products needed to adopt the desired behavior? Think in terms of time and inconvenience costs as well as money.
Acceptability	Is it socially acceptable for the audience to get and use the services or products? Is it acceptable for them to practice the desired behavior?

TIPS: Practical Techniques for Analyzing the Situation

3. Observe
As you travel the country, ask as many questions as possible, and take lots of notes about what you see. Make sure that you spend time in rural areas as well as urban, and if there are strong regional differences due to religious or cultural traditions, try to visit different regions so that you obtain a balanced view of the country.

Observe the following:
Counseling sessions
Group health talks in clinics
Community outreach efforts
Presence of health messages, materials, and activities in places where intended audiences live and work

Observation is one of the best tools not only to assess what is going on, but also to note some of the strategies that seem to work best to reach a certain group of people. For example:

Do most mothers consult traditional healers about their children's health?

Will a family use its scarce financial resources to pay for preventive health care?

Understanding the barriers to change—even those that may be beyond the ability of communication to change—is important for making strategic communication decisions. This knowledge will help you estimate the degree of change that can be achieved within a given timeframe.

Identify Key Influencers

After you have identified your potential audiences, find out who influences their health behaviors. Talk with program managers who work in the community as well as community workers who visit the audience regularly. Review relevant research findings. Make informal visits to communities and homes. Talk with members of the potential audience and community leaders about the health problem.

Review examples 1.2a and 1.2b, and then complete worksheets 1.2a and 1.2b.

Example 1.2a: Potential Primary Audiences Worksheet

Instructions: Identify groups of people with common characteristics who are suffering from or at risk of the health problem. Complete the table for each potential audience.

Example: Nicaragua

Audience	Common Characteristics	Stage of Behavior Change*	Known Barriers to Behavior Change**	Sources of Information on This Audience
Infants and children up to 5 years of age		Preknowledgeable	■ Lack of knowledge about hands as a vehicle to transmit bacteria ■ Lack of skills ■ Limited availability of running water ■ Limited understanding of the seriousness of the issue	Qualitative and quantitative research conducted by nongovernmental organizations (NGOs) and the project

* Preknowledgeable, knowledgeable, approving, intending, practicing, advocating.
** Accessibility, acceptability, affordability, availability.

Worksheet 1.2a: Potential Primary Audiences

Instructions: Identify groups of people with common characteristics who are suffering from or at risk of the health problem. Complete the table for each potential audience.

Audience	Common Characteristics	Stage of Behavior Change*	Known Barriers to Behavior Change**	Sources of Information on This Audience

* Preknowledgeable, knowledgeable, approving, intending, practicing, advocating.
** Accessibility, acceptability, affordability, availability.

Example 1.2b: Potential Influencing Audiences Worksheet

Instructions: Identify groups of people with common characteristics who potentially can influence audiences for your communication efforts. Complete the table for each potential primary audience.

Example: Nicaragua

Name of Potential Influencing Audience	Primary Audience Influenced	Estimated Power of Influence*	Attitude Toward Behavior Change of Primary Audience	Means of Influence/ Channel(s)	From Where Does This Potential Audience Obtain Information?
Mothers and Fathers	Children	Strong	Accept the benefits of hand washing but need reassurance on its effectiveness	Mass media Community mobilization	Social network Radio, television

* Low, Moderate, Strong

Worksheet 1.2b: Potential Influencing Audiences

Instructions: Identify groups of people with common characteristics who potentially can influence audiences for your communication efforts. Complete the table for each potential audience.

Name of Potential Influencing Audience	Primary Audience Influenced	Estimated Power of Influence*	Attitude Toward Behavior Change of Primary Audience	Means of Influence/ Channel(s)	From Where Does This Potential Audience Obtain Information?

* Low, Moderate, Strong

Step 3
Identifying Potential Communication Resources

Step 3 in analyzing the situation is to gain an understanding of the communication environment, including current health communication activities and available resources. Chapter 6, "Channels and Tools," provides a guide for selecting the channels that your team will use to convey the message to the intended audience. The focus here is on identifying and assessing potential resources that can help you carry out a communication program.

Health communicators define communication channels broadly as a delivery system for messages to reach intended audiences. They have categorized them as "interpersonal," "community-oriented," and "mass media." The latter two channels are particularly effective when the goal is to change community or cultural norms.

Interpersonal channels focus on either one-to-one or one-to-group communication. One-to-one channels include peer to peer, spouse to spouse, and health clinic worker to client. An example of one-to-group communication may be a community-based outreach worker meeting with a women's cooperative. Interpersonal channels use verbal and nonverbal communication.

Community-oriented channels focus on spreading information through existing social networks, such as a family or a community group. This channel is effective when dealing with community norms and offers the opportunity for audience members to reinforce one another's behavior.

Mass-media channels reach large audiences. They are particularly effective at agenda setting and contributing to the establishment of new social norms. Formats range from educational to entertainment and advertising, and include television, radio, and print media, such as magazines, newspapers, outdoor and transit boards, the Internet, and direct mail.

TIPS: Information Collection Methods

The following types of "formative" research and PLA will provide you with essential information to guide your strategy decisions.

Stakeholders' Meetings—To access different dimensions of a strategy's potential impact on people and their environments, you can use many "stakeholder techniques." For example, talk with program managers, community health workers (CHWs), clinic staff, and community leaders about the situation. When possible, gather together those who have an interest in or control over addressing the problem to have them share insights on causes and contributors to the problem. While interviewing them or hosting a meeting, find out what they are doing now to address the problem, and why. Ask them to help you identify key strategic communication issues.

Gender Analysis—In the context of participatory development, gender analysis helps you to understand how gender differences affect access to resources and the participation of women in development activities. Such an analysis will help you to take appropriate measures to ensure that women are not excluded. Ideally, gender analysis should not be a separate participatory method but should be integral to all participatory methods.

Ongoing Communication Activities

A wide variety of communication channels is available. Your challenge is to find those that can reach the potential audiences that you have identified. Three approaches can help:

- Describe communication efforts already going on through the identified communication channels and media.

- Talk to other people who have conducted communication campaigns in the country. This approach is a good starting point for identifying local partners and for understanding the obstacles and opportunities involved in local communication efforts.

Categorize these activities according to the channels described above. Remember to:

- Look for media use surveys of potential audiences. DHS can be a helpful resource here. In addition, many countries survey media use by the population.

- Ask advertising agencies if a media survey is available. Interview program managers at organizations communicating with your audiences. They can give you a good idea about what has worked and what has not.

- Visit the communities where your audience lives, and make an inventory of existing media channels. Describe the sizes and types of the audience that they reach.

One approach to identifying the key communication channels is to interview the program managers of existing health projects. As you identify the activities, note the gatekeepers—the individuals or organizations responsible—for each activity. Note the main channels and formats used by these organizations. Focus on their messages as well as the intended audience. This activity will give you an understanding of the messages already being communicated and the extent to which they were well received.

Communication, Organizational, and Professional Resources

In addition to identifying health-related programs and activities, identify the organizations and professionals who are helping to carry them out. Ask these people questions like the following:

● Who has experience producing health education materials?

● Which are the top advertising firms in the area?

● Who can produce television and radio programs?

● Which organizations provide training to service providers and community workers?

● Are there networks or associations of communication organizations? If so, what is their membership and scope?

Complete worksheets 1.3.a, 1.3.b, and 1.3.c to help summarize your findings.

Example 1.3a: Health Communication Channels Worksheet

Instructions: Identify health communication channels in your area by name and type as well as the type of audiences reached.

Example: Nicaragua

Name*	Type**	Audiences Reached	Sources of Information***
Local NGO	Interpersonal with support materials	Mothers and children	ENACAL–DAR
ENACAL–DAR	Interpersonal with support materials	Mothers and children	ENACAL–DAR

*   For example, name of radio station, newspaper, production studio, etc.
**   Type of medium, such as video hall, radio station, etc.
*** Where you found out about this opportunity.

Worksheet 1.3a: Health Communication Channels

Instructions: Identify health communication channels in your area by name and type as well as the type of audiences reached.

Name*	Type**	Audiences Reached	Sources of Information***

*   For example, name of radio station, newspaper, production studio, etc.
**   Type of medium, such as video hall, radio station, etc.
*** Where you found out about this opportunity.

Example 1.3b: Current Health Communication Worksheet
Instructions: Identify relevant communication efforts in your area.

Example: Nicaragua

Category of Communication*	Communication Manager	Channel/Format	Key Messages	Intended Audiences
Interpersonal	School teachers	Schools	Basic hygiene. Wash your hands. Keep your community clean.	Schoolchildren
Community-oriented	Local NGOs	Folk media	Wash your hands at critical times. Maintain your community wells and latrines.	Mothers Children Fathers
Mass media	JHU/CCP Nicaragua country office	TV, radio, newspaper	Wash your hands at critical times. Wash your child's hands at critical times.	Mothers Children

* IPC is one-to-one or one-to-group communication and may include the use of flipcharts, posters, leaflets, audiotapes, or videotapes. Community-oriented communication spreads information through existing social networks, such as a family, tribe, or community. Mass media focus on reaching large and widespread audiences.

Worksheet 1.3b: Health Communication Efforts
Instructions: Identify relevant communication efforts in your area.

Category of Communication*	Communication Managers	Channels/Formats Used	Key Messages	Intended Audiences

* IPC is one-to-one or one-to-group communication and may include the use of flipcharts, posters, leaflets, audiotapes, or videotapes. Community-oriented communication spreads information through existing social networks, such as a family, tribe, or community. Mass media focus on reaching large and widespread audiences.

Example 1.3c: Health Communication Assistance Worksheet

Instructions: Identify organizations or individuals who can help you carry out a communication initiative.

Example: Nicaragua

Name of Organization or Individual	Type of Communication Expertise*	Health Communication Experience	Sources of Information
Local NGOs	Social mobilization IPC	Limited	EHP report and ENACAL–DAR

* Training, community/social mobilization, advocacy, print materials design/production, electronic materials design/production, broadcast materials design/production, advertising, social marketing, PR, entertainment education, research and evaluation, national campaign development/implementation.

Worksheet 1.3c: Health Communication Assistance

Instructions: Identify organizations or individuals who can help you carry out a communication initiative.

Name of Organization or Individual	Type of Communication Expertise*	Health Communication Experience	Sources of Information

* Training, community/social mobilization, advocacy, print materials design/production, electronic materials design/production, broadcast materials design/production, advertising, social marketing, PR, entertainment education, research and evaluation, national campaign development/implementation

Step 4
Assessing the Environment

The fourth step in analyzing the situation is to assess key aspects of the environment where the strategy will be implemented. Sometimes a health issue requires promotion of a behavior and does not involve a product or service (i.e., breastfeeding). In other instances the health problem requires products that are easily accessible (i.e., soap for hand washing). Still other health issues require an interaction with the health service delivery system (i.e., immunization). These considerations should be clarified as part of the process of assessing the environment.

Health Service and/or Product and Behavior Support

Assessing the availability, accessibility, affordability, and acceptability of services, products, and behaviors will lead to knowledge of the capacity of service providers and supply outlets to help the communication effort.

Availability

Consult with personnel and logistics managers in the programs that the communication effort will be promoting. Ask them to estimate their current capacity and current demand. Key questions include:

- Can they increase their capacity to meet increased demand?

- How quickly can they respond to stockouts and understaffing?

- Will they be able to handle additional clients? Will enough supplies be available, and will these supplies be available on a regular basis?

Ask yourself if you will be creating expectations that existing services cannot meet. If so, you should consider whether promoting the desired behavior is counterproductive.

TIP: Make note of the products, services, or behavioral supports that are offered to help people adopt the healthier behavior you will be promoting and which organizations are offering the products and services.

It is also important to conduct a competitive analysis to understand the broader environment and to identify potential barriers to success. First, designate whether you will be promoting a product, service, or behavior. Then, within the chosen category, list all of the competitors that you know about. For example, when promoting a behavior such as breastfeeding, the competition may consist of social pressure not to breastfeed, as well as baby formula sold through commercial channels. See chapter 5, "The Message Brief," for additional information about competition considerations when developing messages.

Accessibility

Where services or supplies are apparently available, ask whether those who need them can get them. For example, in some countries where contraceptives are readily available, sexually active, unmarried women cannot get access to them because of cultural or legal restrictions. Determining the level of accessibility before starting a specific campaign is crucial.

Affordability

Ask if the primary audience can afford the services and supplies. Think beyond monetary cost. How much does it cost in time and effort to get the service or item? If someone has to take a day off from work to get it, how much does this lose them in wages? Understanding potential constraints like these will help you design a more effective strategy.

Acceptability

Ask how socially acceptable it is to get and use the product or item. In some countries, for example, it is socially unacceptable for a woman to purchase condoms, even for her husband. In other countries, certain contraceptives are unacceptable because they require a woman to touch her genitals. Interview service providers and users about these issues to find out if barriers exist to promoting certain behaviors.

Review the questions and findings about these four issues with the program managers who are responsible for service delivery and distribution of products. Find out if there are any current service or supply issues. Consider visiting several service delivery sites to test availability and several supply outlets to test accessibility.

Social, Economic, and Political Conditions

Social, economic, and political conditions can limit health communication. Crime, unemployment, poverty, and social upheaval all affect health behavior. Consult program managers about social conditions that may impact their ability to promote health issues. Read about current affairs. Ask about pending legislation that may affect the effective promotion of health behaviors. Make note of other development issues that will be competing for resources and the attention of your audiences.

Based on the following examples, complete the corresponding worksheets.

Example 1.4a: Health Service and Product Support Worksheet

Instructions: Identify services and products that help people prevent or treat the health problem. Indicate the availability, accessibility, acceptability, and affordability of each one.

Example: Nicaragua

Product/Service Offered	Offered By	Availability*	Accessibility**	Affordability***	Acceptability****	Sources of Information
Prevention behaviors— hand washing, chlorine use	MOH	Health post or local grocery store	Community has easy access	Very affordable	Limited due to change in water taste from chlorine	ENACAL– DAR, MOH

*   Where is the product or service available?
**   Who has access to the product or service? Note anyone who is not allowed to get it or use it.
***   What does it cost a client to get and use the product or service? Think not only in terms of fees for service and product price, but also in terms of transportation and waiting time.
**** How accepted is the product or service among the intended users?

Worksheet 1.4a: Health Service and Product Support

Instructions: Identify services and products offered in your area for helping people prevent and treat the health problem. Briefly describe each according to its availability, accessibility, acceptability, and affordability.

Product/Service Offered	Offered By	Availability*	Accessibility**	Affordability***	Acceptability****	Sources of Information

* Where is the product or service available?
** Who has access to the product or service? Note anyone who is not allowed to get it or use it.
*** What does it cost a client to get and use the product or service? Think not only in terms of fees for service and product price, but also in terms of transportation and waiting time.
**** How accepted is the product or service among the intended users?

Example 1.4b: Social, Economic, or Political Conditions

Instructions: Identify any major influences that may affect your ability to communicate effectively.

Example: Nicaragua

1. **Social conditions** that are likely to affect the ability of the communication effort to motivate behavior change for health improvement.	Scarce amount of running water at the household.
2. **Economic conditions** that are likely to affect the ability of the communication effort to motivate behavior change for health improvement.	Forty percent of households have access to television.
3. **Political conditions** that are likely to affect the ability of the communication effort to motivate behavior change for health improvement.	Favorable environment, with much support from national and municipal governments and from community groups.

Worksheet 1.4b: Social, Economic, or Political Conditions

Instructions: Identify any major influences that may affect your ability to communicate effectively.

1. **Social conditions** that are likely to affect the ability of the communication effort to motivate behavior change for health improvement.	
2. **Economic conditions** that are likely to affect the ability of the communication effort to motivate behavior change for health improvement.	
3. **Political conditions** that are likely to affect the ability of the communication effort to motivate behavior change for health improvement.	

Step 5
Summarizing Strengths, Weaknesses, Opportunities, and Threats

TIP: Avoid writing a long list of SWOT. Prioritize your list, and include only those that you believe will have a major impact on your communication strategy.

The next step is to summarize what you have learned to form a foundation for your communication strategy. Many strategic planners use the SWOT framework: Strengths, Weaknesses, Opportunities, and Threats.

Summarizing Key Strengths and Weaknesses

Review the resources that you control, and list key strengths and weaknesses in your ability to communicate effectively. Involve your colleagues in creating this list. Review financial, human, and technological resources that can be devoted to the communication initiative.

Summarizing Key Opportunities and Threats

Similarly, ask the following questions:

- What key opportunities are there for improving health through communication?

- What threatens the ability to improve health through communication?

Based on the following example, complete the corresponding worksheet to summarize your findings.

Example 1.5: SWOT Analysis Worksheet

Example: Nicaragua

Strengths	Weaknesses
■ The proposed behaviors are effective in decreasing the incidence of diarrheal disease. ■ The intended audience has a good understanding of economic benefits to children's health. ■ Health education is provided along with improvements in water and sanitation infrastructure. ■ The campaign has strong political support.	■ The reach of television in rural areas is limited. ■ Access to remote areas is limited because of the weak road infrastructure and distance between communities.
Opportunities	**Threats**
■ Chlorine is widely available. ■ Proper hand washing is an accessible behavior. ■ The audience can be reached through the media.	■ The people lack hope for a better quality of life. ■ Health is not perceived as the most urgent need.

Worksheet 1.5: SWOT Analysis

Strengths	Weaknesses
Opportunities	**Threats**

Now you are ready to summarize what you have learned from analyzing the situation by completing worksheet 1.6, "Situation Summary." When you reach chapter 9 of the book, you will combine worksheet 1.6 with seven other summary worksheets (one each for chapters 2, 3, 4, 5, and 7 and two summary worksheets for chapter 6, "Channels and Tools"). Taken together, this set of summary worksheets will provide the information and guidance that you need to write a health communication strategy.

Example 1.6: Situation Summary Worksheet

Instructions: Review the worksheets that you have completed. Refer to them to complete the following summary of your situation.

Example 1: Nicaragua

1. **The health problem we are concerned with**	**Acute Diarrheal Disease**
2. The potential primary audiences—	Mothers. Children. Fathers.
3. The key challenges that we should focus on—	Hand washing at critical times. Water chlorination. Proper maintenance of wells and latrines.
■ Challenges associated with the audience's knowledge, attitudes, and behaviors.	The audience lacks knowledge about the effectiveness of hand washing to prevent disease.
■ Challenges related to being able to communicate effectively.	The reach of television in rural areas is limited.
■ Challenges related to creating circumstances that make it easier for the audience to take the desired action.	Family and social pressure may minimize the benefits of hand washing. The audience faces many other challenges too.
4. The key opportunities we should focus on are—	
■ Opportunities associated with the audience's knowledge, attitudes, and behaviors.	The audience understands the economic benefit of having healthy children.
■ Opportunities related to being able to communicate effectively.	Build on existing health education efforts by NGOs and ENACAL–DAR.
■ Opportunities related to creating circumstances that make it easier for the audience to take the desired action.	Model hand washing at the school. Chlorine is readily available and affordable.
5. Realities (unchangeable factors that may limit our effectiveness).	Running water facilities are scarce.
6. Given the above, we expect that we can make the following contribution to achieving the desired health improvement.	Increase the practice of hand washing among women and their children at critical times. Increase the use of chlorine. Mobilize the community to maintain public wells and latrines.

Example 1.6: Situation Summary Worksheet

Instructions: Review the worksheets that you have completed. Refer to them to complete the following summary of your situation.

Example 2: Uganda (Communication Strategy...2001)

At the end of this chapter and at the end of most chapters, you will find a summary worksheet. The DISH project in Uganda is used throughout this book to provide a comprehensive example showing how these summary worksheets are to be completed. When compiled as a set, the information in these summary worksheets will provide a concise overview of the key strategic considerations upon which you will base your strategy.

Project Background: The long-term and permanent methods (LTPMs) of FP were highly underutilized in Uganda. Permanent methods include tubal ligation (TL) and vasectomy. The long-term method used in this example is Norplant. Despite strong FP campaigns and a survey among new FP acceptors that noted an increase in the desire to space or limit births altogether, the use of LTPMs remained significantly low.

In 1997, the DISH project conducted a survey of nine districts and found that only 4 percent of married women were using TL, less than 0.26 percent of married women were using Norplant, and no men reported using vasectomy. When asked why, clients cited many reasons for the LTPMs not being more widely used, including inaccessible and unreliable services, lack of awareness, fears and misconceptions about the methods, and poor quality services.

The DISH II project, along with the MOH and other partners, developed a strategy to expand the availability and to improve the quality of these services through connected activities related to training and supervision of medical personnel, provision of equipment and supplies, and targeted behavior change communication messages for the different audience segments.

Example 1.6: Situation Summary Worksheet (Uganda)

1. **The health problem we are concerned with—**	**Unmet need for LTPMs**
2. The potential primary audiences—	Men and women ages 30–45 who want to wait at least 3 years to have a child Men and women ages 30–45 who want to stop childbearing
3. The key challenges that we should focus on are—	
■ Challenges associated with the audience's knowledge, attitudes, and behaviors.	Vasectomy and Norplant are widely unknown; TL is known, but there are worries about the procedure, safety, and side effects.
■ Challenges related to being able to communicate effectively.	Many languages are spoken; reproductive physiology is not well understood.
■ Challenges related to creating circumstances that make it easier for the audience to take the desired action.	Surgical procedures require doctors; consequently, services are available only in a few places.
4. The key opportunities that we should focus on are—	
■ Opportunities associated with the audience's knowledge, attitudes, and behaviors.	More than 30 percent want no more children; most have heard of TL; CPR* has increased.
■ Opportunities related to being able to communicate effectively.	Radio reaches most households; about 70 percent of these households are literate; service providers are trained in FP counseling.
■ Opportunities related to creating circumstances that make it easier for the audience to take the desired action.	Midwives are allowed to provide Norplant insertion and removal; doctors are trained in vasectomy and TL.
5. Realities (unchangeable factors that may limit our effectiveness).	Many lower level health facilities do not have space, personnel, or equipment to provide services.
6. Given the above, we expect that we can make the following contribution to achieve the desired health improvement.	Between 4th quarter 2000 and 1st quarter 2002, we can increase couple years of protection (CYP) against unwanted pregnancies provided by Norplant, TL, and vasectomy at 80 sentinel sites: ■ From 750 to 1,500 for TL. ■ From 45 to 90 for vasectomy. ■ From 300 to 600 for Norplant.

* Contraceptive Prevalence Rate

Worksheet 1.6: Situation Summary

Instructions: Review the worksheets that you have completed. Refer to them to complete the following summary of your situation.

1. **The health problem that we are concerned with —**	
2. The potential primary audiences	
3. The key challenges that we should focus on are—	
■ Challenges associated with the audience's knowledge, attitudes, and behaviors.	
■ Challenges related to being able to communicate effectively.	
■ Challenges related to creating circumstances that make it easier for the audience to take the desired action.	
4. The key opportunities that we should focus on are—	
■ Opportunities associated with the audience's knowledge, attitudes, and behaviors.	
■ Opportunities related to being able to communicate effectively.	
■ Opportunities related to creating circumstances that make it easier for the audience to take the desired action.	
5. Realities (unchangeable factors that may limit our effectiveness).	
6. Given the above, we expect that we can make the following contribution to achieve the desired health improvement.	

Conclusion

This chapter has given you the necessary tools to analyze your situation. By now, you should be well on your way to:

- Identifying and understanding the problem

- Determining potential audiences

- Identifying potential communication resources

- Assessing the environment where you will be communicating

- Summarizing the key Strengths and Weaknesses of the human, technological, and financial resources available as well as the Opportunities for and Threats to effective health communication in the current environment

Once these five steps are completed, you are ready to move on to step 2 of the "P" Process—strategy design.

next...

Communication Strategy

Analysis of the Situation

Management Plan

Evaluation

References

Communication Strategy to Conserve/Improve Public Health, October 1999 - September 2001 (2001). Johns Hopkins University/Center for Communication Programs.

Informe de Resultados de la Encuesta de Linea de Base para la Campaña La Estrella Azul (2001). (pp. 24). Johns Hopkins University/Center for Communication Programs.

Schiffman, L. G. & Kanuk, L. L. (1995). *Consumer behavior*. Englewood Cliffs, NJ: Prentice-Hall.

Chapter 2
Audience Segmentation

By the end of this chapter, the reader will be able to complete the audience segmentation process by completing the following steps:

Step 1:   **Determining Audience Segments**

Step 2:   **Prioritizing Audience Segments Within the Strategy**

Step 3:   **Identifying Influencing Audiences**

Step 4:   **Painting a Portrait of the Primary Audience**

Overview

In the forefront of the architect's mind at every stage of design are the audience and the audience's needs. In our example of designing a school, the audience includes students of different sexes and ages, teachers, parents, administrators, and visitors. Because of its different needs and depending on the actual situation, the architect may segment the audience into these groups.

He also considers the needs of people who will influence the intended audience, such as officials from the Ministry of Education and other government officials. For each segment he creates a mental picture to ensure that he plans and designs classrooms, a library, auditoriums, offices, and play areas in accordance with the needs of each segment.

Similarly, you and your team may need to segment your audience to design the most effective and efficient strategy for communicating with it.

The term "audience segmentation" means dividing and organizing an audience into smaller groups of people who have similar communication-related needs, preferences, and characteristics. Health communicators segment audiences to achieve the most appropriate and effective ways to communicate with these groups. As discussed in Chapter 1, health communicators identify several *potential* audiences for the communication strategy. Each audience consists of people who will directly benefit from the desired behavior changes. Your task is to determine the audiences on which to focus communication efforts.

This chapter provides four steps as a guide for carrying out the segmentation process to determine the primary, secondary, and influencing audiences. Following these steps will lead to the decisions and descriptions that will form the core of the audience portion of your communication strategy.

Step 1
Determining Audience Segments

The first question for you to resolve is whether you need to segment the audience at all. If the potential audience as a whole can be effectively reached through the same set of channels and receive the same set of messages, you do not need to segment. In most cases, however, the audience will benefit from being segmented, and your communication activities will be more effective. Indeed, health communicators have found that to most effectively promote behavior change, they need to segment the audience and design several different customized messages, appeals, or calls to action.

The question of available resources also influences your audience segmentation decisions. The costs involved in developing and executing separate communication efforts for several groups may outweigh the benefits. If resources are limited but segmenting the audience is warranted, it may be appropriate to focus on either fewer segments or to look for ways to leverage funds with other programs. Review the guidelines on the next page, and complete worksheets 2.1 and 2.2 to help you reach audience segmentation decisions.

Guidelines To Help Determine When It May Be Useful To Segment an Audience

It may be useful to segment audiences in the following cases:

1. When it is useful to separate users of a product from nonusers or people who practice a behavior from people who do not practice the behavior, segment accordingly.

Examples: Users and Nonusers

Messages to men who have never used a condom will be different from those who have used a condom but not on a regular basis. The former group requires information on the advantages of condom use. The latter may require more research on why they do not use condoms regularly, and any effective communication plan must design messages to address their concerns.

The same is true for child immunization. Immunization programs often address families to get their children immunized, as if the caregivers were thinking of this subject for the first time. In many countries, however, the problem is that families aren't making sure that their children get the required number of immunizations. Based on these different behavior stages—nonpracticing and practicing—communicators segment the audience and develop the communication strategies correspondingly: one to convince caregivers to begin an immunization program and the other to encourage them to bring the children in for the full course of treatment.

Health communicators identified maternal mortality as a key problem and pregnant women as the potential audience for a message about antenatal care. Some pregnant women may not go to a provider of antenatal care at all, while some may not start going until the second or third trimester of the pregnancy. The first audience may need to understand the advantages of going to a provider of antenatal care. The second audience already understands the need for antenatal care but may need to understand the advantages of antenatal care during the first trimester.

2. When separate groups within an audience require different types of information or motivation to promote behavior change, segment by information needs and motivation.

Examples: Users at Different Stages of Behavior

Information needs: A potential audience for contraceptive use may be defined as women of reproductive age. Within that group, however, young women may want two or fewer children, and modern contraceptive methods may be a solution. On the other hand, older women with three or more children may want to consider permanent contraceptive methods. Although both groups consist of married women of reproductive age, their information needs are different.

An undifferentiated communication strategy may encourage women to choose an inappropriate solution or may not give them a strong enough reason to seek a FP method that best suits them. Segmenting the broader audience of married women of reproductive age into those who wish to space out their pregnancies and those who wish to limit the number of children that they have results in more focused and appropriate communication strategies.

In many countries, a large proportion of adolescents are already sexually active, and the desired behavior may be for them to use contraceptives to avoid unwanted pregnancies. For adolescents who are not sexually active, however, the message may be to delay sexual activity. These different behavioral outcomes require different messages and materials.

Materials that are highly visual with little text may be necessary for the less-literate members of the audience, while fewer visual materials with more text may better explain the communication messages to more literate members.

Motivation: Can a strategy appeal to rural women in the same way as urban women? If not, consider segmenting these audiences to ensure that approaches are appropriate for both of these groups. Consider whether most everyone in your audience will respond to the same appeal and approach, even if the message and desired behavior are similar.

2

**Segmenting the Audience
The Romania Example**

A women's health communication strategy was undertaken in Romania. Romania provided an unusual example of how formative research was conducted to determine very distinct audience segments, and then many of these segments were collapsed into one primary audience. Some of this segmentation was given as part of the program. For example, the original geographic program area was concentrated in three judets, or counties. The strategy designers knew from initial data that there were differences in lifestyle between rural and urban women and differences in lifestyle between single and married women. They also knew from past experience that they would probably have to develop different messages for each of these segments, so they asked the research firm to gather data based on these segments. Interestingly, the findings showed that a need for more information about modern FP methods was common to all segments, and the desire to use modern methods was equally great. In addition, mass media were highly accessible by all segments. The strategy designers realized that they could conduct one campaign with clear messages and reach all segments except Roma women (a subset of Romanian women). Their cultural differences and literacy levels were so different from the others that it would not have been cost-efficient to include this group during this campaign phase

(Liskin & Yonkler, 1999).

TIPS for Using the Audience Segmentation Worksheets: Once the team has decided to segment the audience, use the following worksheets to help divide the audience into smaller groups. This segmenting will help communicate more effectively by better focusing the messages, communication channels, and approaches.

To complete the worksheets, list the potential audiences identified in the situation analysis in the first column of the first worksheet.

Then answer the remaining questions on each of the worksheets. By the end of this process, you and your team should be able to define the key audiences for the communication efforts.

Literacy, language, and other considerations may indicate the need to develop tailored materials for different groups within an audience, even if the basic message and desired behavior change are similar. Is one set of messages enough to effectively communicate with them all? If not, consider segmenting your audience according to who will need different kinds of materials.

Focusing on motivation means more than simply taking the same communication materials and customizing them in a local language, using local models. It is a matter of understanding particular motivations among the segmented audiences and developing specific communication strategies to meet their needs.

3. When separate groups are likely to identify with different spokespersons, segment by effective sources of information.

Example: People trust different sources of information

In many places, young people may respond to messages given by their peers rather than to messages given by adults or providers. People may trust those who can speak to them in their own language; people relate better to those who look and sound like they do. Some people trust a neighbor's advice more than that of a health provider.

Although everyone's preferences are individual, common preferences among groups should be considered when selecting audience segments. If research from the situation analysis shows that certain groups of people will respond better to different messages or different sources, you may want to segment.

Example 2.1: Step-by-Step Audience Selection Worksheet

Instructions: **Step 1: Identify Audience Segments.** Based on your analysis of the situation, identify potential audiences for your communication efforts. Name the potential audiences in the first column in the following chart. For each audience, identify possible segments (subgroups with traits that make them significantly different from others in the larger group). A significant difference is one that will require a different communication message or approach.

Example: Romania

Potential Audiences	Possible Segments by Stage of Behavior Change*	Possible Segments by Geographic Differences**	Possible Segments by Demographic Differences***	Possible Segments by Sociocultural Differences****	Possible Segments by Other Differences
Women of Reproductive Age	Aware	Rural	18–24, Single	Roma (ethnic group)	Fertility desires: Want children now Want to space Want to limit
	Aware	Urban	25–34, Married		
	Aware	Three Judets			

*   Knowledge, approval, intention, practice, advocacy
**   Region, city, urban/rural
***   Age, gender, marital status, number of children, education, occupation
****   Language, culture, religion, ethnicity, social class

Worksheet 2.1: Step-by-Step Audience Selection

Instructions: **Step 1: Identify Audience Segments.** Based on your analysis of the situation, identify potential audiences for your communication efforts. Name the potential audiences in the first column in the following chart. For each audience, identify possible segments (subgroups with traits that make them significantly different from others in the larger group). A significant difference is one that will require a different communication message or approach.

Potential Audiences	Possible Segments by Stage of Behavior Change*	Possible Segments by Geographic Differences**	Possible Segments by Demographic Differences***	Possible Segments by Sociocultural Differences****	Possible Segments by Other Differences

*   Knowledge, approval, intention, practice, advocacy
**   Region, city, urban/rural
***   Age, gender, marital status, number of children, education, occupation
**** Language, culture, religion, ethnicity, social class

Step 2
Prioritizing Audience Segments Within the Strategy

The need to prioritize is based on the answer to this question: *Are enough resources available to reach all the people identified as being affected by or at risk of the health problem?* If not, the team needs to decide which audience segments should receive attention first.

A phased approach to audiences helps to build momentum for a communication effort and to create in one segment of the audience the capacity to help others who are at different stages of behavior change. The communication strategy may start by addressing the audience that is easiest to reach, most receptive to hearing the message, or at a stage where it is most likely to move to the next behavior change stage.

An audience segment that already practices a behavior can be encouraged to advocate the behavior to others. These "practitioners" become credible motivators of the "intenders," who will follow them through the stages of behavior change. Worksheets 2.2.1, 2.2.2, and table 2.2.3 will help you and your team determine whether to prioritize audience segments.

Example

In Ghana, a national strategy was developed to increase the use of long-term FP methods—specifically injectables, Norplant, intrauterine device (IUD), TLs, and vasectomies. One of the partners in the strategy, Engender Health (formerly Association for Voluntary Surgical Contraception [AVSC]), has a successful history of working with "satisfied users" to help promote the concept of long-term FP methods to nonusers. However, there were so few users of long-term contraceptives that the first priority was to build a solid base of long-term users who later could help promote the concept to others. The strategy was to direct the first phase of the campaign to users of shorter term contraceptives who wanted to widely space or limit their family size but who were currently using the pill and condoms, since they were already predisposed to use modern FP methods. The partners realized that there would be ongoing communication to increase the number of pill and condom users at the same time. Therefore, the priority was as follows: Phase 1, build a base of satisfied users by appealing to current users of shorter term methods who would seek to use longer term methods; and phase 2, work with the now larger base of long-term users to have them advocate to others about the benefit of long-term methods.

Example 2.2.1: Prioritize Audience Segments Worksheet

Instructions: Review your work in step 1, and identify potential audience segments. Segments should be audiences with common characteristics. Write the names of potential audiences in column 1. Then answer the questions to help you decide which audience segments to focus on.

Example: Romania

Potential Audience Segment	Estimate how many people are in this audience.*	Does this group require specially prepared communication messages and materials?**	How *important* is it to achieving the program goals that this group changes its behavior?***	How *likely* is it that they will change in the timeframe of the communication program?****	Does the program have the *resources* for a behavior change communication program for this group?
Rural	Proportional to the population	Don't Know	Very Important	Very Unlikely	No
Urban	Proportional to the population	Don't Know	Very Important	Very Likely	Yes
Three Judets	10% of population	No	Very Important	Very Likely	Yes
Single	Proportional to the population	Don't Know	Somewhat Important	Somewhat Likely	Yes
Married	Proportional to the population	No	Very Important	Somewhat Likely	Yes
Roma	10% of population	Yes	Very Important	Very Unlikely	Not Now

* Estimate the number of people in the group.
** Say "Yes" if we will not be able to promote the desired behavior change using the same approach and messages as for another group with whom we are planning to communicate.
*** Very important, somewhat important, less important, unimportant.
**** Very likely, somewhat likely, somewhat unlikely, very unlikely.

Worksheet 2.2.1: Prioritize Audience Segments

Instructions: Review your work in step 1, and identify potential audience segments. Segments should be audiences with common characteristics. Write the names of potential audiences in column 1. Then answer the questions to help you decide which audience segments to focus on.

Potential Audience Segment	Estimate how many people are in this audience.*	Does this group require specially prepared communication messages and materials?**	How *important* is it to achieving the program goals that this group changes its behavior?***	How *likely* is it that they will change in the timeframe of the communication program?****	Does the program have the *resources* for a behavior change communication program for this group?

* Estimate the number of people in the group.
** Say "Yes" if we will not be able to promote the desired behavior change using the same approach and messages as for another group with whom we are planning to communicate.
*** Very important, somewhat important, less important, unimportant.
**** Very likely, somewhat likely, somewhat unlikely, very unlikely.

Example 2.2.2. Audience Prioritization Worksheet

Instructions: Using your answers from worksheet 2.2.1, rate each of your potential audiences as described below.

Example: Romania

Audience	Size of Audience Segment		Importance to Public Health		Likelihood That Audience Will Be Responsive to Communication Efforts		Rating*	Based on these considerations, is it *necessary* that we include this audience in our strategy?	Based on these considerations, will focusing *only* on this audience be *enough* to achieve our program goals?
	A		B		C		=A+B+C		
	Rating	% Pop	Rating	Importance	Rating	Likely			
	1	1–5	1	Not at all	1	Not at all			
	2	6-10	2		2				
	3	11-15	3	Somewhat	3	Somewhat			
	4	16-20	4		4				
	5	>20	5	Very	5	Very			
Rural	5		5		4		14	Yes	No
Urban	5		4		5		14	Yes	No
Three Judets	3		5		5		13	Yes	No
Single	2		3		5		10	Yes	No
Married	5		5		3		13	Yes	No
Roma	2		4		2		8	No	No

Based on the above, circle the priority audience segments for your communication efforts in the first column.
*Scoring the total rating: 10-15 A good segment
6-9 A possible segment
0-5 An unlikely segment

Worksheet 2.2.2: Audience Prioritization

Instructions: Using your answers from worksheet 2.2.1, rate each of your potential audiences as described below.

Audience	Size of Audience Segment		Importance to Public Health		Likelihood That Audience Will Be Responsive to Communication Efforts		Rating	Based on these considerations, is it *necessary* that we include this audience in our strategy?	Based on these considerations, will focusing *only* on this audience be *enough* to achieve our program goals?
	A		B		C		=A+B+C		
	Rating	% Pop	Rating	Importance	Rating	Likely			
	1	1-5	1	Not at all	1	Not at all			
	2	6-10	2		2				
	3	11-15	3	Somewhat	3	Somewhat			
	4	16-20	4		4				
	5	>20	5	Very	5	Very			

Based on the above, circle the priority audience segments for your communication efforts in the first column.

*Scoring the total rating: 10-15 A good segment

6-9 A possible segment

0-5 An unlikely segment

Example 2.2.3: Potential Audience Phasing Strategies Worksheet

Instructions: This chart shows three examples of potential audience phasing strategies and the rationale for phasing. Your team needs to determine if resources are available to achieve individual objectives for each of these audience segments within the timeframe of the strategy. When possible, state the specific time frame associated with each phase.

Audience Segments	Phase 1 Strategy	Phase 2 Strategy	Phase 3 Strategy	Rationale for Phasing
Policymakers, community leaders, and primary audiences.	Achieve buy-in and legislation that makes it possible for primary audiences to practice desired behavior.	Address community and religious leaders to help achieve social acceptability of desired behavior.	Encourage primary audiences to practice desired behavior.	Unless the desired behavior is acceptable to government leaders and the community, primary audiences will not be receptive to adopting new behavior.
Based on stages of behavior change: Practitioners, intenders, and acceptors.	Encourage practitioners to become advocates of desired behavior.	Use advocates to encourage intenders to practice desired behavior.	Continue cycle by encouraging new practitioners to become advocates.	Helps build momentum and models desired behavior by audiences that other audiences can identify with.
Urban residents and rural residents.	Encourage urban residents to practice desired behavior with messages customized to urban interests.	Encourage urban residents to motivate their rural relatives to adopt desired behavior.	NA.	In countries with large migration from rural to urban areas, urban residents still go back to their villages to visit their relatives. Urban residents are usually reached more easily by communication messages and may be more receptive to adopting a desired behavior. By starting with urban residents and then encouraging them to influence their rural relatives to adopt their new behavior, rural residents may be more inclined to adopt the behavior.

Table 2.2.3: Potential Audience Phasing Strategies

Instructions: This chart shows three examples of potential audience phasing strategies and the rationale for phasing. Your team needs to determine if resources are available to achieve individual objectives for each of these audience segments within the timeframe of the strategy. When possible, state the specific time frame associated with each phase.

Audience Segments	Phase 1 Strategy	Phase 2 Strategy	Phase 3 Strategy	Rationale for Phasing

Step 3
Identifying Influencing Audiences

Step 3 identifies influential people in the primary audience's social networks. The goal is to mobilize these groups to influence the primary audience in favor of the healthy behaviors. Chapter 1 discussed how to look for and list potential influencing audiences. After reviewing that material and the text below, use worksheets 2.3.1 and 2.3.2 to help your team work through this step.

To help you determine who influences the audience's knowledge and attitudes about the health problem, ask these questions:

- Who suggests ways that they can prevent or treat the health problem?

- Who influences their decision to seek assistance in preventing or treating the health problem?

- Who influences their decision to try certain products or practice certain health behaviors?

- Who influences their decision to continue or not to continue their new health behaviors?

Describe these outside influences both in terms of such characteristics as age and gender and in terms of their relationship to the primary audience. For example, are they friends or relatives? Are they offering services or products to the audience?

Identify all providers of services and supplies to the primary audience. Identify your own provider network and alternative providers. For example, does the primary audience seek treatment from traditional healers? If so, these healers are likely to have a strong influence on the audience. Does the audience seek services from government clinics, nongovernmental outlets, or private clinics? When identifying the audience's health care providers, be as specific as possible. For example, identify whether the people in the audience visit nurses or doctors. Note if they visit the nearest provider or if they travel some distance to reach a preferred provider. This information will help you select key providers.

To identify opinion leaders, ask program managers and community workers who influences community opinions about health problems and who directs policy decisions about health care matters. Interview these people about their views on the health problem, and ask them for the names of other opinion leaders and policymakers in the area.

As you list the influencers, estimate their degree of influence. For example, the relationship between a client and a provider is a powerful one in influencing health behaviors. Certain relatives, spouses and parents, are also strongly influential. When it comes to abstinence, for example, religious leaders or parents may play an influential role, particularly among youth. Neighbors may have less influence. By estimating the degree of influence that others may have on the primary audience, your team will be able to make more informed decisions on how to spend communication resources to encourage advocacy by these groups.

Also, ask the influencers about their attitude toward the desired behavior. Knowing this will help determine how much of an investment the team will need to make in promoting positive attitudes and advocacy among this group.

Example 2.3.1: Identify Influencing Audiences Worksheet

Instructions: In column 1, write the names of the audiences you selected in step 2. Then answer the questions.

Example: Romania

Primary Audience	Whom does the primary audience talk to about its health?	Who influences the actions that the primary audience takes to satisfy its health needs?	Who provides the primary audience with the health information, products, and services that they need?
Women 18–35 Rural and Urban, Single and Married, Three Judets, Aware.	Providers	Husbands	Providers. However, information is limited, and the audience is too intimidated to ask questions.
	Husbands	Friends	Pharmacies
		Family	

Worksheet 2.3.1: Identify Influencing Audiences

Instructions: In column 1, write the names of the audiences you selected in step 2. Then answer the questions.

Primary Audience	Whom does the primary audience talk to about its health?	Who influences the actions that the primary audience takes to satisfy its health needs?	Who provides the primary audience with the health information, products, and services that they need?

Example 2.3.2: Influencer Analysis Worksheet

Instructions: Write the name of the primary audience (the audience that you want to encourage to practice a healthy behavior) above the table.

Example: Romania

A. Primary Audience: Women of Reproductive Age/Urban/Rural/Single/Married/Three Judets

B	C	D	E	F	G
Who influences the primary health audience?	How much influence do they have? (Strong, Moderate, Weak)	What behavior are they currently encouraging the primary audience to do (or not to do)?	Why would they encourage the desired behaviors?	Why would they discourage the desired behaviors?	What are the most important sources of information *for the influencers?*
Providers (Non FP providers)	Weak	Not providing information to encourage behavior	It is a healthy option for women	No incentive	Medical community, MOH, journals, meetings
Husbands	Strong	None, one way or the other	Economically sound	There's no dialogue between husbands and wives about reproductive health matters	Mass media Friends
Friends	Strong	Traditional FP	If they knew about the safety of some method and used it themselves	They don't know enough and don't use modern methods	Mass media Mothers
Mass Media	Strong	Not providing information	Help to provide healthy environment	Lack of knowledge and encouragement	MOH, NGOs, other media

Worksheet 2.3.2: Influencer Analysis

Instructions: Write the name of the primary audience (the audience that you want to encourage to practice a healthy behavior) above the table.

A. Primary Audience:

B	C	D	E	F	G
Who influences the primary audience?	How much influence do they have? (Strong, Moderate, Weak)	What behavior are they currently encouraging the primary audience to do (or not to do)?	Why would they encourage the desired behaviors?	Why would they discourage the desired behaviors?	What are the most important sources of information *for the influencers?*

In the first column, list the groups who influence the audience's health behavior.

In the second column, estimate how much influence they have on the primary audience (strong, moderate, weak).

In the third column, state what they are currently influencing the audience to do (or not to do).

In the fourth column, describe what would be likely to motivate them to encourage the desired behaviors.

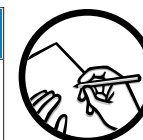In the fifth column, describe what would be likely to motivate them to discourage the desired behaviors.

In the sixth column, describe their primary sources of information for influencing the primary audience.

Step 4
Painting a Portrait of the Primary Audience

To help you and your team prepare a creative approach for effectively communicating with the primary, secondary, and influencing audiences, step 4 shows how to develop a description of each segmented audience to "paint a portrait." In other words, this step provides a way to "bring each audience to life."

The purpose of painting the portrait is to fully understand the desires, wants, and hopes of the intended audience, so that when you and your team develop messages, you can focus on that one person in the portrait rather than on a mass of people. Start by looking at quantitative research as a foundation, and then layer qualitative information on top of it.

As you describe each segment, consider psychographic variables as well as physical and socioeconomic data. Data collection sometimes includes the psychological traits of audience members and can help in understanding such issues as self-esteem, risk-taking tendencies, and fatalism. Analyze these characteristics together with socioeconomic data. Then, compose a profile of the audience that is realistic and vivid.

This exercise will help you get inside the mind of the audience by painting a portrait of one person in that audience. Think of the characteristics of the key audience, and begin to paint a mental picture of a *person* that best represents that audience. What is his or her name? Get a photo or picture that represents that person. Describe him or her. If a woman, how old is she? What does she look like? Where does she live? If she's married, what is her husband like? How many children does she have? Does she live with her mother-in-law? Does she live in a village? Does she work? If so, what does she do? What are her media habits? Is she more likely to watch television or listen to the radio? Develop a story about the character. In the story, describe her behavior and some key attitudes about the health behavior that the program is going to communicate to her. This "portrait" won't be solely based on facts, although the audience research you have gathered will provide many factual details.

Worksheet 2.4: Paint a Portrait of the Primary Audience

Instructions: Using this sheet or on a separate piece of paper, paint a portrait of the primary audience as an individual person, as a composite of the primary audience, and based on the data. This description should include how a person responds to community norms. Describe him or her in detail. Tell a story about "a day in the life" of this person. Remember, he or she is a very important individual-the intended audience.

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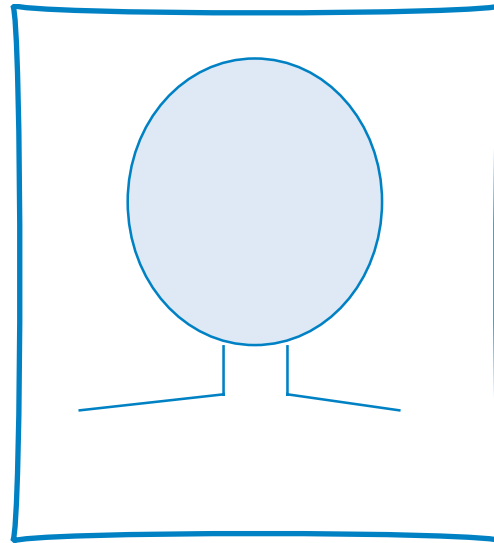
Example: A Story from Ghana

Meet Kwame. He is a farmer living in Central Region and is 42 years of age. He has two wives and five children ranging in age from 20 to 8. 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 in communicating with them about intimate matters, such as reproductive health. He assumes that they know what to do. He is also more comfortable in having his wives talk to their children about these matters. Kwame was a character that was created at a strategy development workshop to represent men 35 years of age and older. One of the exercises in the workshop was to set priorities among several health topics—one of them being male motivation—for a national population communication strategy. The typical audience segment initially addressed for male motivation is men more than 35 years old. The exercise was a revelation for workshop participants. When the participants started thinking like a 42-year-old rural farmer, they realized that the concept of male motivation was totally alien to Kwame. And if Kwame was asked to rank the importance of talking to his wives about reproductive health compared to dealing with his adolescent children's sexual behavior or the threat of HIV/AIDS, it was not a priority. On the other hand, maternal and child health topics were important to him because he cares about the health of his children and realizes that it is also important for his wives to stay healthy and take care of them (Yonkler, 1998).

This exercise helped in two ways: (1) it put a face on the audience and helped to bring the strategy to life; and (2) it helped the communicators realize that although they may spend all day thinking of specific health topics, the audience doesn't focus on them the way health professionals do. It helped to put these issues in perspective.

Example 2.5: Summary of Audience Segmentation Decisions Worksheet

Example: Uganda

Key Audience/Rationale	Audience Description	Phasing Strategy, if Appropriate	Key Influencers/Rationale
1. Clients in DISH project areas	Men or women who have decided to have TL, vasectomy, or Norplant	Geographically by facilities as services become available	Health workers, spouses
2. Potential clients living in project area within 10 km of health facility providing TL, vasectomy, and/or Norplant	Men or women aged 30–45 who want to wait at least 3 years for a child or who want to stop childbearing but are not using Norplant, TL, or vasectomy	Geographically by communities in catchment areas of facilities as facilities offer services	Health workers, community leaders, and peers

Worksheet 2.5: Summary of Audience Segmentation Decisions

Instructions: In the first column of the summary worksheet, list the key audiences that you will communicate with and the rationale for each. Then describe each audience segment. In the third column, note the phasing strategy if this is applicable. Lastly, describe the key influencers who will be reached and rationale for each group.

Key Audience/Rationale	Audience Description	Phasing Strategy, if Appropriate	Key Influencers/Rationale

Next Steps

Now that you have identified primary and influencing audiences, you are ready to set the behavior change objectives for each audience segment.

References

Liskin, L. & Yonkler, J. (1999). *The Romania Women's Health Campaign Description.* Johns Hopkins School of Public Health, Population Communication Services.

Yonkler, J. (1998). *National Population Communication Strategy Workshop.* Sogakope, Volta Region, Ghana.

Chapter 3
Behavior Change Objectives

By the end of this chapter, the reader will understand how to develop behavior change objectives that are SMART—specific, measurable, appropriate, realistic, and time-bound—for each audience segment, by completing the following steps:

Step 1:   **Stating the Behavior Change That Will Meet the Audience's Health Needs**

Step 2:   **Stating How Much the Behavior Will Change**

Step 3:   **Deciding the Timeframe Within Which the Expected Change Will Occur**

Step 4:   **Linking Behavior Change Objectives to Program Objectives**

Step 5:   **Identifying Indicators To Track Progress**

Overview

Your friend, the architect, reviews the client's needs and, within any inherent limitations such as the size of the site where the school will be and the estimated budget, establishes the objectives for designing the school. His overall objective is to create spaces and areas that fit the needs of his audiences. Specific objectives include creating:

- Classrooms that are large enough for the estimated number of students and teachers, that have plenty of light, and that are conducive to learning.
- Rooms for teachers (a lounge), the principal (an office), and the entire student body (an auditorium).
- Toilet facilities for boys and girls and for men and women.
- Play areas, perhaps indoors as well as outdoors.

Also, for all of these spaces, he will plan a network for the movement of his audiences, flowing from outside to within the school; and within, from classroom to classroom, to offices, to play areas, and to and from the toilet facilities.

At this point, the architect also establishes a preliminary schedule or timeline, setting milestones or indicators that will measure progress towards completing the building.

For you, too, the importance of setting clear objectives is paramount, and this chapter shows you how to set them.

Behavior change objectives are short, clear statements of the intended effect of a communication effort. Clear, concise behavior change objectives keep a communication program focused and on track. Objectives that are "on strategy" drive the program forward and move it closer to the long-term vision of improved health.

This chapter provides guidance on developing behavior change objectives for each audience segment. It discusses how to develop objectives that are congruent with the needs and characteristics of the intended audience, as determined by your analysis of the situation and audience segmentation. You will link the objectives to the outcome or evaluation measures developed for the communication program. To facilitate measuring the impact of the communication interventions, you will identify indicators that will help measure progress toward objectives. The use of clear objectives and indicators that track progress will benefit the strategic communication effort, while simultaneously demonstrating the program's contribution to the overall health situation in a given community, region, or country.

The key to developing strategic behavior change objectives is keeping them SMART (Piotrow, Kincaid, Rimon, & Rinehart, 1997). A SMART objective is:

Specific: The objective should say who or what is the focus of the effort and what type of change is intended.

Measurable: The objective should include a verifiable amount or proportion of change expected.

Appropriate: The objective should be sensitive to audience needs and preferences as well as to societal norms and expectations.

Realistic: The objective should include a degree of change that can reasonably be achieved under the given conditions.

Time-bound: The objective should clearly state the time period for achieving these behavior changes.

Example: Specific

Improve the knowledge of mothers of children up to 5 years of age in three rural provinces of Nicaragua about the benefits of hand washing (2001).

Example: Measurable

Improve the knowledge of 80 percent of mothers of children up to 5 years of age in three rural provinces of Nicaragua so that hand washing increases from 10 percent of the time to 90 percent of the time.

Example: Appropriate

Improve the knowledge of 80 percent of mothers of children up to 5 years of age in three rural provinces of Nicaragua so that hand washing increases from 10 percent of the time to 90 percent of the time by explaining the link between lack of proper hand washing and diarrheal disease (research showed low levels of understanding among the audience concerning the link between proper hand washing and prevention of diarrheal disease).

Example: Realistic

Improve knowledge of 80 percent of mothers of children up to 5 years of age in three rural provinces of Nicaragua so that handwashing increases from 10 percent of the time to 90 percent of the time using a phased approach.

Example: Time-bound

Improve knowledge of 80 percent of mothers of children up to 5 years of age in rural Nicaragua so that hand washing increases from 10 percent of the time to 90 percent of the time between January 2002 and January 2005.

Although you may sometimes find it difficult to craft an objective that fulfills each of these requirements, this is the ideal format to follow. You and your team must decide how to develop feasible behavior change objectives, based on your audience's situation and the information available to you.

Step 1
Stating the Behavior Change That Will Meet the Audience's Health Needs

Based on the work discussed in chapter 2, you and your team should already have a written description of the intended audience. Use this description to ensure consistency throughout the development of the communication strategy. Each audience segment may require a different behavioral change objective. You and your team should be consistent in defining the objectives for each group or audience segment.

Name the behavior that will change as a result of the audience hearing, seeing, or participating in the strategic communication messages. Is the behavior change ultimately going to impact the audience's health needs? For example, washing hands properly can reduce deaths due to diarrheal disease. Review the summary of the analysis of the situation (worksheet 1.6), and note any behavior identified as needing attention. At this point, you may need to clarify further the intended audience's behavior. If so, consider conducting some qualitative research to make sure that the program is on the right track.

By following this step, you will ensure that the behavior change objectives are *specific* and a*ppropriate*.

Step 2
Stating How Much the Behavior Will Change

3

By completing step 2 you will ensure that the behavior change objectives are *measurable* and *realistic*. To make a reasonable estimate about the amount of behavior change that will occur, given the overall context of the program and the resources available, consider:

● Barriers to change.
● Experiences of similar programs in the past.
● Conditions under which the communication will occur.
● How much behavior change is needed for the success of the program.

Barriers

Keep in mind the barriers to change that affect the intended audience. How difficult will it be to get the attention of the audience? Are others actively trying to convince the intended audience to adopt behaviors different from those that this communication strategy will promote? Are there competing demands for the time and actions of the audience? In general, adopting a new behavior is easier for individuals than changing an existing behavior.

For example, a woman may decide that it is more urgent for her to spend time at work than go to the clinic for an antenatal checkup. In this case, despite the best communication efforts, she may not go to the clinic. Similarly, a family may have limited financial resources available to treat health problems, and some other health issue may take precedence over the one that you are promoting. Keeping considerations such as these in mind will help ensure that expectations for behavior change are realistic.

Prior Experiences

Examine available research data and reports that describe prior health communication campaigns related to the issue at hand. How were the behavior change objectives stated? What changes were achieved? This information will help ensure that the objectives are realistic and feasible.

Example

In Zambia, the Helping Each Other to Act Responsibly Together (HEART) Campaign (Serlemitsos, 2001) used mass media to change norms related to risk reduction and safer sex among youth ages 15–19. The main objective was to promote healthy sexual behaviors among young people by reinforcing those behaviors that are safe while changing the unsafe ones. Specifically, increases were sought in:

● The number of youth who believed that they could be at risk of HIV infection
● The number of females who had never had sex and who continue to practice abstinence
● The number of sexually active males who formerly were occasional condom users and who now will always use a condom

Conditions Under Which the Communication Will Occur

Review how conditions under which the communication will occur might affect results. Consider the portion of the analysis of the situation that examined:

- The "affordability" of behavior change.
- The availability and accessibility of services and products needed to practice the desired behavior.
- Social, economic, and political factors.

Amount of Behavior Change Needed

Compare the amount of behavior change needed for the strategy to succeed and the amount of behavior change that is manageable within the strategy's timeframe. Can the objectives be accomplished with available resources? Are there sufficient interpersonal, community-based, and mass media channels to reach the intended audience? Will more demand be created than the program can fulfill? Discuss proposed objectives with service delivery managers, and ensure that they will be able to provide enough supplies and services to meet the expected increase in requests.

In Ghana a FP program generated significantly more demand for FP beyond initial expectations—so much so that in the midst of the campaign the MOH's clinics ran out of oral contraceptives. Clients became frustrated when they discovered that they could not receive what they had been motivated to get.

Give a numerical or percentage change expected. State the existing baseline measure as well as an expected measure. Review available data and consult research experts to determine a realistic goal for the expected change. For example, revise an objective that says "increase the proportion of people practicing the behavior to 20 percent" to "increase the proportion of people practicing the behavior from 10 percent to 20 percent."

If it is not possible to measure behavior change in precise terms, try to establish a means of verifying that the audience's behavior is at least following the general trend that would support the aim of the communication program.

Refer to chapter 8, which discusses the issues involved in planning for evaluation, and then revisit the objectives in this chapter to make sure that they are measurable.

Step 3
Deciding the Timeframe Within Which the Expected Change Will Occur

Identify the timeframe in which change will be achieved. Use timeframes that give people enough time to change. Strategic communication objectives may be stated in terms of months or years. Keep this long-term horizon in mind as you develop your behavior change objectives.

A campaign will often have a shorter duration than an overall communication program, and the timeframe established to achieve the behavior change objectives will depend on this context. Sustained behavior change over time will clearly not be achieved during a brief campaign period. Remember to set the timeframe within the framework of the overall program.

The timing of the communication objectives may coincide with those of the rest of the program. In some cases, however, it may be important to achieve results before the program's end. Ask if it will be necessary to generate demand earlier in the program to ensure that products and services are fully utilized as soon as they are available. Take into account such situations, and adjust timeframes accordingly. You may find it helpful to link the program's timing to existing data collection schedules, such as the DHS. Such a link allows the health program to gather baseline and monitoring information in a scientifically sound and cost-effective manner.

At this point, you and your team should now have developed one or more behavior change objectives that are SMART.

> **Example**
>
> In the Zambia HEART Campaign, the behavior change objectives were initially stated for the first phase of the campaign, which ran from June to October 1999.

3

Step 4
Linking Behavior Change Objectives to Program Objectives

Your behavior change objectives should be likely to contribute directly to achieving program objectives. Behavior change objectives should always advance one or more program objectives even if the program objectives do not include a specific behavior change or communication component. Linking your change objectives to the larger program objectives and goals strengthens your communication strategy.

Step 5
Identifying Indicators To Track Progress

Indicators are the interim measures used to track progress toward achieving objectives. Once you have fixed an indicator's beginning point, or baseline value, you can monitor it over time to see whether the intended behavior change is being achieved. Looking at the work completed thus far, identify the interim measures or indicators that will show the impact of the communication effort on the behavioral characteristics leading to the behavior change desired.

Good indicators are (Bertrand & Kincaid, 1996):

- Valid: They measure the phenomenon that they are intended to measure.
- Reliable: They produce similar results when used more than once to measure the same phenomenon.
- Specific: They measure only the phenomenon that they are intended to measure.
- Sensitive: They reflect changes in the status of the phenomenon being studied.
- Operational: They are measurable or quantifiable with developed and tested definitions and reference standards.

For example, increases in information seeking to understand how FP methods work, increases in the frequency of communication between couples about FP, increases in participation in community events related to FP, and increases in the intent to adopt an FP method are all valid indicators when the behavior change objective is to increase contraceptive use among a specific audience.

Indicators can also be used to assess changes at the community level (Figueroa, Kincaid, Rani, & Lewis, 2002). For example, to track changes that lead to community empowerment, you could analyze:

- Leadership
- Degree and Equity of Participation
- Information Equity
- Collective Self-Efficacy
- Sense of Ownership
- Social Cohesion
- Social Norms

Use the worksheet on the following page to summarize the behavior change objectives that you have crafted.

Example 3.1: Developing Objectives Worksheet

Example: Bolivia Las Manitos I (Valente et al., 1996)

Project background: Bolivia's National Reproductive Health Program was designed to address high rates of infant and maternal mortality and to satisfy an unmet demand for FP. The program also worked to improve the climate for FP and to broaden the range of services offered to include a variety of reproductive health services. A series of campaigns was designed and implemented over a number of years, the first of which was called Las Manitos I.

What is the program goal?	Reduce maternal mortality by increasing the prevalence of reproductive health behaviors, such as FP and prenatal and postnatal care (especially breastfeeding and newborn delivery), by trained health providers in clinical settings.
Who is the intended audience?	Women and men between the ages of 18 and 35 living in La Paz, El Alto, Cochabamba, and Santa Cruz (the four largest cities in Bolivia).
What is the action to be taken by the intended audience?	Utilize reproductive health services and/or adopt an FP method.
How will this contribute to the program goal?	By obtaining reproductive health services, women will receive prenatal and postnatal care, assisted delivery, counseling, and FP services. Use of reproductive health services and FP methods can contribute to the reduction of maternal mortality.
How will this meet the needs of the audience?	Abortion is one of the leading causes of maternal mortality in the country. Through the use of modern contraceptives, unwanted pregnancies can be reduced, consequently reducing abortions. The unmet need for spacing or limiting births is about 24 percent (per Demographic and Health Survey).
In what time frame will the behavior change occur? (State a beginning and an end.)	The change will occur in 7 months (May–November 1994). It is the first in a series of campaigns.

Example: Bolivia—Las Manitos I (continued)

What is the amount of change that will be achieved in this timeframe? (State the current level and the desired objective.)	From This	To This
	5.4 percent new adopters of FP methods	7.0 percent new adopters of FP methods

Indicators:		
What other behavioral characteristics will change in this timeframe, and by how much?		

Behavioral Characteristics	Will Change	
	From This	To This
Obtain information on reproductive health through the media.	24 percent	60 percent
Intention to use FP	25 percent	29 percent

Other Indicators, if Appropriate:	

Example 3.1: Summary of Behavior Change Objectives Worksheet

Example: Uganda

What is the program goal?	Meet the long-term reproductive health needs of the Ugandan people, and strengthen the capacity of the medical system to deliver services.
Who is the intended audience?	Men and women ages 30–45 who want to delay childbirth at least 3 years or stop having children.
What is the action to be taken by the intended audience?	Report to health facilities where Norplant, TL, and/or vasectomy is available, and obtain services.
How will this contribute to the program goal?	It will increase the number of clients.
How will this meet the needs of the audience?	They will be able to meet their reproductive goal.

In what timeframe will the behavior change occur? (State a beginning and an end)	December 2000	March 2002
What is the amount of change that will be achieved in this timeframe? (State the current level and the desired objective.)	From This* (CYP)**	To This* (CYP)
	750 for TL 45 for vasectomy 300 for Norplant	1,500 for TL 90 for vasectomy 600 for Norplant

* At 80 sentinel site health facilities.
** 1 TL = 12.5 couple years of protection
1 vasectomy = 12.5 couple years of protection
1 Norplant = 5 couple years of protection

Example: Uganda (continued)

Behavioral Characteristics	Will Change	
	From This	To This

What other behavioral characteristics will change in this timeframe, and by how much?

Other Indicators, if Appropriate. Show Increases in:	
Proportion of audience who know that Norplant, TL, and vasectomy are effective and safe	
Proportion of audience who know where to get Norplant, vasectomy, and TL services	
Proportion of audience who believe that Norplant, vasectomy, and TL are socially acceptable	
For Clients:	
Proportion who can describe the procedure	
Proportion who know how to care for themselves after the procedure	

Worksheet 3.1: Summary of Behavior Change Objectives

What is the program goal?	
Who is the intended audience?	
What is the action to be taken by the intended audience?	
How will this contribute to the program goal?	
How will this meet the needs of the audience?	

In what timeframe will the behavior change occur? (State a beginning and an end.)		
What is the amount of change that will be achieved in this timeframe? (State the current level and the desired objective.)	From This	To This

What other behavioral characteristics will change in this timeframe, and by how much?		
Behavioral Characteristics	Will Change	
	From This	To This

Other Indicators, if Appropriate:	

Next Steps

This chapter has explained how to develop SMART objectives and has offered country examples. You should now be able to develop behavior change objectives for your program and move to the next step—deciding how to achieve these objectives.

Chapter 4 discusses this process, which involves developing a strategic approach.

3

References

Bertrand, J. T. & Kincaid, D. L. (1996). *Evaluating Information-Education-Communication (IEC) Programs for Family Planning and Reproductive health. Final Report of the IEC Working Group, the EVALUATION Project.* Chapel Hill: Carolina Population Center, University of North Carolina at Chapel Hill.

Communication Strategy to Conserve/Improve Public Health, October 1999 - September 2001 (2001). Johns Hopkins University/Center for Communication Programs.

Figueroa, M. E., Kincaid, D. L., Rani, M., & Lewis, G. (2002). *Communication for social change: A framework for measuring the process and its outcomes.* The Rockefeller Foundation and Johns Hopkins Center for Communication Programs.

Piotrow, P. T., Kincaid, D. L., Rimon, J. G. I., & Rinehart, W. (1997). *Health Communication: Lessons from Family Planning and Reproductive Health.* Westport, CT: Praeger Publishers.

Serlemitsos, E. (2001). *Zambia Heart Program.* Lusaka: Johns Hopkins School of Public Health, Center for Communication Programs.

Valente, T. W., Saba, W. P., Merritt, A. P., Fryer, M. L., Forbes, T., Pérez, A., & et al. (1996). *La Salud Reproductiva Está en Tus Manos: Impacto de la Camapaña del Programa Nacional de Salud Reproductiva de Bolivia.* Baltimore: Johns Hopkins School of Public Health, Center for Communication Programs.

Chapter 4
Strategic Approach

By the end of this chapter, the reader will know how to develop an overall strategic approach for a health communication program by completing the following steps:

4

Step 1:   **Reviewing the Key Issue or Problem, Audience Segments, and Objectives**

Step 2:   **Determining Long-Term Identity and Positioning Strategy Of The Behavior**

Step 3:   **Exploring Strategic Alternatives**

Step 4:   **Determining Strategic Approach and Rationale**

Overview

Using the knowledge gained in analyzing the situation, thinking about the client's needs, and setting objectives, your friend the architect develops his strategic approach for building the school. He decides how he wants the students, teachers, administrators, and parents to feel about their school: a serious enclosure for learning but also a friendly space and, in some areas, a play space. He may sketch out how the various classrooms, offices, lounges, and meeting areas will look, where the visitor areas, playrooms, and bathrooms will be, and how these will relate to the entire building, inside and out. He also decides on the overall look or impression that the school will give. For a school in a city, his approach will be to design the spaces and use building materials that fit into a cityscape.

As part of developing his strategy, he reviews the different approaches available to him for meeting his objectives and determines which options he will choose. He may reaffirm earlier decisions or refine them to ensure that when completed the school will fulfill its purpose of providing a functional and attractive learning center for a long time.

So too, you need to develop a specific strategy that links all the elements of your proposed communication efforts.

In addition to being familiar with the health areas to be addressed and the needs and wants of the audience, you and your team, having determined the behavior change objectives, have to describe how the communication efforts are going to meet these objectives. In other words, together, you develop the overarching direction that dictates and guides the choice of the tactical tools that the team will use to achieve the objectives.

The strategic approach is one of the most important elements in a communication strategy. It drives the rest of the program. It ensures synergy, consistency, and coordination among stakeholders and partners. It enables the team to picture how all the elements will fall into place. Think of it this way: What is the communication strategy going to look like? How is it going to work? What shape will it take? Your health communication team's efforts to develop a strategy will lead to a strategic approach statement, which is different from the objectives. Objectives are specific and measurable and tell you *what* needs to be achieved. The strategic approach is descriptive and tells you *how* the objectives will be achieved.

Step 1
Reviewing the Key Issue or Problem, Audience Segments, and Objectives

Review the summary sheets developed for chapters 1 through 3 to understand the key issue or problem, the defined primary and secondary audience segments, and the behavioral objectives. At this point, the team is faced with an array of possible approaches to achieve objectives, but some may be better ways than others. You and your team should ensure that you develop the most appropriate strategic approach by looking at all the options.

Before proceeding to explore strategic alternatives and to determine your strategic approach and its rationale, you will need to understand the communication concepts of long-term identity and positioning, so that you can determine these components for your program.

Example

To meet the objective of increasing the use of primary health care facilities, a strategy can take many directions:

1. Focus on the facilities themselves, and develop a communication strategy that emphasizes quality services (provided that these facilities can deliver quality services).

2. Concentrate on the audience, and develop messages related to each of the health services being offered at these facilities.

3. Package these health services together under a healthy lifestyle approach, and focus on "wellness" as a way for audiences to utilize these facilities.

All three approaches may be reasonable ways to achieve the objective. Each option describes a particular direction and will affect the choice of messages to be delivered, the channels to be used, and, in many ways, the management of the overall program. Obviously it will not be feasible to implement all three approaches. You probably do not have the resources or the manpower to follow through with all approaches. The best strategy is to focus on one approach that appears to be the most appropriate based on the knowledge and behavior stage of the audience, the level of services being offered, and the access of the audiences to different communication channels. Focus demands sacrifice.

4

Step 2
Determining the Long-Term Identity and Positioning Strategy of the Behavior

In the evolving world of strategic health communication, planners are focusing more energy on two closely interrelated and sometimes overlapping components: (1) the behavior's long-term identity (sometimes referred to as "the brand") and (2) positioning the behavior.

Long-Term Identity

As the members of the intended audience perceive and respond to the health communication effort to change behavior, they create in their minds a perception that becomes a behavior's long-term identity. In the course of such perception, the audience builds an image or an idea of the behavior. This image exists only in the minds of the intended audience and is, for them, an identity for the behavior. At best, it is clear, distinct, and easily recognized, and it shows the behavior's benefits as desirable.

Example: Physical fitness is a good example of a behavior that has a long-term identity. For some, the identity is a positive one. When people who are predisposed to exercising regularly think of the term "physical fitness," they may make the following positive associations: it is good for you; it helps keep you slim; it helps prevent heart disease; it gives you energy. On the other hand, some people may have negative associations: it is too time-consuming; it is not enjoyable; it is too much work; it takes too much discipline. Positive or negative, the behavior itself has a set of associations that may immediately come to mind when the term "physical fitness" is mentioned, and any of those associations reinforce a long-term identity to an audience member.

A long-term identity or brand:

- Provides a visual signature or brand mark (symbol, name, design, colors, or combination of these) that is attached to products, services, or behaviors.
- Fosters a relationship of trust, reliability, and exclusivity between the behavior and the audience.

- Adds value to the basic product, service, or behavior.
- Provides some kind of psychological payoff to the audience.
- Simplifies the problem of differentiation between other like products, services, or competing behaviors.
- Possesses personality traits, which will allow the audience to form a relationship with the brand (Smith, Berry, & Pulford, 1997).

A long-term identity is a unique set of associations that represent what the product, service, or behavior stands for in the minds of the client. Think of a box labeled with the name of the product, service, or behavior. Then store all the features, benefits, and thoughts in that box. People keep these boxes in their minds. Everything that comes to mind about that product becomes part of its long-term identity. One of the very important components of this identity is the emotional connection that is established between the audience and the product, service, or behavior.

Example: Coca-Cola is a good example. It is more than a beverage among many other beverages. Coke enjoys a special relationship with people all over the world based on the long-term identity that it has built over many years. Some of Coke's attributes can be shared with other beverages. For example, people know that Coke offers a refreshing taste; it always tastes the same, and is always within an arm's reach—accessible. However, other beverages can make that same claim in many places. In addition, blind taste tests have shown that many people actually prefer the taste of Pepsi (Allen, 1994). It doesn't matter. Coke is still the number one brand in the world (2000). The reason is the emotional connection between the audience and the brand, a connection built over many years through a long-term identity system that the company developed and nurtured with its customers on a consistent and ongoing basis. The company accomplished this connection through ongoing advertising, excellent packaging, distribution, merchandising, and PR, among other things, over a long period of time. Coke, the brand, has become a trustworthy friend. Coke purchasers depend on this brand to provide satisfaction.

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Long-term identities or brand images can work well with products, services, and behaviors. Here are some examples:

Products

Many car brands have built up long-term identities to ensure a loyal customer base. Mercedes-Benz is an example of a luxury car that conjures up many positive images not only among luxury car customers, but also among the general public. The reason for this is simple. Although people may not currently be able to afford a Mercedes, they still link the brand name with positive associations. Perhaps someday they may be able to afford the car, or at least they aspire to owning the car. While there are many other car brands in the luxury car category and while all of them provide the same functions and amenities, the Mercedes brand image is strong enough to be at the top of people's list when naming luxury cars.

Intel, the microprocessor chip manufacturer, has spent a great deal of money over many years, to support its brand name. It insists that computer manufacturers use the Intel logo on any personal computer they make that uses one of its products and then pays part of the manufacturers' ad campaign when the Intel logo is featured. The Intel brand image lends credibility to the computer manufacturer, while reinforcing its own brand image with each ad exposure. Plus an active ad campaign demonstrating product benefits supports all of these efforts and further embeds the value of the Intel name to the consumer. Intel's brand image is strong enough to demand higher prices for computers that offer "Intel Inside" than computers that offer competing chip manufacturers (Aaker, 1996).

Services

American Express (Amex) offers credit for purchases, as does Visa and MasterCard. While Visa and MasterCard offer credit through banks and other organizations, Amex offers credit directly through its organization and for a fee that is often higher than the other credit card companies. Plus Amex cardholders cannot pay over time. They have to pay in full every month for the previous month's charges if they hold the typical green Amex card. Considering the ease of getting a bank credit card, the (sometimes) lower fees or (on occasion) no fees, and the flexibility in paying off charges, why are there 42.7 million Amex cardholders (2002)? The answer is that Amex has promoted its "Members Only" brand image consistently

over time to its two distinct audiences—the cardholder customers and the retail-
ers, hotels, airlines, and restaurants that accept Amex at their establishments. Both
audiences trust, rely on, and have a relationship with Amex and the easily identifi-
able green credit card.

The Egypt Gold Star campaign was the "first nationwide FP communication
strategy in a developing country focused on promoting quality of care and posi-
tioning government clinics as a source of high-quality care (Piotrow, Kincaid,
Rimon, & Rinehart, 1997)." Over several phases, the Gold Star program branded
clinics that passed a 101-item checklist of quality improvement indicators in two
consecutive quarters, with a Gold Star to certify to both potential clients and
providers that these clinics met the requirements of better service. The Gold Star
logo was used throughout the clinic and in all campaign materials and was pro-
moted heavily in the media. This logo came to represent the clinics' long-term
identity of quality service.

Behaviors

Long-term identities for behaviors are not as well documented and are not usually
thought of in this way. However, in the United States the use of seat belts in cars
has become so ubiquitous that it is hard to realize that it has only become a
common behavior within the last 12 years (National Highway Traffic Safety Ad-
ministration, 1999). It took a combination of public service advertising, policy
advocacy, and role modeling to instill this behavior. Now most States have seat
belt laws requiring the use of seat belts by anyone sitting in the front seat of an
automobile. And all car manufacturers are required to include seat belts in both
front and back seats. Does the use of seat belts have a long-term identity? The
answer is to read any newspaper article or watch any television news program
that announces a fatal car accident. One of the key pieces of information will be
whether the passenger or driver was wearing a seat belt.

The same can be true for behavior change in health communication. Communica-
tion efforts can build long-term identities with clients by promoting products,
services, and behaviors that are "trusted to consistently deliver excellence, and
perceived by customers to be both relevant and distinctive (Shore, 2001)."
A long-term identity or brand consists of tangible and intangible components.

The tangible components consist of the functional benefits of the product, such as what the product does, and any special identification markings (logo or name). The intangible components consist of the emotional benefits of the product, such as trust, reliability, added value, and quality of differentiation.

The same concept can be used in behavior change communication. For example, a client can continue to use and think positively about modern FP methods because modern methods offer the functional benefit of reliability and the emotional benefit of giving clients a feeling of security and confidence.

People have certain attitudes and beliefs about products, services, and behaviors, and store bits of information about them in their heads. These attitudes and beliefs may be positive, negative, or a combination of both. For example, while some people think positively about the term "family planning" and may practice FP, others may associate the term with side effects or find that FP runs counter to their cultural beliefs. Developing a long-term identity program can help frame the way that people think about behaviors by fulfilling a need, fostering positive attitudes, and at the same time diminishing negative attitudes and beliefs. The long-term identity, if managed properly and continually, will help to build an ongoing positive and trusting relationship between intended audiences and the behavior.

Your challenge is to help shape every aspect of a communication strategy to foster the development and maintenance of the behavior's long-term identity in the minds of the intended audience. Your job is to help give the behavior its identity and meaning, thus providing a framework for those who work with the strategy to build in the minds of the audience a perception of the behavior's worth. The challenge is to develop a strong identity, a successful communication strategy, awareness in the community, and loyalty in the intended audience.

Although long-term identity (or brand) is usually associated with products and services, the term is not yet a common term associated with behaviors. However, the long-term identity process can help organize and frame an entire health program. A key concept is to name the behavior. In Ghana, to increase demand for

FP, the long-term identity was named "Life Choices." FP was not just a health program to reduce unwanted pregnancies but was seen as a tool enabling audiences to achieve their personal life goals. See the example on this page of naming an antismoking effort directed to U.S. teenagers as "truth."

Positioning

Behavior change communicators use positioning to determine the best approach to motivate audiences to change or adopt a specific behavior. Once communicators have determined the objectives for an audience and have developed a long-term identity, they need to think about how they are going to position the behavior to achieve the objectives and maintain the long-term identity. Closely intertwined with the long-term identity, positioning establishes in the minds of the audience an image of the desired behavior that helps the audience remember it, learn about it, act upon it, and advocate for it. If the long-term identity is everything an audience knows and feels about the product, service, or behavior, then positioning is the promotional image that is intentionally communicated to an audience. An effective position:

- Resonates with the audience.
- Differentiates from the competition.
- Stands out as better than the known alternatives.
- Provides a benefit that is worth the cost or effort.

To succeed in our overcommunicated society, a company must create a position in the prospect's mind, a position that takes into consideration not only a company's own strengths and weaknesses, but those of its competitors as well . . . IBM didn't invent the computer. Sperry Rand did. But IBM was the first company to build a computer position in the mind of the prospect.
—(Ries & Trout, 1981).

Example: The "Truth" Program

In the United States, the tobacco control program is an ongoing effort that has resulted in a marked decrease in the use of tobacco. However, smoking among young people has increased. Once people start to smoke in their teenage years, they become addicted to tobacco, and it becomes more difficult for them to stop smoking as they reach adulthood.

The American Legacy Foundation funded a program to develop a culture of "not smoking" among young people. To accomplish this goal, the foundation and its communication partners developed a long-term identity program (or branding program) to treat not smoking as a "brand," by managing the program in the same way that a manufacturer manages a branded product. They first conducted considerable research to gain insight about their audiences and then segmented their audiences by specific attitudes.

They studied 3,000 teens in middle school and high school and learned about their health behaviors, worries, dreams, values, self-descriptions, and social connectedness. They learned that teens are open to smoking and that initiation begins when they are in the 5th, 6th, and 7th grades. Teens who were open to smoking are more likely to use drugs and alcohol and are less future-oriented. Their dreams are of becoming rich, being a hero, having a great car, and getting even with people who may cross them. A key insight about them was their desire to assert control and their willingness to engage in a variety of risky behaviors to assert control (taking control away from parents, teachers, and other authority figures). Control was expressed by "need states," such as rebellion, taking risks, fitting in, being independent, self-expression, and feeling respected. Tobacco satisfies all of the need states in the minds of these teenagers. In other words, the use of tobacco was seen as a tool of control.

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Another key insight was that if the program wants to take tobacco away from this audience, it must replace the behavior with something else that fulfills the need states and provides control. Therefore, the program had to give teens knowledge (about not smoking), a motivation (give them a way to rebel and take risks), and power (put control in their hands). At the same time, the program had to deconstruct myths, lies, and deceptions about tobacco.

The strategy was to package "not smoking" as a brand to give teens something that they would want to affiliate with, a "badge" standing for rebelling, taking risks, being independent, self-expression, and respect. The result was the "truth" program. This program positioned tobacco companies as villains by providing evidence from ongoing litigation that tobacco companies knew that smoking was addictive and harmful while continuing to promote their products to young people. By providing the "truth" about the companies, the campaign gave young people something to rebel against—the big, authoritative tobacco companies who were trying to harm them. Messages were designed that put teens in control and allowed them to help expose big tobacco companies for what they are. Teen advocacy groups were organized to help expose these "truths." These groups enabled teens to rebel and fit into a group at the same time. They were able to gain respect and be socially connected. Designing messages, organizing groups, conducting the research, and monitoring and evaluating the program were all made part of the long-term identity system or branding system. This program has been successfully building a relationship between the audience (teenagers) and the brand ("truth"). The State of Florida reports that the truth "campaign resulted in high rates of recall, significant changes in attitudes/beliefs, and reduced rates of smoking behavior among youth.

(Sly, Heald, & Ray, 2001)

Positioning: In the context of strategic design, positioning means presenting an issue, service, or product in such a way that it stands out from other comparable or competing issues, services, or products, and it is appealing and persuasive. Positioning creates a distinctive and attractive image, a perpetual foothold in the minds of the intended audience (Piotrow, Kincaid, Rimon & Rinehart, 1997).

The commercial marketing sector uses the term "positioning" in a competitive environment to set or position one product against another. If one car is the "luxury" car, such as Cadillac, then another car is the "economy" car, such as Hyundai. If Clairol shampoo offers manageable hair that is easy to control, then L'Oreal shampoo gives you lustrous, shiny hair. Positioning helps to communicate to the audience a unique appealing difference designed to give the product an edge over the competition.

Positioning helps determine the overall strategic approach. "Positioning suggests how these changes (desired behavior changes) can be presented to the intended audience in the most persuasive fashion. . . . From a communication standpoint, positioning may be the key element because positioning determines the way that people will perceive the product/service/behavior, how they will remember the communication activities, and to what extent those will prompt action" (Piotrow, Kincaid, Rimon & Rinehart, 1997).

Think of positioning as a way to deliver PUNCH **to the strategy. Positioning:**

Is always **Positive.**
Is always **Unique.**
Develops a **Niche** in the minds of the audience.
Is always **Competitive.**
Always **Helps** the audience by delivering a benefit.

Positioning creates the memorable cue for the audience to know why they should adopt a behavior. It forms the basis for communication tactics: advertising, promotion, packaging, publicity, special events, IPC, community-based communication, and advocacy programs. It shapes the development of messages and the selection of channels. It ensures that messages will be consistent and that each communication effort or activity will reinforce other activities for a cumulative effect.

Many corporations use symbols to further identify their brand to the public. Below are two examples of very familiar corporate logos.

Many health programs have successfully used positioning. In Zambia for example, one of the aspects of the HEART campaign addressed the benefits of abstaining from sexual activity for adolescent girls. Girls feel a lot of peer pressure to engage in sex as a way to prove their love to a boy. They also believe that a boy should be asking for sex if he really loves the girl. Girls say they want to maintain their abstinent status, so they need support to feel that this is a behavior to be proud of. The positioning statement of the campaign was, "Virginity is something to be proud of" and the campaign slogan was, "Virgin Power-Virgin Pride".

Figure 4.1 shows a variety of positioning strategies used in different countries, together with the logos that served as communication tools to symbolize the position (Piotrow, Kincaid, Rimon & Rinehart, 1997).

Figure 4.1: Various Positioning Strategies

By focusing on a unique characteristic, strategic positioning gives a FP/reproductive health program a memorable identity, occupying a niche in the minds of the public and providers. A well-designed symbol can help position a service, product, idea, or program.

Keep in mind that positioning is about perception, and even if the audience thinks about a behavior or a competing behavior in an incomplete or even somewhat incorrect way, audience perception is the reality that health communicators must face. Knowing and listening to the audience helps the health communicator position the program to meet the needs of the intended audience segments.

Strategic communicators understand that reality is based on what the audience believes and not only on what the health communicators think is appropriate. Reality is also based on what the audience is willing to hear or see and not only on what the health communicators want them to know. Understanding this audience insight helps communicators to position (or reposition) in the minds of the audience a behavior that, if communicated consistently, will be sustained.

Steps to Developing a Position

The first key step in developing a position is for you to know where the audience is currently going for its health products and services and how the audience is currently behaving.

Francophone Africa

Gold Circle

An initiative of the regional Santé Familiale et Prévention du SIDA (SFPS) project focused on improving FP service delivery, the logo symbolizes clients' view of quality: a smiling, competent provider who is ready to listen to and serve the client.

Bolivia

Las Manitos

"Reproductive health is in your hands." The logo empowers and encourages people to act for their own benefit.

Bolivia

Carpa Lila (Lilac Tent)

The Lilac Tent represents community-level outreach involving the community, the health center, and the local school in improving family health.

Nigeria

Nigeria's New Baby

The logo of a couple cradling their baby suggests that child spacing will ensure the baby's health. The logo links a wide variety of providers together under one symbol—clinics, hospitals, pharmacies, and others.

Bangladesh

Green Umbrella

A range of protective family health services—FP, maternal, and child health care—are offered under the symbol of the green umbrella.

Brazil

PROQUALI

Proquali is a client-oriented accreditation model for quality improvement of health centers The role of the health providers and the community is a key element, demonstrated by the in-clinic campaign slogan, "Health for you, satisfaction for us."

Philippines

Sentrong Sigla

Center of Vitality

A Department of Health program that enables local Government units to provide quality services within a decentralized health care system. Sentrong Sigla certifies and publicly awards government health facilities that meet national quality standards.

Egypt

Gold Star

A symbol of quality, the gold star on display tells the public that this clinic meets high standards. Clients expect good service, and providers expect to offer it.

For example, is the audience going to public facilities, to private providers, and to traditional healers, or is it not going anywhere? Instead of breastfeeding, is the audience using bottled milk or giving its babies solid food earlier than recommended? For HIV/AIDS prevention, are sexually active young men not protecting themselves? Do they have multiple partners?

It is important to know what the audience is doing; it is just as important to know why the audience is doing it. Most people behave a certain way because they derive a benefit from that behavior. So you have to understand why they are doing it and what they get out of it before you can position a behavior against it. Another way of looking at this approach is to "identify the competition." So the first questions to ask are, "What is the audience doing now? And why?"

The second key step is to determine what the positive behavior can realistically deliver that the audience will perceive as a benefit. This step may require additional audience research. Start by reviewing and following these basic steps:

- Analyze the program's capabilities, and identify differences from other programs (from "Analysis of the Situation").

- Analyze the audience's perceptions of the product, service, or behavior (from "Analysis of the Situation" and "Audience Segmentation").

- List the audiences and their characteristics (from "Audience Segmentation").

- Match product, service, or behavior characteristics to audience needs and wants.

- Explore positioning alternatives.

- Develop a positioning statement.

Refer to the following examples and worksheet 4.1 in completing these steps.

Examples of Positioning

1. **By product difference: Is there a unique product feature?** *Injectables offer women 1 to 3 months of protection from unwanted pregnancy with just one injection.*

2. **By key attribute/benefit: What benefit can we offer that the audience will consider meaningful?** *Gold Star high-quality reproductive health services in Egypt.*

3. **By clients/users: Create an image for an audience that the service or product is only for them.** *Youth-friendly clinics geared to provide repro ductive health services for adolescents.*

4. **By use: When and where is a service or product being used?** *National Immunization Days—specific dates when immunizations are given.*

5. **Against a category: Position a product or service against the entire spectrum of products or services in that category.** *Warm and caring providers compared to all providers.*

6. **Against a specific competitor: Competitive brands.** *Brand A condom compared to Brand B.*

7. **By association: Associate the product or service with a lifestyle.** *Lux Soap: the soap of the stars. If I use Lux Soap, I will be like a movie star.*

8. **By problem: How a product, service, or behavior will solve a problem.** *ORS to help reduce dehydration caused by diarrhea.*

When reviewing several positioning possibilities, use this checklist to help determine the one that is most appropriate.

Checklist: Questions To Ask About the Position:

1. Does it resonate with the audience?
2. Will it endure?
3. Does it differentiate from the competition? Does it represent something better or different that is valued?
4. Does it represent a feasible strategy? Can the program deliver the promise or benefit?
5. Does it support the program view?
6. Does it represent a clear vision?
7. Can people in the involved organizations clearly articulate the position?
8. Does it stimulate innovative communication activities?

Developing a Positioning Statement

A positioning statement describes how the behavior will be placed in the minds of the audience. It is not a catchy slogan. Positioning statements help writers develop catchy slogans, but they are not the slogans themselves. A positioning statement is not to be included in communication materials that go to audiences. It will, however, provide direction for the strategic approach and subsequent messages.

Commercial Positioning Statements*
- **Apple Computer—"Easy to use"**
- **BMW—"Exceptional performance"**
- **Federal Express—"Guaranteed next-day delivery"**
- **Visa—"Accepted everywhere"**
- **Volvo—"Safety"**

The next step is to explore strategic alternatives to find one that makes the most sense based on the position that you and your team have selected.

Worksheet 4.1: Positioning Statement Worksheet

Instructions: Develop one or two sentences describing as succinctly as possible the position for the product, service, or behavior. Make sure to include the name of the product, service, or behavior, the unique difference that sets it apart from the competition, and the benefit to the audience. Keep in mind that this is not a slogan. The positioning statement is the forerunner to a slogan—to be used to inform the creative team as they develop a slogan.

Example: Gold Star: Egypt

Positioning Statement for Gold Star: Egypt
At the Gold Star Public Clinic, you will find high quality FP
services at the least cost. Providers are professional and friendly and are
dedicated to serving you and your family. Where you see the Gold Star,
you will find quality.

Worksheet 4.1: Positioning Statement

Instructions: Develop one or two sentences describing as succinctly as possible the position for the product, service, or behavior. Make sure to include the name of the product, service, or behavior, the unique difference that sets it apart from the competition, and the benefit to the audience. Keep in mind that this is not a slogan. The positioning statement is the forerunner to a slogan—to be used to inform the creative team as they develop a slogan.

Positioning Statement for _____

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Step 3
Exploring Strategic Alternatives

Again, the comparison with the work of an architect is helpful. In building a house, the architect has many options. He knows the number of bedrooms and toilets his client needs; he knows that the house must contain a living room, a kitchen, closets, and perhaps other rooms that have already been determined. Yet, he still has many choices. Should he design a three-story house or one that has rooms all on one level? Should the house have bedrooms facing east, west, south, or north? Where on the property should the house be situated—at a distance from the road or closer to the road but with a large backyard? An experienced architect explores alternatives using his mathematical and logical skills as well as his creative talent to come up with the best design possible. The same is true of the communication strategy team. Since many ways to solve a communication problem exist, the best way to move forward is to make a list of possible solutions and then start eliminating options.

Table 4.1 on the following pages lists examples of strategic alternatives, with advantages and disadvantages for each one. Review this table to become familiar with the many different approaches available.

Table 4.1: Some Strategic Approach Alternatives

This list is by no means all-inclusive. The key for you and your team is to find the alternatives that best represent the needs already identified by thought and discussion. Review table 4.1 (page 111) to help you list strategic alternatives, and use checklist 4.1 (page 113) to review strategic approach considerations. Then use worksheet 4.2 (page 116) to write down your ideas.

Table 4.1: Some Strategic Approach Alternatives

Strategic Approach	Description	Example*	Advantages	Disadvantages
Breaking new territory	Is a new concept to people who aren't practicing alternative behavior.	Home computers; Vitamin A drops.	Is based on audience need. Has no negative association. Introduce new idea, concept.	People are slow to act. Awareness generation comes first. Is expensive.
Competitive	Switches people from current behavior to desired behavior.	Modern contraceptives vis-à-vis traditional methods.	People already practicing behavior. Segmented audience needs to have clear benefit to switch.	Must offer clear differentiating advantage. People may be totally committed to current behavior and not open to switching.
Trading up	Switches from one desired behavior to a behavior that may be more advantageous to audience.	Oral contraceptives to long-term methods for women who do not want to have any more children.	People already have inclination to practice. Gives them a better solution to meet their real needs.	Erodes existing base (must regenerate existing base). May be too small to justify investment.
Audience segment strategy	Users vs. nonusers; urban vs. rural; practice to advocacy.	(See chapter 2, worksheet 2.4.)	Understands distinction between segments. Is effective when segments are large and accessible enough for developing program.	Could cost more. Should be used only if messages need to be different.
Product-oriented	Social marketing.	Selling specific condom brand.	Marketing principles apply–is easier to develop plans; allows you to create solid, tangible advertising based on different audience profiles.	Requires in-depth research to know whether users are new, repeat, etc. Can track sales but requires sales analysis. Is expensive.
Package-oriented	Services put together for an audience or for convenience.	Essential health services package.	Adds value to audience. Has a clear benefit—convenience.	Promotion promise has to be ready at provider level.
Service-oriented	Provider promotion; quality in service delivery.	Ghana—We Care	Helps build demand for high-quality service.	Requires major training program. Could require a large commitment of funds for equipment, facilities, etc.

* If you want to learn more about the examples shown in table 4.1, please refer to www.jhuccp.org.

Table 4.1: Some Strategic Approach Alternatives (continued)

Strategic Approach	Description	Example*	Advantages	Disadvantages
Branding	Is an identification system of services or products.	Bangladesh—Green Umbrella	Is a very effective way to bring together an entire program.	Other program aspects have to deliver the brand promise.
Seasonality	Conduct all efforts at certain periods of time.	National Immunization Days.	Can concentrate resources in a short period of time. Compact.	Is not sustainable. Have to repeat every season.
Media-focused	Use media as focal point of program.	Tanzania radio.	Is effective when media are very powerful in reaching audience.	Limits communication to focus on channels instead of audience or services. May not reach rural poor.
Community-based	Revolves around community participation or mobilization.	Puentes—Peru	Is effective at the community level.	Is limited geographically. Is expensive to scale up.
Influencer-driven	Uses advocacy.	Democracy and governance—Women's inheritance laws in Nigeria.	Is good for changing policy; provides support for future audience-focused programs.	Is limited to opinion makers. May require demand generation campaign to motivate influencers as well.
IPC-focused	Based on counseling, personal service.	Nepal	Is effective at provider level. Is inexpensive.	Yields limited results in behavior change without reinforcement at other levels.
National, local, regionally-geographically-focused	When a particular need exists in one area. Devolved health system requires different strategies. Not available everywhere.	Tanzania HIV/AIDS Strategy—"Ishi."	Can concentrate resources in a few areas for high impact.	May not meet national objectives.
Centerpiece-focused	Puts an entertainment education vehicle as the anchor in a communication strategy. Everything else revolves around the program.	Soul City—South Africa	Attracts large audiences. Uses modeling to demonstrate positive behaviors. Can convey multiple messages and can repeat them over time.	Mass media focused and may not be relevant at community level. May not reach some who have no media access. Requires technical expertise to produce good quality programs.

* If you want to learn more about the examples shown in table 4.1, please refer to www.jhuccp.org.

Checklist 4.1: Strategic Approach Considerations

	Does the strategy consider:	Does it specify?	Yes/No
1.	The audience?	What segment of the audience? Users or nonusers? Primary audience or influencers?	
2.	The objectives?	Will the strategy fulfill the behavior change objectives? Are the benefits clear?	
3.	Positioning?	Does it reinforce the desired positioning?	
4.	Maximizing the competetive advantage?	Does it differentiate? Does it provide a niche or a focus? Does it play to the strengths of the program? Does it address competitive benefits that the audience wants and that the competition cannot fulfill?	
5.	Different stages of behavior change?	Is it a multistage strategy? Is it a phased strategy?	
6.	Timing?	What is the timeline to achieve objectives?	
7.	Sequence and timing of channels and tools?	Can the strategy provide guidance to the sequence of communication tools?	
8.	Range of communication tools?	Does the strategy incorporate and integrate a range of tools?	
9.	Scale?	National-, regional-, and local-community-level?	
10.	Resources?	Is it affordable? Is it the best way to spend a budget?	
11.	Sustainable behavior?	Does it encourage the audience to continue the behavior?	
12.	Long-term identity?	Does the strategy enhance the long-term identity?	
13.	Strategic approach alternatives?	Were other strategies considered? Does the strategy selected fulfill the objectives better than others?	
14.	Program strategy?	Does it help to meet the program objectives?	
15.	Building broad support?	Will key stakeholders support and implement it?	

4

Example Worksheet 4.2: Developing Strategic Alternatives

Objective: Women ages 18–29 will use short-term FP methods to space their children.

Strategic Approach	Description	Advantages	Disadvantages	Do we have what we need to do it?	Comments	Rating 1–5 (5 being highest)
Promote provider.	FP methods will be promoted as different choices through provider counseling. Results will also be based on attendance at clinics.	Provider can offer accurate information and choices; Support materials can show different methods; Position as friendly, helpful expert.	Clinics may not be able to train enough providers within the timeframe; Audience may not perceive providers as trustworthy; All locations may not be convenient.	Most locations are convenient; Providers can be trained; Materials are in place.	Has the greatest likelihood of achieving objectives.	4
Use social networks.	Identify key women in the community who can help "spread the word" about FP methods by advocating for it.	Helps women to know that there are others who are using and approve of use.	Identifying advocates may be difficult and time-consuming	It is difficult to identify social networkers; Women will not advocate publicly at this time.	Is not a realistic strategy to implement.	2
Involve husband.	Promote the role of husband as key to using FP methods. Emphasize spousal communication through media and counseling.	Wife will be more comfortable using FP methods with her husband's approval.	Husband may not be receptive; he may not approve.	Husband and wife do not discuss reproductive health issues.	He will be difficult to convince that he has a role to play.	2

Example Worksheet 4.2: Developing Strategic Alternatives (continued)

Strategic Approach	Description	Advantages	Disadvantages	Do we have what we need to do it?	Comments	Rating 1–5 (5 being highest)
Position against abortion.	Messages will convey that FP methods are a safer and healthier choice for a woman than terminating an unwanted pregnancy.	Show competitive advantages (safety, health, cost).	Abortion may be too sensitive a subject to deal with.	The religious community will object strongly.	Too politically sensitive.	1
Direct communication to community leaders.	Lead with an advocacy campaign to community leaders to support FP.	Is socially acceptable; Sets social norm within community.	Community leaders may not be receptive; They will help provide environment but may not cause action.	Still requires effort intended to change individual behavior.	This will be done as a part of the strategy but will not be the lead approach because it is still necessary to direct messages to the primary audience.	3
Make an entertainment education TV program the lead strategic approach.	Emphasize the advantages of FP through a message woven into the entertainment education TV program, and support these messages through other channels.	Has the ability to role model behavior; Reaches a lot of people at one time; Establishes credibility.	Production can be expensive; Can increase intent but may not cause action.	Is possible; We have the budget to produce.	It is good as a part of communication mix but can't carry the entire program, since women don't know where to go for methods.	3

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Worksheet 4.2: Developing Strategic Alternatives

Strategic Approach	Description	Advantages	Disadvantages	Do we have what we need to do it?	Comments	Rating 1–5 (5 being highest)

Step 4
Determining the Strategic Approach and Rationale

Every strategic approach requires an accompanying rationale. Writing a rationale enables you to recognize the suitability of the approach and to identify any flaws that it may have. In addition, you and your team may have to present and defend this approach on many occasions, and a well-thought-out rationale will serve as a sound basis for justifying your approach.

Worksheet 4.3: Summary of Strategic Approach and Rationale Example: Uganda

The strategic approach is service-oriented. The approach will:
Expand the availability of LTPM to new locations through new types of service delivery sites operated by trained medical personnel and supported by mass media and the community
because:
1. LTPM are inaccessible to many members of the intended audience.
2. Perception of the quality of services available is poor.
3. Fears and misconceptions about how the methods work are preventing some audience members from seeking services.

Example: Approach and Rationale

In Bangladesh, the Smiling Sun smiles over health clinics all over the country. One can travel around and see a Smiling Sun sign in urban areas as well as rural areas. The Smiling Sun is a symbol for warm and caring services provided by clinics that are a part of the National Integrated Population and Health Program (NIPHP); the NIPHP is a collaborative effort of rural health clinic NGOs managed by Pathfinder, urban health clinic NGOs managed by John Snow, Inc. (JSI), and the Bangladesh Center for Communication Programs (BCCP), with funding from USAID. The major objective was to offer integrated health services with improved quality for a small fee through well-trained and well-stocked NGO clinics through-out Bangladesh. The strategic approach was to use the health clinic as the major source of information and services and set out to position these clinics as offering attentive, warm, and caring providers—something that all clinics within the NGO network could deliver and something that research showed audiences demanding. This helped to differen-tiate them from private clinics and govern-ment health facilities. The strategy included a long-term identity program that helped to position the clinics as offering warm and caring providers (worth the small service fee) through a branding campaign that referred to the Smiling Sun (Paribark Shastho) Clinic. Promo-tional tools included radio and television spots, badges worn by providers, signboards, bill-boards, and other support materials. In addition, the Smiling Sun logo was integrated into all brochures, pamphlets, and provider materials.

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Worksheet 4.3: Summary of Strategic Approach and Rationale

The strategic approach is to:
because:

Next Steps

Chapters 5 and 6 will explain how to use the strategic approach to design specific message points and to choose appropriate channels and tools. The messages and channels selected should support and reinforce the positioning and strategic approach developed in this chapter.

References

Aaker, D. A. (1996). *Building Strong Brands.* New York: The Free Press.
American Express Company Quarterly Earnings Report, First Quarter 2002. (2002).
Additional Financial Information (PDF) [On-line].

Allen, F. (1994). *Georgia Trend.* (12 ed.) (Vols. 9) (pp. 55). ISSN: 0882-5971.
World's Most Valuable Brands (2000). Interbrand [On-line]. Available:
www.interbrand.com

National Highway Traffic Safety Administration (1999). *Fourth report to Congress.
Effectiveness of occupant protection systems and their use.* Washington, DC: U.S.
Department of Transportation.

Piotrow, P. T., Kincaid, D. L., Rimon, J. G. I., & Rinehart, W. (1997). *Health Communication: Lessons from Family Planning and Reproductive Health.* Westport, CT: Praeger
Publishers.

Ries, A. & Trout, J. (1981). *Positioning. The Battle for Your Mind.* New York: McGraw-
Hill.

Shore, D. A. (2001). *Creating brands people know and trust.* Cambridge, MA:
Harvard University.

Sly, D. F., Heald, G. R., & Ray, S. The Florida "truth" anti-tobacco media evaluation:
Design, first year results, and implications for planning future state media evaluations. Tobacco Control 10, 9-15. 2001.

Smith, P., Berry, C., & Pulford, A. (1997). *Strategic Marketing Communications.* London: Kogan Page.

Chapter 5
The Message Brief

By the end of this chapter, the reader will understand the purpose of a message brief and how to summarize the strategic rationale for why the messages are being developed. In addition, the reader will learn how to complete the message brief worksheet by:

Step 1:   **Identifying the Key Fact That, if Addressed, Will Lead to the Desired Behavior Change**

Step 2:   **Identifying the Promise to the Audience That Will Motivate It To Adopt the Behavior**

Step 3:   **Defining the Support for the Promise That Summarizes Why the Audience Should Believe the Promise**

Step 4:   **Describing the Competition for the Message**

Step 5:   **Developing the Statement of the Ultimate and Lasting Impression That the Audience Ideally Will Have After Hearing or Seeing the Message**

Step 6:   **Describing the Desired User Profile: How Does the Intended Audience Perceive Someone Who Uses The Product or Service Being Promoted**

Step 7:   **Identifying the Key Message Points That Will Be Included in All Communication Delivered by the Partners Who Will Implement the Strategy**

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Overview

To ensure that the strategic approach is clear to the builder and then to the workforce, your friend the architect develops detailed sketches, plans, and ultimately his blueprints. By following these blueprints, the subcontractors implement the architect's strategic approach: the electricians install the wiring, the plumbers install the pipes and ventilation system, the carpenters build the frame, and all of the team members work together to execute the strategy.

The message brief that you will learn about in this chapter performs much the same function as the architect's blueprints: it puts on paper exactly what you want your creative collaborators to accomplish.

You and your team have completed much of the groundwork for developing a health communication strategy. Using solid communication theory, research findings, and analytical thinking, you and your colleagues, such as health workers and other stakeholders, have isolated the problem and have analyzed the situation and all the factors that impact communication. You have also identified the primary and secondary audience segments, defined the behavior change objectives, and designed a well-orchestrated strategic approach. The positioning statement, along with the strategic approach, provides direction and guidance for identifying a central theme for the overall communication strategy. From this, you will move to the step of developing a message brief for each component of the strategy.

A message brief is a document that the communication team develops and shares with experts at an advertising agency, PR agency, creative writers and designers, or any other organization or person involved in message development. The creative experts use the message brief as a springboard for developing creative concepts. Remember, it is the job of these experts to develop creative materials. The strategic health communication team outlines "what" the messages need to say. The creative experts determine the execution—"how" the messages will be designed. The more precise the message brief is, the more likely it is that the communication will be effective. A "tight" message brief leaves nothing to interpretation and is incapable of being misunderstood. A well-crafted message brief allows the creative experts to explore a variety of approaches, as opposed to a loosely worded brief that confuses the creative experts and leaves them wondering what the client really wants and needs.

To communicate effectively with the intended audiences, the communication team needs to design messages that are (1) on strategy, (2) relevant, (3) attention-getting, (4) memorable, and (5) motivational. The message brief in this chapter presents a way to summarize for the creative experts what we know about the health issue and the communication needs of the audience. The message brief also outlines the key fact that will lead to the desired behavior change and the promise or benefit for the intended audience that ideally will motivate it to adopt the change. Communication team members then define the support for the promise and develop a statement of the ultimate and lasting impression that the audience will take away from the message.

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Finally, the communication team describes the perception that the intended audience associates with the user of the product, service, or behavior. The desired output from this chapter is a simple, brief document that completely describes what the message needs to accomplish.

Message Design

Message design cuts across all communication channels, such as IPC, community-based activities, and mass media. The more the messages reinforce each other across channels, the higher is the probability of effective impact. Strategic health communicators craft key message points that are consistent and relevant for all channels and tools. This consistency and relevance contribute to the overall effectiveness of the communication strategy by ensuring that, for example, the service provider, the community mobilizer, and the actor featured in a radio announcement all reinforce the same key message points. This approach does not mean that planners create only one message for all these venues. It does mean that they identify the key points that are to be made in every message that is communicated to the audience, no matter which channel or tool is used.

Message Brief Outline

There are many variations of the message brief tool. They are all designed to generate creative concepts and messages. In the field of commercial advertising, the "creative brief" is used for this purpose. In the context of this book, the message brief is suggested as a useful means of gaining insight into the audience, which is one of the keys to designing messages that will resonate with audiences. Completing the message brief outline will provide you and your team with a simple document that describes what the message should say and do.

The message brief has two principal parts: a strategy component and a message development component. For the sake of completeness, the entire outline is presented here, even though worksheet 5.1, "Strategic Component," was completed by following the steps in chapters 1 through 4.

To focus on the message development component, complete the steps in worksheet 5.2.

Worksheet 5.1: The Message Brief Outline—Strategic Component

Instructions: Summarize from the work already completed.

Example: FriendlyCare—A Network of FP Clinics in the Philippines (FriendlyCare Communication Plan...2000)

1. **The statement of purpose** from chapter 1: What do these messages need to accomplish?	The purpose is to introduce the FriendlyCare brand and to generate awareness of and traffic to the clinics.
2. **The audience description** from chapter 2: Who is the intended audience? Refer to the "painting the portrait" exercise in chapter 2 to understand the desires, wants, and hopes of the audience.	The audience consists of couples in union with unmet need for FP, couples using traditional methods, and women ages 15–45. Younger women are more open to FP. They want to prevent and delay pregnancies in order to improve relations with their husbands and to feel better about themselves but are not sure whether a suitable FP method exists. They have concerns about possible side effects. They want methods that are sure, safe, and easy to adopt. The couples are "C" and "D" class consumers, so they can pay for services that are moderately priced.
3. **The objectives** from chapter 3: What is the desired behavior change?	**Objective 1**. To recognize the FriendlyCare brand as a leading private sector agency offering quality and affordable FP/family health services. **Objective 2.** To reach 70 percent of the "C" and "D" class population and to increase the proportion of FP services delivered as compared to family health.
4. **Long-term identity and positioning** from chapter 4.	FriendlyCare is a friendly, quality-driven place that is my partner in FP and in caring for my family.

Worksheet 5.1: The Message Brief Outline—Strategic Component

Instructions: Summarize from the work already completed.

1. **The statement of purpose** from chapter 1: What do these messages need to accomplish?	
2. **The audience description** from chapter 2: Who is the intended audience? Refer to the "painting the portrait" exercise in chapter 2 to understand the desires, wants, and hopes of the audience.	
3. **The objectives** from chapter 3: What is the desired behavior change?	
4. **Long-term identity and positioning** from chapter 4.	

Steps to Completing Worksheet 5.2

Step 1
Identifying the Key Fact

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You and your team will likely identify a central theme for the communication strategy. In keeping with this broad theme, you will complete a message brief for each component of the strategy and will ensure that all of the messages reinforce one another. The following step, "Identifying the Key Fact," is critical to developing a well-crafted message brief for a particular strategy component.

Strategic communicators look for the key factor or the single most important fact in a health problem or situation that, if addressed in the communication effort, will most likely lead to the desired behavior change. The key fact may be an obstacle or an opportunity. Selection of the single most important fact is key because a message is only effective if it addresses a single problem. The process of selecting the key fact forces the strategist to look for the relevance and importance that will make the message stand out.

From the information gathered in the analysis of the situation, you and your team need to identify the key fact. It crystallizes what you know about the problem and the opportunities for solving the problem. As planning progresses, you can expect to observe a number of facts that might shape the creative work. The key fact can suggest the need to:

- Eliminate a problem that the audience has with the product or idea.
- Correct an erroneous or incomplete perception that the audience may have.
- Reinforce or extend a benefit that the program delivers.
- Strengthen the reason for greater use of the product or an unexpected way to use the product or service.
- Fill a void.

> **Examples of Key Facts**
>
> - People of lower socioeconomic status in the Philippines believe in FP but perceive that they have nowhere to go for advice.
>
> - Men in Tanzania do not know the advantages of using condoms. In addition, condoms are known to diminish sexual pleasure. Therefore, condom use in Tanzania is low.
>
> - Although there is high interest in learning more about HIV/AIDS in Lagos, Nigeria, young men and women do not feel at risk and do not fully understand the implications of their high-risk behavior.

Step 2
Identifying the Promise

Step 2 is to identify the promise or benefit to the members of the intended audience that will motivate them to change their behavior. (See behavior change objectives defined in chapter 3.) The purpose of this step is to select a promise that is most persuasive to the primary audience. The promise is a clear benefit that the audience will understand after receiving the message. The promise should serve to differentiate the message from communication about other products, services, or behavior. It should convey a benefit like "happy, strong adolescents" or "your babies will live longer and healthier and will be stronger" and not a product attribute like "a modern, hormonal method of contraception." An attribute should be used only when it communicates and supports the consumer benefit.

Put another way, the promise is the specific audience benefit that the health communicator wants the audience to associate most readily with the objective or proposed behavior change. For example, the promise of feeling secure and protected from contracting HIV or other STDs by using a condom is a clear benefit to the audience of adopting a particular behavior. The promise is a consumer-end benefit whose appeal is usually based on emotion and is consistent with the attributes of the product, service, and/or behavior. Although a product, service, or behavior may deliver more than one benefit, it is important to highlight a single benefit. Expecting the audience to associate the promise with more than one benefit may confuse the audience and may reduce the impact of the message.

A promise need not be tied directly to a product, service, or behavior. In many cases, enduring promises have the feeling that the product, service, or behavior is for a certain kind of person or a certain kind of experience. This approach is particularly relevant when competing products, services, or behaviors are perceived to be similar in nature.

Finding the promise that will resonate with the audience is one of the most challenging tasks in developing a communication strategy because it relies on having a clear understanding of the intended audience. Identifying the promise may

require additional formative research beyond what was undertaken in the analysis of the situation. Many different methods to uncover this information exist. For different ways of gaining insightful information on determining benefits, it is best to work with a research firm with experience in communication.

Step 3
Defining the Support

Step 3 is to define the supporting statements that summarize why the audience should believe the promise. The support statements are based on research findings that have been analyzed to understand what will make the message credible to the audience. The reasons for the audience to believe the message may be factual or emotional. In the message brief, the support statements summarize why the promise is beneficial to the audience **and** why the promise outweighs any obstacles to using the product or service or any barriers to adopting the behavior.

Step 4
Describing the Competition for the Message

Even if the audience understands, relates to, and is motivated by the message, there may be other factors that limit the audience's ability to adopt the proposed behavior. For example, social norms that limit a woman's ability to use FP methods may inhibit her desire to go to a clinic and determine which method would be best for her. In many countries, HIV/AIDS is still considered a social taboo, and many at-risk individuals are intimidated from seeking testing, counseling, or treatment because they are afraid of the consequences in their communities.

Most people behave the way that they do because they derive a benefit from that behavior. In the case of the woman in the FP example above, the benefit to her of not going to the clinic may be good relations with her husband and extended family members. For those who do not seek HIV/AIDS testing, counseling, or

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Examples of Support Statements:

Factual: Condoms prevent the transmission of disease 99.9 percent of the time. All doctors recommend their use.

Emotional: By using condoms, you'll be less fearful of contracting a disease that will make you sterile, reduce your quality of life, or even kill you.

Both: In Egypt, the Clinical Services Project (CSI) Project promoted its FP services as, "Distinguished Service at an Affordable Price." The factual support points were that the clinics had modern equipment and were affordable, accessible, clean, and comfortable. The emotional support point was that the clinics were recommended by clients who had experienced their services.

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treatment, the benefit may be the protection of the individual's status and reputation within the community. It is critical to understand the reasons behind the competition when crafting new messages.

Competition for the message also exists in the more traditional sense, where a consumer has a choice of where to go to obtain health services or where to purchase health products. For organizations that are promoting their own clinics or brands of products, for example, the audience will evaluate the communication message in relation to other alternatives available to them. Often the challenge in analyzing the competition is to translate a relative advantage into an absolute advantage.

This notion of competition links back to the positioning statement developed in chapter 4, "Strategic Approach." Remember that an effective position must differentiate itself from the competition. A positioning statement helps to communicate to the audience a unique appealing difference designed to give the product or service an edge over the competition.

Chapter 4 also notes that positioning creates the memorable cue for the audience to know why it should adopt a specific behavior. This idea is also contained in step 3 of chapter 5, "Define the Support." Remember that the support statement should state why the message promise will benefit the audience **and** why it will outweigh obstacles to using the product or service or to adopting the behavior.

You will encounter a number of places in the strategic design process where the concept of competition comes into play. You and your team need to be consistent in how you articulate what the competition is and why the audience should act on your message as compared to other messages.

Step 5
Developing the Statement of the Ultimate and Lasting Impression That the Audience Will Have After Hearing or Seeing the Message

The ultimate and lasting impression of the message is what people retain after seeing it or hearing it, that is, the full range of thoughts, feelings, and attitudes about the product, service, or behavior proposed in the message. In other words, it is the "take-away" of the message, including its call to action.

The overall impression is not a slogan but the belief and feeling that the audience should get from the communication. The take-away message may be explicit or implicit and may be communicated verbally or nonverbally. You should strive for a multifaceted but single-minded impression that will contribute to creating a powerful message brief. Such a message will communicate the identity of the strategy, paint a picture in the audience's mind, and help to build a long-term identity for the product, service, or behavior.

Example

Promise statement: FriendlyCare is my partner and friend in planning and caring for my family.

Overall impression statement: FriendlyCare clinics can provide me and my family with high-quality, affordable, caring services like those that I would expect to get at much more expensive facilities.

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Step 6
Describing the Desired User Profile

You and your team need to identify the important personality characteristics that the audience associates with the use of the product or service or with the change in behavior. Every message makes a statement about the kind of people that the audience perceives as using the product or service or performing the behavior.

You, the strategist, must think like the audience and ask:

- What is the profile of someone who would use the product or service or who would adopt the behavior?
- Do others want to emulate these users?
- What is it about the users that makes others aspire to be like them?
- Are these users perceived as smart, concerned for their families, modern, and responsible?

Example

In Nigeria, a campaign to promote an HIV/AIDS hotline used the mass media to communicate with young men and women, ages 15–24, living in the Lagos metropolitan area (Nigeria HIV/AIDS Creative Brief, 2001). The campaign's objective was to have young adults discuss HIV/AIDS openly and knowledgeably. The HIV/AIDS hotline was intended to inform the audience about this topic.

Based on research, the strategy team decided that the desired user profile was young men and women who were "in the know" or knowledgeable about HIV/AIDS. The communication messages and materials reinforced this desired user profile by showing characters who were confident and respected by their peers and were communicated by dialogue as well as body language in the communication materials.

Step 7
Identifying the Key Message Points

Now you are ready, based on steps 1 through 6, to identify the key message points that will be included in all communication delivered by the partners who will implement the strategy. The key message points will be delivered in different ways based upon the work that the advertising agency or other communication experts develop. A message point can be a core theme, such as the "Life Choices" (Campaign materials...2001) concept in Ghana. A message point can also be used specifically as an advertising slogan or as a counseling message or can be built into community-based activities.

All messages, regardless of how they are delivered or by whom, should consistently contain the same core information. Medical staff in clinics, counselors, pharmacy staff, field workers, and any other partners in the communication effort should reinforce the key message points.

TIP: Follow the seven C's of effective communication (Williams, 1992) **when developing messages:**

1. **Command attention.**
2. **Cater to the heart and head.**
3. **Clarify the message.**
4. **Communicate a benefit.**
5. **Create trust.**
6. **Convey a consistent message.**
7. **Call for action.**

Example

In Ghana, the key message point of the "Life Choices" campaign was that FP is a means to achieving your goals in life. The campaign highlighted the relationships among decisions couples make about when to use FP, which methods to use, how many children they want, how far apart the children will be spaced, and how these decisions affect the life goals that these couples have set for themselves.

A wide variety of channels and tools was used to communicate the "Life Choices" messages. All of these channels and tools built upon the same key message points and reinforced one another. At the community level, for example, meetings were held at which satisfied users of FP discussed how their reproductive health decisions have allowed them to pursue various goals in life. A PR plan provided trained spokespersons who appeared on television and radio to discuss how FP has helped them achieve their goals. Service providers were trained to reinforce the notion of life choices with their clients. These service providers understood that they were not merely providing FP services but were key actors in enabling clients to reach their life goals.

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Example 5.2: Sample Message Brief Worksheet

Example: FriendlyCare—Summary of Message Brief Outline—Message Development Components

1. **The key issue or fact** that we want our messages to address	Filipino families want access to high-quality FP services at an affordable price but do not know where to go.
2. **The promise,** or the single most important benefit that we want our messages to deliver	FriendlyCare is your partner and friend in planning and caring for your family.
3. **The support,** or the reasons to believe the promise	FriendlyCare offers a full range of services, from FP to general family health, at affordable prices and in a friendly, caring, compassionate environment.
4. **The competition for the message**	From the FP perspective, FriendlyCare faces the competition of conservative organized social groups that, because of religious or ideological reasons, oppose FP. These groups are vocal and powerful. They exert pressure on the Government, the media, and many institutions to disapprove of FP. For family health, FriendlyCare faces competition from other networks of private clinics that offer similar services.
5. **The statement of the ultimate and lasting impression** that the audience ideally will have after hearing or seeing the message	FriendlyCare clinics provide me and my family with affordable, caring FP and family health services.
6. **The desired user profile**—how the intended audience perceives someone who uses the product or service being promoted	A family who uses FriendlyCare services is healthy, progressive, and modern. Family members care about each other and plan their future. They are in tune with modern methods of FP. Even though they are on a limited budget, they want doctors to care and be concerned about their health. They also want to go to facilities that make them feel good and that appreciate their business.
7. **The key message points** that will be included in all communication delivered by the partners* implementing the strategy	■ FriendlyCare helps you achieve your goals. ■ When it comes to FP, FriendlyCare is the expert. ■ FriendlyCare staff are approachable. ■ FriendlyCare services are affordable. ■ The whole family gets checkups at FriendlyCare. This message is presented in a consistent way in all means by which FriendlyCare addresses its audience (e.g., through mass media, at the clinics, in the PR events).

* Medical staff, counselors, pharmacy staff, community-based partners, advertising agency, etc.

Example 5.2: Summary Message Brief Worksheet
Example: Uganda

1. **The key issue or fact** that we want our messages to address	Approximately 30 percent of men and women do not want to have any more children, yet they are not using TL, vasectomy, or Norplant. Many are not using any modern FP method. A lack of knowledge and limited access to services are key problems.
2. **The promise,** or the single most important benefit that we want our messages to deliver	One procedure protects you from pregnancy for up to 5 years (Norplant) or a lifetime (vasectomy and TL).
3. **The support,** or the reasons to believe the promise	▪ Testimonies of satisfied users ▪ Endorsements of medical experts ▪ Explanations of how the three methods work
4. **The competition for the message**	Statements by cultural leaders encouraging couples to have larger families are the competition.
5. **The statement of the ultimate and lasting impression** that the audience ideally will have after hearing or seeing the message	▪ "These three methods are safe and reliable ways for me to meet my reproductive goals." ▪ "I am going to discuss these methods with my spouse." ▪ "I am going to use Norplant, TL, or vasectomy."
6. **The desired user profile**—how the intended audience perceives someone who uses the product or service being promoted	▪ Happy, satisfied, sexually competent, healthy
7. **The key message points** that will be included in all communication delivered by the partners* implementing the strategy	▪ The methods are safe. ▪ These methods are less expensive than others over the long run. ▪ Locations and times when services are available. ▪ Description of Norplant, TL, or vasectomy procedures. ▪ Counteract most common misconceptions about each method (e.g., Norplant does not weaken a woman's arm or move to other parts of the body; TL does not make a woman fat or weak; vasectomy is not the same as castration.)

* Medical staff, counselors, pharmacy staff, community-based partners, advertising agency, etc.

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Worksheet 5.2: Summary Message Brief

1. **The key issue or fact** that we want our messages to address	
2. **The promise,** or the single most important benefit that we want our messages to deliver	
3. **The support,** or the reasons to believe the promise	
4. **The competition for the message**	
5. **The statement of the ultimate and lasting impression** that the audience ideally will have after hearing or seeing the message	
6. **The desired user profile**—how the intended audience perceives someone who uses the product or service being promoted	
7. **The key message points** that will be included in all communication delivered by the partners* implementing the strategy	

* Medical staff, counselors, pharmacy staff, community-based partners, advertising agency, etc.

Next Steps

The message brief helps you and your team to develop messages that are on strategy, relevant, attention-getting, memorable, and motivational. The content of the message brief is consistent with the information gathered in the analysis of the situation, audience segmentation, behavior change objectives, and strategic approach phases of the strategy design process. If you find the process of developing the message brief confusing or problematic, your strategic approach may need to be revisited.

The key message points identified as a result of the message brief consist of the essential themes that should be included through all communication channels used by any of the strategy partners. Once you have completed the steps outlined in chapter 5, you are ready to study chapter 6, where you will analyze and select the communication channels and tools that will help you deliver the key message points.

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References

Advertising themelines and advertising materials (2002). (pp. 158). Portland, Oregon: Wieden & Kennedy Advertising.

Campaign materials for Life Choices Family Planning program (2001). Accra, Ghana: Lintas Advertising designed for JHU/CCP and Ghana Social Marketing Foundation.

Friendly Care Communication Plan (unpublished) (2000). Manila: Friendly Care Marketing Division.

Lefebvre, R. C., Doner, L., Johnston, C., Loughrey, K., Balch, G., & Sutton, S. M. (1995). Use of database marketing and consumer-based health communication in message design: An example from the Office of Cancer Communications' "5 A Day for Better Health" program. In E. Maibach & R. Parrott (Eds.), *Designing health messages: Approaches from communication theory and public health practice* (pp. 158). Newbury Park, CA: Sage Publications.

Nigeria HIV/AIDS Creative Brief (unpublished) (2001). Lagos: Johns Hopkins School of Public Health, Center for Communication Programs.

Williams, J. R. (1992). *The Seven C's of Effective Communication.* Baltimore, MD: JHU/CCP presentation materials.