

PUBH 472 Readings

Table of Contents

Chapter 1: Introduction to Health Communications	1
Chapter 2: Situation Analysis	9
Chapter 3: Audience Analysis	15
Chapter 4: Communication Objectives & Messages	29
Chapter 5: Methods and Evaluation	45

BYU-I Books



CC BY-SA: This work is released under a CC BY-SA license, which means that you are free to do with it as you please as long as you (1) properly attribute it and (2) share any derivative works under an open license.

The publisher BYU-I Books does not have a physical location, but its primary support staff operate out of Provo, UT, USA.

The publisher BYU-I Books makes no copyright claim to any information in this publication and makes no claim as to the veracity of content. All content remains exclusively the intellectual property of its authors. Inquiries regarding use of content should be directed to the authors themselves.

URL: https://books.byui.edu/pubh_472_readings

(2023). *PUBH 472 Readings*. BYU-I Books. https://books.byui.edu/pubh_472_readings



Like this? [Endorse it](#) and let others know.

Endorse

Chapter 1: Introduction to Health Communications

Introduction

Vocabulary

Invoices: A document that shows the details of goods or services provided, including the cost, which a person or business sends to another for payment.

Clarify: To make something clear or easier to understand by explaining or providing additional information.

Counteract: To act against or neutralize the effects of something, often to prevent or reduce its impact.

Marketing: Definition: The activities a business engages in to promote and sell its products or services, including advertising, market research, and promotional efforts.

Billboards: Definition: Large outdoor signs, often alongside roads, used for advertising products, services, or events to a wide audience.

Stakeholder: A person, group, or organization that has an interest or concern in a particular business, project, or system.

Cessation: The act of stopping or discontinuing something, often used to describe the end of an activity or process.

Relapse: The return or recurrence of a condition, especially a medical or behavioral issue, after a period of improvement or recovery.

Prevalence: The extent or frequency of occurrence of something within a specific population or area.

Legitimacy: The quality of being valid, lawful, or accepted as genuine and in accordance with established rules or standards.

What is Communication?

(Publisher, 2015)

The root of the word “communication” in Latin is *communicare*, which means to share, or to make common (Weekley, 1967). **Communication** is defined as the process of understanding and sharing meaning (Pearson & Nelson, 2000).

At the center of our study of communication is the relationship that involves interaction between participants.

The first key word in this definition is **process**. A process is a dynamic activity that is hard to describe because it changes (Pearson & Nelson, 2000). Imagine you are alone in your kitchen thinking. Someone you know (say, your mother) enters the kitchen and you talk briefly. What has changed? Now, imagine that your mother is joined by someone else, someone you haven’t met before—and this stranger listens intently as you speak, almost as if you were giving a speech. What has changed? Your perspective might change, and you might watch your words more closely. The

feedback or response from your mother and the stranger (who are, in essence, your audience) may cause you to reevaluate what you are saying. When we interact, all these factors—and many more—influence the process of communication.

The second key word is **understanding**. “To understand is to perceive, to interpret, and to relate our perception and interpretation to what we already know.” (McLean, 2003) If a friend tells you a story about falling off a bike, what image comes to mind? Now, your friend points out the window and you see a motorcycle lying on the ground. How did his previous story affect your point of view of the situation? Understanding the words and the concepts or objects they refer to is an important part of the communication process.

Next, comes the word **sharing**. Sharing means doing something together with one or more people. You may share a joint activity such as when you share in compiling a report. Or you may benefit jointly from a resource such as when you and several coworkers share a pizza. In communication, sharing occurs when you convey thoughts, feelings, ideas, or insights to others. You can also share with yourself a process called intrapersonal communication. This is when you bring ideas to consciousness, ponder how you feel about something, or figure out the solution to a problem and have a moment when something becomes clear.

Finally, **meaning** is what we share through communication. The word “bike” represents both a bicycle and a short name for a motorcycle. By looking at the context the word is used in and by asking questions, we can discover the shared meaning of the word and understand the message.

Seven Essential Components of Communication

In order to better understand the communication process, we can break it down into the following eight essential components:

1. Source
2. Message
3. Channel
4. Receiver
5. Feedback
6. Environment
7. Context

Each of these seven components serves an integral function in the overall process. Let’s explore them one by one.

Source

The **source** imagines, creates, and sends the message. In a public speaking situation, the source is the person giving the speech. He or she conveys the message by sharing new information with the audience. The speaker also conveys a message through his or her tone of voice, body language, and choice of clothing. The speaker begins by first determining the message—what to say and how to say it. The second step involves encoding the message by choosing just the right order or the perfect words to convey the intended meaning. The third step is to present or send the information to the receiver or audience. Finally, by watching for the audience’s reaction, the source perceives how well they received the message and responds with clarification or supporting information.

Message

"The **message** is the stimulus or meaning produced by the source for the receiver or audience." (McLean, 2005) When you plan to give a speech or write a report, your message may seem to be only the words you choose that will convey your meaning. But that is just the beginning. The words are brought together with grammar and organization. You may choose to save your most important point for last. The message also consists of the way you say it—in a speech, with your tone of voice, your body language, and your appearance—and in a report, with your writing style, punctuation, and the headings and formatting you choose. In addition, part of the message may be the environment or context you present it in and the noise that might make your message hard to hear or see.

Imagine, for example, that you are addressing a large audience of sales reps and are aware there is a World Series game tonight. Your audience might have a hard time settling down, but you may choose to open with, "I understand there is an important game tonight." In this way, by expressing verbally something that most people in your audience are aware of and interested in, you might grasp and focus their attention.

Channel

"The **channel** is the way in which a message or messages travel between source and receiver." (McLean, 2005) For example, think of your television. How many channels do you have on your television? Each channel takes up some space, even in a digital world, in the cable or in the signal that brings the message of each channel to your home. Television combines an audio signal you hear with a visual signal you see. Together they convey the message to the receiver or audience. Turn off the volume on your television. Can you still understand what is happening? Many times you can, because the body language conveys part of the message of the show. Now turn up the volume but turn around so that you cannot see the television. You can still hear the dialogue and follow the storyline.

Similarly, when you speak or write, you are using a channel to convey your message. Spoken channels include face-to-face conversations, speeches, telephone conversations and voice mail messages, radio, public address systems, and voice over Internet protocol (VoIP). Written channels include letters, memorandums, purchase orders, invoices, newspaper and magazine articles, blogs, e-mail, text messages, tweets, and so forth.

Receiver

"The **receiver** receives the message from the source, analyzing and interpreting the message in ways both intended and unintended by the source." (McLean, 2005) To better understand this component, think of a receiver on a football team. The quarterback throws the football (message) to a receiver, who must see and interpret where to catch the ball. The quarterback may intend for the receiver to "catch" his message in one way, but the receiver may see things differently and miss the football (the intended meaning) altogether.

As a receiver you listen, see, touch, smell, and/or taste to receive a message. Your audience seeks to understand you as much as you might long before you take the stage or open your mouth. The nonverbal responses of your listeners can serve as clues on how to adjust your opening. By imagining yourself in their place, you anticipate what you would look for if you were them. Just as a quarterback plans where the receiver will be in order to place the ball correctly, you too can recognize the interaction between source and receiver in a business communication context. All of this happens at the same time, illustrating why and how communication is always changing.

Feedback

When you respond to the source, intentionally or unintentionally, you are giving feedback. **Feedback** is composed of messages the receiver sends back to the source. Verbal or nonverbal, all these feedback signals allow the source to see how well, how accurately (or how poorly and inaccurately) the message was received. Feedback also provides an opportunity for the receiver or audience to ask for clarification, to agree or disagree, or to indicate that the source could make the message more interesting. As the amount of feedback increases, the accuracy of communication also increases (Leavitt & Mueller, 1951).

For example, suppose you are a sales manager participating in a conference call with four sales reps. As the source, you want to tell the reps to take advantage of the fact that it is World Series season to close sales on baseball-related sports gear. You state your message, but you hear no replies from your listeners. You might assume that this means they understood and agreed with you, but later in the month, you might be disappointed to find that very few sales were made. You may follow up your message with a request for feedback, asking, "Does this make sense? Do any of you have any questions?" You might have an opportunity to clarify your message, and to find out whether any of the sales reps believed your suggestion would not work with their customers.

Environment

"The **environment** is the atmosphere, physical and psychological, where you send and receive messages." (McLean, 2005) The environment can include the tables, chairs, lighting, and sound equipment that are in the room. The room itself is an example of the environment. The environment can also include factors like formal dress, that may indicate whether a discussion is open and caring or more professional and formal. People may be more likely to have an intimate conversation when they are physically close to each other, and less likely when they can only see each other from across the room. In that case, they may text each other, itself an intimate form of communication. The choice to text is influenced by the environment. As a speaker, your environment will impact and play a role in your speech. It's always a good idea to go check out where you'll be speaking before the day of the actual presentation.

Context

"The **context** of the communication interaction involves the setting, scene, and expectations of the individuals involved." (McLean, 2005) A professional communication context may involve business suits (environmental cues) that directly or indirectly influence expectations of language and behavior among the participants.

Context is all about what people expect from each other, and we often create those expectations out of environmental cues. Traditional gatherings like weddings or quinceañeras are often formal events. There is a time for quiet during social gatherings such as a time for silence as the bride walks down the aisle, or when the father may have the first dance with his daughter as she is transformed from a girl to womanhood in the eyes of her community. In either celebration, there may come a time for rambunctious celebration and dancing. You may be called upon to give a toast, and the wedding or quinceañera context will influence your presentation, timing, and effectiveness.

What is Health Communication?

(Centers for Disease Control and Prevention, 2014)

Health communications is "the study and use of communications strategies to inform and influence individual and community decisions related to health."

Case Study: Combatting the Tobacco Industry with Health Communication

In tobacco control, health communications empower individuals to change behaviors and encourage states and communities to adopt policies that reduce tobacco use, prevent initiation, and limit exposure to secondhand smoke. They are sometimes referred to as “countermarketing” because they try to counteract the marketing practices of the tobacco industry.

Health communications can be delivered through several of the following strategies:

- Paid media strategies (paying to place ads on TV, radio, billboards, transit, online platforms, or in print media)
- Earned media strategies (generating free coverage in the press and through public service announcements)
- Social media strategies (sharing messages and engaging audiences on social networking sites like Facebook and X, formerly known as Twitter)
- Program communications (delivering messages through program websites and stakeholder communications)

Other activities, like promoting the quitline and reducing or replacing tobacco industry sponsorship and promotions, are also important parts of a program’s communications effort. The combination of these strategies to communicate about a specific issue is often referred to as a communications campaign. The exact mix of strategies varies for each campaign. If sufficient funds are available, mass-reach communications channels such as TV are important to make meaningful population-level changes.

Communications campaigns may be brief or run for long periods of time. They may focus on reaching tobacco users, their families, specific populations, health care providers, the media, or decision makers. Campaigns are most effective when they are integrated into the larger program. For example, campaigns may include the quitline number or raise awareness about a new tobacco control policy.

Importance of Health Communications

Health communications are a critical part of comprehensive tobacco control programs. Effective health communications can raise awareness about the dangers of tobacco use, increase community support for tobacco control programs and policies, and reduce tobacco use. Health communications are also important to counter tobacco industry advertising and promotion, especially as the industry increasingly uses new advertising tactics to market products.

Effectiveness of Health Communications

The Community Guide recommends mass-reach health communication interventions based on strong evidence of effectiveness. These strategies can reach large audiences quickly, repeatedly, and cost effectively. As a result, they can shift social norms around tobacco use and increase acceptance of tobacco prevention and control strategies. Mass-reach health communication interventions reduce tobacco use among youth and adults, increase quit attempts, increase use of cessation services, prevent youth initiation, and reduce the likelihood of relapse among people who quit. Health communications can also affect other important outcomes, such as changes in attitudes toward tobacco use and secondhand smoke and the adoption of tobacco control policies.

Health Communication Strategies

Paid media strategies deliver messages through paid placements on mass media channels like TV or radio. Paid media is extremely beneficial and perhaps its greatest strength is its potential to reach large numbers of people without in-person interactions. Although they can be expensive, paid media strategies allow programs to control an ad's content and where, when, and how often it will run. Paid media includes ads on TV, on the radio, in print, and on billboards or public transit.

In recent years, digital advertising has increased as people spend more of their time connected to the internet through smartphones, tablets, and computers. Although TV is most effective at reaching broad audiences and changing knowledge, attitudes, and behaviors, communications efforts often include a variety of paid media channels. Using multiple channels makes campaigns appear more widespread, encouraging people to talk about campaign messages and to believe there is a social expectation not to use tobacco products.

Paid media is a critical part of tobacco control communications. Adequately funded paid media strategies decrease adult and youth smoking prevalence, youth initiation, and the likelihood that youth will become established smokers. Exposure to paid media also increases the likelihood that a smoker will try to quit and decreases the chance of relapse among those who have quit.

Statewide paid media strategies can also coordinate with local programs to support community-level efforts. States with the most dramatic changes in tobacco attitudes, beliefs, and behaviors have used paid media to challenge the legitimacy of industry advertising tactics and publicize the health consequences of tobacco use and secondhand smoke exposure. Although total costs to implement paid media strategies may seem high, they are cost effective when compared to the costs of tobacco use and exposure. From 2000 to 2002, the National Truth® Campaign cost \$324 million but prevented over \$1.9 billion in health care costs.

Earned Media

Earned, or unpaid, media strategies generate free coverage of a story or issue. Programs get coverage by working with the press to generate news stories or creating public service announcements (PSAs) to air for free on paid media channels. These strategies are called "earned" media because the communications team has to get the attention of media outlets and the public to earn coverage.

Earned media strategies are also sometimes called public relations or media relations. Earned media is an important part of any communications campaign, but especially when funds are limited. Although earned media coverage can be a useful low-cost strategy, the communications team has less control over the content or placement of stories than with paid media.

News Coverage

Earned media coverage includes news stories, letters to the editor, editorials, or interviews. Coverage may run on a variety of channels, including TV, radio, newspapers, magazines, or digital news outlets (see Table 1 below). News coverage may be created by the media outlet, the communications team, or community members. Although the media outlet ultimately decides which pieces are published and how they are framed, the communications team can work to generate interest that leads to news coverage.

Strategies to earn news coverage can support tobacco control goals by changing knowledge, attitudes, and behaviors among youth and adults and influencing tobacco control policies. For example, from 1999 to 2002, the Students Working Against Tobacco group in Florida used earned media strategies to generate high levels of media coverage. This coverage contributed to the enactment of laws to place tobacco products behind store counters.

News coverage enhances the effectiveness of the overall campaign by complementing, but not replacing, paid media efforts. The total number of news stories is often far greater than the number of times paid media is broadcast, making news coverage crucial to extend a campaign's reach. News coverage also allows a campaign to continue the conversation even after paid ads are off the air or out of print.

Public Service Announcements (PSAs)

PSAs are educational messages broadcast for free by media outlets. They typically air on TV and radio, but can be modified for print, internet, and outdoor use. PSAs are useful when the communications budget does not allow for paid media, but the program still wants to raise awareness of an issue with a general audience.

Social Media

In recent years, the internet has shifted from information created by experts to content developed through audience participation and interaction. This change, combined with increased access to the internet and its global reach, has created new opportunities for health communications to get the attention of the public. Innovative tobacco control communications using social media and blogs have emerged to take advantage of these new opportunities.

Social media platforms, such as Facebook and X, are online communities where people gather to interact with family, friends, coworkers, and others with similar interests. Blogs are online, interactive journals where readers can leave comments and start new conversations. These platforms have created new opportunities for people, audiences, to interact with health campaigns.

Why Invest in Health Communications?

Health communications are powerful tools to prevent unhealthy habits, promote health, and shape social norms. They reach large audiences to shape population-wide patterns.

References

Centers for Disease Control and Prevention. (2014). Best Practices User Guides: Health Communications in Tobacco Prevention and Control. <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/health-communications-508.pdf>

Publisher, A. removed at request of original. (2015). 1.2 What Is Communication? <https://open.lib.umn.edu/businesscommunication/chapter/1-2-what-is-communication/>



This content is provided to you freely by BYU-I Books.

Access it online or download it at

https://books.byui.edu/pubh_472_readings/chapter_1_introduction_to_health_communications.

Chapter 2: Situation Analysis

Vocabulary

Mortality: The state of being subject to death; the number of deaths in a given population or period.

Morbidity: The prevalence of illness or disease within a population; the state of being unhealthy or diseased.

Volunteers: People who willingly offer their time and services without being paid, typically for a cause or organization.

Internal: Relating to the inside; something located or occurring within a particular place, object, or group.

Donors: Individuals or organizations that contribute money, goods, or services to support a cause or charity.

Legislature: The branch of government responsible for making laws; a group of people with the authority to legislate.

Demographics: Statistical data relating to the population and groups within it, such as age, gender, income, and education.

Ratio: A comparison of two quantities by division; the relationship in quantity, amount, or size between two or more things.

Biodegradable: Capable of being broken down by natural processes into environmentally friendly substances.

Consensus: General agreement among a group of people; a shared opinion or belief reached through discussion and compromise.

Situation Analysis

What is a situation analysis? While this concept can be defined in several ways in the terms of this course and your assignments, think of it as “the process of analyzing factors related specifically to the development of a communication strategy” (O’ Sullivan et al., 2003,pg. 2).

Identifying and Understanding the Problem

“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” (O’ Sullivan et al., 2003, pg. 2).

Most health problems are associated with a multitude of other health issues, each one relating to a unique health behavior. It is important to identify the root of the health concern that you want to focus your communication campaign around. Be specific. Focus on specific issues and specific behaviors that you wish to change or influence.

When determining the root of the health concern, it is important to have current, unbiased information. Try to recognize any preconceived understanding you may already have about the health concern or your potential audience and in your research avoid information that is dated or rooted in political concerns.

Measurements: Prevalence, Incidence, Severity

There are three main concepts you will need to understand in order to have a clear picture of your health concern: prevalence, incidence, and severity. When beginning the map of your health communication campaign make sure you understand these terms and find their measurements for your particular concern.

Prevalence is defined as the number of people in your area of focus who have or struggle with the problem at the time of the campaign. For example: This month, 15 percent of driving age teenagers (16–19) in North Carolina were pulled over for texting.

Since this measurement is dependent on time, it is typically subject to a certain amount of change. To balance that variability and use more accurate information, most public health communication specialists will couple prevalence with incidence to get a better understanding of the extent of the problem.

Incidence is defined as new cases of the health concern per one thousand people within your area of focus every year. For example: In North Carolina, driving age teenagers who are being pulled over for texting are increasing by one percent every year.

Knowing the incidence rate will help you to more accurately estimate what the prevalence rate will be at a time in the future. Both of these measurements are important when researching your health concern and both can typically be found on your country's Ministry of Health (MOH) website. Here is a great optional resource to find your country's MOH: https://www.gfmer.ch/Medical_search/Ministry_health.htm

The third measurement to be familiar with is severity. This measurement gives you an understanding of the cost, both financially as well as emotionally, of your health concern on the community you are focusing on. Severity is measured by mortality rates, morbidity rate, and financial cost.

Mortality is defined as the number of people who die as a result of the health concern. Morbidity is defined as the number of people who are disabled, either permanently or temporarily, by the health concern. And financial cost is often measured by individual costs as well as costs to the society as a whole (O' Sullivan et al., 2003).

Understanding the prevalence, incidence, and severity of your health concern are the first step in creating your health communication campaign. The next step is creating a SWOT analysis.

What is a SWOT Analysis?

(Chapter 3, Section 14. SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats, n.d.)

SWOT stands for: **S**trength, **W**eakness, **O**pportunity, **T**hreat. A SWOT analysis guides you to identify your organization's strengths and weaknesses (S-W), as well as broader opportunities and threats (O-T). Developing a fuller awareness of the situation helps with both strategic planning and decision-making.

The SWOT method was originally developed for business and industry, but it is equally useful in the work of community health and development, education, and even for personal growth. The strengths of this method are its simplicity and application to a variety of levels of operation.

When to use a SWOT analysis?

A SWOT analysis can offer helpful perspectives at any stage of an effort. You might use it to do the following:

- Explore possibilities for new efforts or solutions to problems.
- Make decisions about the best path for your initiative. Identifying your opportunities for success in the context of threats to success can clarify directions and choices.
- Determine where change is possible. If you are at a juncture or turning point, an inventory of your strengths and weaknesses can reveal priorities as well as possibilities.
- Adjust and refine plans mid-course. A new opportunity might open wider avenues, while a new threat could close a path that once existed.

SWOT also offers a simple way of communicating about your initiative or program and an excellent way to organize information you've gathered.

Strengths, Weaknesses, Opportunities, and Threats

A SWOT analysis focuses on Strengths, Weaknesses, Opportunities, and Threats.

Remember that the purpose of performing a SWOT is to reveal positive forces that work together and potential problems that need to be recognized and possibly addressed.

Strengths include your resources and experiences. General areas to consider are the following:

- Human resources - staff, volunteers, board members, target population
- Physical resources - your location, building, equipment
- Financial - grants, funding agencies, other sources of income
- Activities and processes - programs you run, systems you employ
- Past experiences - building blocks for learning and success, your reputation in the community

Don't be too modest when listing your strengths. If you're having difficulty naming them, start by simply listing your characteristics (for example, we're small, we're connected to the neighborhood). Some of these will probably be strengths.

Although the strengths and weaknesses of your organization are your internal qualities, don't overlook the perspective of people outside your group. Identify strengths and weaknesses from both your own point of view and that of others, including those you serve or deal with. Do others see problems—or assets—that you don't?

Cast a wide net for the threats part of the assessment. No organization, group, program, or neighborhood is immune to outside events and forces. Consider your connectedness, for better and worse, as you compile this part of your SWOT list.

Forces and facts that your group does not control include:

- Future trends in your field or the culture
- The economy - local, national, or international
- Funding sources - foundations, donors, legislatures
- Demographics - changes in the age, race, gender, culture of those you serve or in your area
- The physical environment (Is your building in a growing part of town? Is the bus company cutting routes?)
- Legislation (Do new federal requirements make your job harder or easier?)
- Local, national or international events

How to create a SWOT Analysis?

Remember that the purpose of performing a SWOT is to reveal positive forces that work together and potential problems that need to be recognized and possibly addressed.

We will discuss the process of creating the analysis below, but first here are a few sample layouts for your SWOT analysis.

Ask these simple questions: what are the strengths and weaknesses of your group, community, or effort, and what are the opportunities and threats facing it?

Internal		External	
Strengths	Weaknesses	Opportunities	Threats

If a looser structure helps you brainstorm, you can group positives and negatives to think broadly about your organization and its external environment.

Positives	Negatives
<ul style="list-style-type: none"> • Strengths • Assets • Resources • Opportunities • Prospects 	<ul style="list-style-type: none"> • Weaknesses • Limitations • Restrictions • Threats • Challenges

Below is a third option for structuring your SWOT analysis, which may be appropriate for a larger initiative that requires detailed planning.

	STRENGTHS	WEAKNESSES
	1. 2. 3. 4.	1. 2. 3. 4.
OPPORTUNITIES	Opportunity - Strength (OS) Strategies Use the strengths to take advantage of opportunities	Opportunity - Weakness (OW) Strategies Overcome weaknesses by taking advantage of opportunities 1.

3.	1.	2.
4.	2.	
THREATS	Threat-Strength (TS) Strategies Use strengths to avoid threats	Threat-Weakness (TW) Strategies Minimize weaknesses and avoid threats
1.	1.	1.
2.		
3.	2.	2.
4.		

The following is an example for Campbell Soup Company that stresses financial goals, but it also illustrates how you can pair the items within a SWOT grid to develop strategies. (This version of the chart is abbreviated).

	STRENGTHS	WEAKNESSES
	<ul style="list-style-type: none"> Current profit ratio increased Employee morale high Market share has increased 	<ul style="list-style-type: none"> Legal suits not resolved Plant capacity has fallen Lack of strategic management system
OPPORTUNITIES	Opportunity - Strength (OS) Strategies	Opportunity - Weakness (OW) Strategies
<ul style="list-style-type: none"> Western European unification Rising health consciousness in selecting foods Demand for soups increasing annually 	<ul style="list-style-type: none"> Acquire food company in Europe (S1, S3, O1) Develop new healthy soups (S2, O2) 	<ul style="list-style-type: none"> Develop new Pepperidge Farm products (W1, O2, O3)
THREATS	Threat - Strength (TS) Strategies	Threat - Weakness (TW) Strategies
<ul style="list-style-type: none"> Low value of dollar Tin cans are not biodegradable 	<ul style="list-style-type: none"> Develop new biodegradable soup containers (S1, T2) 	<ul style="list-style-type: none"> Close unprofitable European operations (W3, T1)

This example also illustrates how threats can become opportunities (and vice versa). Don't be surprised if your strengths and weaknesses don't precisely match up to your opportunities and threats. You might need to refine, or you might need to simply look at the facts longer, or from a different angle. Your chart, list or table will certainly reveal patterns.

HOW DO YOU USE YOUR SWOT ANALYSIS?

Better understanding of the factors affecting your initiative puts you in a better position for action. This understanding helps as you do the following:

- Identify the issues or problems you intend to change
- Set or reaffirm goals
- Create an action plan

As you consider your analysis, be open to the possibilities that exist within a weakness or threat. Likewise, recognize that an opportunity can become a threat if everyone else sees the opportunity and plans to take advantage of it as well, thereby increasing your competition.

Finally, during your assessment and planning, you might keep an image in mind to help you make the most of a SWOT analysis: Look for a "stretch," not just a "fit." As Radha Balamuralikrishna and John C. Dugger of Iowa State University point out, SWOT usually reflects your current position or situation. Therefore one drawback is that it might not encourage openness to new possibilities. You can use SWOT to justify a course that has already been decided upon, but if your goal is to grow or improve, you will want to keep this in mind.

References

Chapter 3, Section 14. SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats. (n.d.). Community Tool Box.

<https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>

O' Sullivan, G. A., Yonkier, J. A., Morgan, W., & Merritt, A. P. (2003). A field guide to designing a health communication strategy (pp. 17–51). Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.

[https://content.byui.edu/file/aaeaff60-24eb-4626-a1b2-](https://content.byui.edu/file/aaeaff60-24eb-4626-a1b2-8191d6faa261/1/Documents/Field%20Guide/02%20Chapter%2001%20Excerpts%20from%20A%20Field%20Guide--pages%2017-51.pdf)

[8191d6faa261/1/Documents/Field%20Guide/02%20Chapter%2001%20Excerpts%20from%20A%20Field%20Guide--pages%2017-51.pdf](https://content.byui.edu/file/aaeaff60-24eb-4626-a1b2-8191d6faa261/1/Documents/Field%20Guide/02%20Chapter%2001%20Excerpts%20from%20A%20Field%20Guide--pages%2017-51.pdf)



This content is provided to you freely by BYU-I Books.

Access it online or download it at

https://books.byui.edu/pubh_472_readings/chapter_2_situation_analysis.

Chapter 3: Audience Analysis

Vocabulary

Bulletin: A brief report or announcement, often in written form, providing information about a specific topic.

Oral: Relating to the mouth; spoken or verbally communicated, as opposed to written.

Randomized: Chosen or assigned by chance; a method where each person or thing has an equal chance of being selected.

Administered: Given or applied, especially in the context of providing a treatment, test, or service.

Disabilities: Conditions that limit a person's ability to perform certain tasks, often related to physical, cognitive, or sensory impairments.

Inaccuracy: The state of being incorrect or not precise; a mistake or lack of precision in information.

Ineffective: Not producing the intended or desired results; lacking effectiveness or efficiency.

Reproductive: Relating to the processes of reproduction, especially pertaining to the production of offspring.

Maternal: Pertaining to motherhood or related to the qualities of a mother.

Tuberculosis: A bacterial infection that primarily affects the lungs, causing symptoms such as coughing, chest pain, and difficulty breathing.

Audience Analysis

(Chapter 3. Assessing Community Needs and Resources / Section 2. Understanding and Describing the Community / Main Section / Community Tool Box, n.d.)

Anything we do in a community requires us to be familiar with its people, its issues, and its history. Carrying out a health communication campaign is far more likely to be successful if we are informed by the culture of the community and an understanding of the relationships among individuals and groups within it.

Taking the time and effort to understand your community and define your audience well before embarking on a health campaign will pay off in the long term. A good way to accomplish that is to create a community description—a record of your exploration and findings. It's a good way to gain a comprehensive overview of the community—what it is now, what it's been in the past, and what it could be in the future. In this section, we'll discuss how you might approach examining the community in detail and setting down your findings in a community description.

WHAT IS A COMMUNITY?

While we traditionally think of a community as the people in a given geographical location, the word can really refer to any group sharing something in common—**place** (such as a city, neighborhood, or school district), **experience** (such as shared experience of racism), or **interest** (such as a community's concern about poverty or violence prevention).

These various communities often overlap. A Black art teacher, for example, might see herself (or be seen by others) as a member of the Black, arts, and/or education communities. Whichever community defines your work, you will want to get to know it well.

WHAT DO WE MEAN BY UNDERSTANDING AND DESCRIBING THE COMMUNITY?

Understanding the community entails understanding it in a number of ways. Whether or not the community is defined geographically, it still has a geographic context—a setting that it exists in. Getting a clear sense of this setting may be key to gaining a full understanding of it. At the same time, it's important to understand the specific community (or communities) you're serving. You have to get to know its people—their culture, their concerns, and relationships—and to develop your own relationships with them as well.

- **Physical aspects.** Every community has a physical presence of some sort, even if only one building. Most have a geographic area or areas they are either defined by or attached to. It's important to know the community's size and the look and feel of its buildings, topography (the lay of the land—the hills, valleys, rivers, roads, and other features you'd find on a map), and neighborhoods.
 - Understanding how various areas of the community differ from one another is also important, whether your impression is one of clean, well-maintained houses and streets; one of shabbiness, dirt, and neglect; or anything in between.
 - If the community is one defined by its population, then its physical properties are also defined by the population: where they live, where they gather, the places that are important to them. The characteristics of those places can tell you a great deal about the people who make up the community. Their self-image, many of their attitudes, and their aspirations are often reflected in the places where they choose—or are forced by circumstance or discrimination—to live, work, gather, and play.

- **Infrastructure.** Roads, bridges, transportation (local public transportation, airports, train lines), electricity, landline and mobile telephone service, broadband service, and similar basics make up the infrastructure of the community, without which it couldn't function.
- **Patterns of settlement, commerce, and industry.** Where are those physical spaces we've been discussing? Communities reveal their character by where and how they create living and working spaces. Where there are true slums—substandard housing in areas with few or no services that are the only options for low-income people—the value the larger community places on those residents seems clear. Are heavy industries located next to residential neighborhoods? If so, who lives in those neighborhoods? Are some parts of the community dangerous, either because of high crime and violence or because of unsafe conditions in the built or natural environment?
- **Demographics.** It's vital to understand who makes up the community. Age, gender, race and ethnicity, marital status, education, number of people in household, first language—these and other statistics make up the demographic profile of the population. When you put them together (for example, the education level of Black women ages 18–24), it gives you a clear picture of who community residents are.
- **History.** The long-term history of the community can tell you about community traditions, what the community is (or has been) proud of, and what residents prefer not to talk about. Recent history can provide valuable information about conflicts and factions within the community, important issues, past and current relationships among key people and groups—many of the factors that can trip up any effort before it starts if you don't know about and address them.
- **Community leaders, formal and informal.** Some community leaders are elected or appointed, like mayors, city councilors, and directors of public works. Others are considered leaders because of their activities or their positions in the community, like community activists, corporate CEOs, college presidents, doctors, clergy. Still others are recognized as leaders because they are trusted for their proven integrity, courage, and/or care for others and the good of the community.
- **Community culture, formal and informal.** This covers the spoken and unspoken rules and traditions by which the community lives. It can include everything from community events and slogans (such as “the blessing of the fishing fleet” and the “Artichoke Capital of the World”) to norms of behavior (like turning a blind eye to alcohol abuse or domestic violence) to patterns of discrimination and exercise of power. Understanding the culture and how it developed can be crucial, especially if that's what you're attempting to change.
- **Existing groups.** Most communities have an array of groups and organizations of different kinds: service clubs (Lions, Rotary, and so on), faith groups, youth organizations, sports teams and clubs, groups formed around shared interests, the boards of community-wide organizations (the YMCA, the symphony, United Way), as well as groups devoted to self-help, advocacy, and activism. Knowing of the existence and importance of each of these groups can pave the way for alliances or for understanding opposition.
- **Existing institutions.** Every community has institutions that are important to it and have more (or less) credibility with residents. Colleges and universities, libraries, religious institutions, hospitals, and many others can occupy important places in the community. It's important to know what they are, who represents them, and what influence they wield.
- **Economics.** Who are the major employers in the community? What, if any, business or industry is the community's base? Who, if anyone, exercises economic power? How is wealth distributed? Would you characterize the community as poor, working class, middle class, or affluent? What are the economic prospects of the population in general and/or the population you're serving?
- **Government and Politics.** Understanding the structure of community government is important. Some communities may have strong mayors and weak city councils, others the opposite. Still other communities may have no mayor at all but do have a town manager, or they may have a different form of government entirely. Whatever the government

structure, where does political power lie? Understanding where the real power is can be the difference between a successful effort and a vain one.

- **Social structure.** Many aspects of social structure are integrated into other areas—relationships, politics, economics, and so on—but there are also the questions of how people in the community relate to one another on a daily basis, how problems are (or aren't) resolved, who socializes or does business with whom, and so on. This area also includes perceptions and symbols of status and respect, and whether status carries entitlement or responsibility (or both).
- **Attitudes and values.** Again, much of this area may be covered by investigation into other areas, particularly culture. What does the community care about, and what does it ignore? What are residents' assumptions about the proper way to behave, dress, do business, and treat others? Is there widely accepted discrimination against one or more groups by the majority or by those in power? What are the norms for interaction among those with different opinions or different backgrounds?

Once you've explored the relevant areas of the community, you'll have the information to create a community description. Depending on your needs and information, this description might be anything from a two- or three-page outline to an in-depth portrait of the community that extends to ten pages and includes charts, graphs, photographs, and other elements. The point of doing this is to have a picture of the community at a particular point in time that you can use to provide a context for your community assessment and to see the results of whatever actions you take to bring about change.

Why Make the Effort to Understand and Describe Your Community?

You may at this point be thinking, "Can't I work effectively within this community without gathering all this information?" Perhaps if it's a community you're already familiar with and know well. If you're new to the community or an outsider, however, it's a different story. Not having the proper background information on your community may not seem like a big deal until you unintentionally find yourself on one side of a bitter divide or getting involved in an issue without knowing about its long and tangled history.

Some advantages to taking the time to understand the community and create a community description include the following:

- Gaining a general idea, even before an assessment, of the community's strengths and the challenges it faces.
- Capturing unspoken, influential rules and norms. For example, if people are divided and angry about a particular issue, your information might show you an event in the community's history that explains their strong emotions on that subject.
- Getting a feel for the attitudes and opinions of the community when you're starting work on an initiative.
- Ensuring the security of your organization's staff and participants. There may be neighborhoods where staff members or participants should be accompanied by others in order to be safe, at least at night. Knowing the character of various areas and the invisible borders that exist among various groups and neighborhoods can be extremely important for the physical safety of those working and living in the community.
- Having enough familiarity with the community to allow you to converse intelligently with residents about community issues, personalities, and geography. Knowing that you've taken the time and effort to get to know them and their environment can help you to establish trust with community members. That can make both a community assessment and any actions and activities that result from it easier to conduct.
- Being able to talk convincingly with the media about the community.
- Being able to share information with other organizations or coalitions that work in the community so that you can collaborate or so that everyone's work can benefit.
- Providing background and justification for grant proposals.
- Knowing the context of the community so that you can tailor interventions and programs to its norms and culture, and increase chances of success.

How Do You Go About Understanding and Describing the Community?

General Guidelines

To begin, let's look at some basic principles to keep in mind.:

- **Be prepared to learn from the community.** Assume that you have a lot to learn, and approach the process with an open mind. Listen to what people have to say. Observe carefully. Take notes; you can use them later to generate new questions or answer old ones.
- **Be aware that people's speech, thoughts, and actions are not always rational.** Their attitudes and behavior are often best understood in the context of their history, social relations, and culture. Race relations in the United States, for example, can't be understood without knowing some of the historical context: the history of slavery, Jim Crow laws, and the work of Martin Luther King and the Civil Rights Movement.
- **Don't assume that the information people give you is completely accurate.** There are a number of reasons why informants may tell you things that are inaccurate. People's perceptions don't always reflect reality, but are colored instead by what they think or what they think they know. In addition, some may intentionally exaggerate or downplay particular conditions or issues for their own purposes or for what they see as the greater good. (The Chamber of Commerce or local government officials might try to make economic conditions look better than they are in the hopes of attracting new business to the community, for instance.) Others may simply be mistaken about what they tell you—the geographical boundaries of a particular neighborhood, for example, or the year of an important event. Get information—particularly on issues, conditions, and relationships—from many sources if you can. As time goes on, you'll learn who the reliable sources are.
- **Beware of activities that may change people's behavior.** People (and animals as well) can change their normal behavior as a result of knowing they're being studied. Neighborhood residents may clean up their yards if they're aware that someone is taking the measure of the neighborhood. Community members may try to appear as they wish to be seen, rather than as they really are, if they know you're watching.
 - To the extent that you can, try not to do anything that will change the way people go about their daily business or express themselves. That usually means being as unobtrusive as possible—not being obvious about taking pictures or making notes, for instance. In some circumstances, it could mean trying to gain trust and insight through participant observation.

Participant observation is a technique that anthropologists use. It entails becoming part of another culture, both to keep people in it from being influenced by your presence and to understand it from the inside. Some researchers believe it addresses the problem of changing the culture by studying it, and others believe that it makes the problem worse.

- **Take advantage of the information and facilities that help shape the world of those who have lived in the community for a long time.** Read the local newspaper (and the alternative paper, too, if there is one), listen to local radio, watch local TV, listen to conversation in cafes and bars, in barbershops and beauty shops. You can learn a great deal about a community by immersing yourself in its internal communication.
 - The Chamber of Commerce will usually have a list of area businesses and organizations, along with their contact people, which should give you both points of contact and a sense of who the people are that you might want to get in touch with. Go to the library; local librarians are often treasure troves of information, and their professional goal is to spread it around. Check out bulletin boards at supermarkets and laundromats. Even graffiti can be a valuable source of information about community issues.
- **Network, network, network.** Every contact you make in the community has the potential to lead you to more contacts. Whether you're talking to official or unofficial community leaders or to people you just met on the street, always ask who else they would recommend that you talk to and whether you can use their names when you contact those people. Establishing relationships with a variety of community members is probably the most important thing you can do to ensure that you'll be able to get the information you need, and that you'll have support for working in the community when you finish your assessment and begin your effort.

Gathering Information

To find out about various aspects of the community, you'll need a number of different methods of gathering information. We've already discussed some of them, and many of the remaining sections of this chapter deal with them, because they're the same methods you'll use in doing a full community assessment. Here, we'll simply list them, with short explanations and links to sections where you can get more information about each.

- **Public records and archives.** These include local, state, and federal government statistics and records, newspaper archives, and the records of other organizations that they're willing to share. Many of the public documents are available at public and/or university libraries and online at government websites. Most communities have their own websites, which often contain valuable information as well.
- **Individual and group interviews.** Interviews can range from casual conversations in a cafe to structured formal interviews in which the interviewer asks the same specific questions of a number of carefully chosen key informants. They can be conducted with individuals or groups, in all kinds of different places and circumstances. They're often the best sources of information, but they're also time-consuming and involve finding the right people and convincing them to consent to be interviewed, as well as finding (and sometimes training) good interviewers.

Enlisting people who've spent time learning about the community can be other sources of information. University researchers, staff and administrators of health and human service organizations, and activists may all have done considerable work to understand the character and inner workings of the community. Take advantage of their findings if you can. It may save you many hours of effort.

- **Surveys.** There are various types of surveys. They can be written or oral, conducted with a selected small group—usually a randomized sample that represents a larger population—or with as many community members as possible. They can be sent through the mail, administered over the phone or in person, or given to specific groups (school classes, faith congregations, the Rotary Club). They're often fairly short and ask for answers that are either yes or no or that rate the survey-taker's opinion of a number of possibilities (typically on a scale that represents "agree strongly" to "disagree strongly" or "very favorable" to "very unfavorable.") Surveys can, however, be much more comprehensive, with many questions, and can ask for more complex answers.
- **Direct or participant observation.** Often the best way to find out about the community is simply to observe it. You can observe physical features, conditions in various areas, the interactions of people in different neighborhoods and circumstances, the amount of traffic, commercial activity, how people use various facilities and spaces, or the evidence of previous events or decisions. Participant observation means becoming part of the group or scene you're observing so you can see it from the inside.

Observation can take many forms. In addition to simply going to a place and taking notes on what you see, you might use other techniques (Photovoice, video, audio, simple photographs, drawings, and so on). Don't limit the ways in which you can record your observations and impressions.

Understanding the Community

Now let's consider what you might examine to understand and describe the community. You won't necessarily look for this information in the order given here, although it's a good idea to start with the first two.

The Community's Physical Characteristics

Get a map of the community and drive and/or walk around. (If the community isn't defined by geography, still note and observe the areas where its members live, work, and gather.) Observe both the built and the natural environment. In the built environment, here are some things to pay attention to:

- **The age, architecture, and condition of housing and other buildings.** Some shabby or poorly maintained housing may occupy good buildings that could be fixed up, for example; that's important to know. Is there substandard housing in the community? Look for new construction and new developments. Take note of where they are, and whether they're replacing existing housing or businesses or adding to it.
 - You might want to find out more about these. Are they controversial? Was there opposition to them, and how was it resolved? Does the community offer incentives to developers, and, if so, for what?
 - Is housing separated by income or other factors, so that all low-income residents, for instance, or all North African immigrants seem to live in one area away from others? Are buildings generally in good condition, or are they dirty and run-down? Are there buildings that look like they might have historic significance, and are they kept up? Are most buildings accessible to people with disabilities?
- **Commercial areas.** Are there stores and other businesses within walking distance of residential areas or of public transportation for most members of the community? Do commercial buildings present windows and displays or blank walls to pedestrians? Is there foot traffic and activity in commercial areas, or do they seem deserted? Is there a good mix of local businesses, or nothing but chain stores? Are there theaters, places to hear music, a variety of restaurants, and other types of entertainment? Do many buildings include public spaces— indoor or outdoor plazas where people can sit, for example? In general, are commercial areas and buildings attractive and well-maintained?
- **The types and location of industrial facilities.** What kind of industry exists in the community? Does it seem to have a lot of environmental impact (like noise, air or water pollution, smells, and/or heavy traffic)? Is it located close to residential areas, and, if so, who lives there? Is there some effort to make industrial facilities attractive— landscaping, murals or imaginative color schemes on the outside, and so on?
- **Infrastructure.** What condition are streets in? Do most streets, at least in residential and commercial areas, have sidewalks? Bike lanes? Are pedestrians shielded from traffic by trees, grass strips, and/or plantings? Are roads adequate for the traffic they bear? Are there footbridges across busy highways and railroad tracks, or do they separate areas of the community and pose dangers for pedestrians? Is there adequate public transportation with facilities for people with physical disabilities? Does it reach all areas of the community? Can most people gain access to the internet if they have the equipment (such as computers or properly equipped cell phones)?

This is a topic that is ripe for examination. In many rural areas, particularly in developing countries, but often in the developed world as well, there is very little infrastructure. Roads and bridges may be impassable at certain (or most) times of year, phone service and TV reception nonexistent, internet access a distant dream. Public transportation in many places, if it exists at all, may take the form of a pickup truck or 20-year-old van that takes as many passengers as can squeeze into or onto the bed, passenger compartment, and roof. Is any of this on the government's or anyone else's radar as a situation that needs to be addressed? What is the general policy about services to rural and/or poor populations? Answers to these and similar questions may both explain the situation (and the attitudes of the local population) and highlight a number of possible courses of action.

Community Demographics

Demographics are the facts about the population that you can find from census data and other similar statistical information. Some things you might like to know, besides the number of people in the community:

- Gender
- Racial and ethnic background
- Age and the numbers and percentages of the population in various age groups
- Marital status
- Family size
- Education
- Income
- Employment (Both the numbers of people employed full and part-time, and the numbers of people in various types of work)
- Location (Knowing which groups live in which neighborhoods or areas can help to recruit participants in a potential effort or to decide where to target activities.)

In the United States, most of this and other demographic information is available from the United States Census, from state and local government websites, or from other government agencies. Depending on what issues and countries you're concerned with, some sources of information might be the US Centers for Disease Control, the US Department of Health and Human Services, similar websites in other countries, and the various agencies of the United Nations.

On many of these websites, notably the United States Census, various categories can be combined, so that you can, for example, find out the income levels in your community for African American women aged 25–34 with a high school education. If the website won't do it for you, it's fairly easy to trace the patterns yourself, thus giving you a much clearer picture of who community residents are and what their lives might be like.

Another extremely useful resource is County Health Rankings & Roadmaps, which provides rankings for nearly every county in the nation. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic, and the physical environment. The County Health Rankings illustrate what we know when it comes to what's making people sick or healthy, and the new County Health Roadmaps show what we can do to create healthier places to live, learn, work and play. These reports can help community leaders see that our environment influences how healthy we are and how long we live, and even what parts of our environment are most influential.

Describing the Community

Once you've gathered the information you need, the next step is describing the community. This is not really separate from understanding the community: in the process of organizing and writing down your information, you'll be able to see better how it fits together and can gain greater understanding.

There are many ways you can create a description of the community. The most obvious is simply to organize, record, and comment on your information by category: physical description, government, institutions, and so on. You can comment about what has changed in the community over time, what has stayed the same, and where you think the community might be going. You might also include an analysis of how the various categories interact, and how that all comes together to form the community that exists. That will give you and anyone else interested a reasonably clear and objective description of the community, as well as a sense of how you see it.

For a fuller picture, you could add photographs of some of the locations, people, conditions, or interactions you describe (perhaps as a Photovoice project), as well as charts or graphs of demographic or statistical information. For even more detail, you might compose a portrait in words of the community, using quotes from interviews and stories of community history to bring the description to life.

Given the availability of technology, you don't have to limit yourself to any specific format. Computers allow you to easily combine various media, like photos, graphics, animation, text, and audio, for example. The description could add in or take the form of a video that includes a tour of the community, statements from and/or interviews with various community members (with their permission, of course), an audio voice-over, maps, and so on. A video or a more text-based description—or both—could then be posted to a website where it would be available to anyone interested.

Once you have a description put together, you might want to show it to some of the community members you talked to in the course of exploring the community. They can suggest other things you might include, correct errors of fact, and react to what they consider the accuracy or inaccuracy of your portrait and analysis of their community. With this feedback, you can then create a final version to use and to show to anyone interested. The point is to get as informative and accurate a picture of the community as possible that will serve as a basis for community assessment and any effort that grows out of it.

The last word here is that this shouldn't be the last community description you'll ever do. Communities reinvent themselves constantly, as new buildings and developments are put up and old ones torn down, as businesses move in and out, as populations shift—both within the community and as people and groups move in and out—and as economic, social, and political conditions change. You have to keep up with those changes, and that means updating your community description regularly. As with most of the rest of the community building work described in the Community Tool Box, the work of understanding and describing the community is ongoing, for as long as you remain committed to the community itself.

Audience

Once you've got a sound understanding of the community in which you will be working, it is important to begin narrowing down your audience by performing audience research.

(Centers for Disease Control and Prevention, 2014)

The process of gathering information about the audience's beliefs, motivations, and media use is often called audience research. Doing this research before starting a campaign helps the communications team identify influential messages and select effective communications channels (see an example from Illinois below). Spending some time and resources on audience research before the campaign begins guards against wasting program funds on ineffective strategies. Even the most experienced communications staff can benefit from audience research to stay up to date on changes in media preferences or social norms about tobacco use. Audience research is most useful when the communications team gathers as much information as possible about the audience. For example, programs may want to know about the following:

- Demographic information, such as age, race, ethnicity, education, and income
- Current and past cigarette smoking and other tobacco product use
- Knowledge and attitudes toward tobacco use and tobacco control
- Hobbies, interests, and other lifestyle preferences
- Preferred media channels (such as TV, newspapers, radio, or internet)
- Media use patterns (such as frequency or time of day)
- Literacy level and language preferences

Much of this information is available at little or no cost. Large-scale surveys like the Census or the Behavioral Risk Factor Surveillance System report data on population demographics and tobacco-related behaviors. State and local

health departments and coalitions often collect detailed information about the populations they serve through community assessments. The team can also talk with TV, radio, and print representatives.

Learning about the people who view and listen to their content can help select channels that will reach audience members. Market research firms also maintain databases with information about audience media use and lifestyle preferences. Although firms charge for access to this information, it is generally more cost effective for programs to use this data than to collect the data themselves.

Nonprofit and government reports and newspaper coverage of tobacco use among the intended audience can also have useful information. CDC staff and communications staff in other states can often offer advice from their experiences with campaigns focused on similar audiences. Social media monitoring complements more traditional forms of audience research. It can reveal individuals' current feelings and any misunderstandings about tobacco control issues. Many social media sites offer their own free monitoring tools (such as Twitter Analytics and Facebook Insights). Paid monitoring services are also available and may offer additional features.

Communications campaigns can be jeopardized if they try to reach too many people at once. Focusing on a smaller, more specific audience increases the chance of delivering a message that actually reaches and resonates with the audience. Dividing a large audience into smaller groups is sometimes called audience segmentation. A single audience may be broken into many different segments, but focusing on at most one or two priority segments will keep from straining existing resources.

To choose priority segments, the communications team can focus on groups that fit the following criteria:

- Most affected by the problem
- Most likely to change their behavior
- Easiest to reach with available campaign resources
- Large enough to justify a campaign
- Not already reached by existing campaigns

Communications team members can use the information collected to create a detailed profile for each priority segment. One strategy is to imagine a single member of the audience and describe that person in detail. This method uses a story of a day in the life of the audience member, describing the person's family life, community, routines, and media habits. By telling this story, the communications team can begin to understand what will work to change the audience's behavior. Once the audience profile is complete, the team can use it to refine strategies.

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 Ministry of Health (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.

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?

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 asks 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. (Macro International, Inc., 11785 Beltsville Drive, Calverton MD 20705, USA, organizations working in health phone: (301) 572-0200, fax: (301) 572-0999, email: reports@macroint.com)

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, and so on. 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.

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," meaning they do not know enough about the behavior or how to adopt it in order to do so.

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 awareness and knowledge.

Look for barriers in the following categories to give you a more complete picture of the situation:

- **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?
- **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?

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.

References

Centers for Disease Control and Prevention. (2014). Best Practices User Guides: Health Communications in Tobacco Prevention and Control. <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/health-communications-508.pdf>

Chapter 3. Assessing Community Needs and Resources | Section 2. Understanding and Describing the Community | Main Section | Community Tool Box. (n.d.). Retrieved September 27, 2023, from <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/describe-the-community/main>

O' Sullivan, G. A., Yonkier, J. A., Morgan, W., & Merritt, A. P. (2003). A Field Guide to Designing A Health Communication Strategy. John Hopkins Bloomberg School of Public Health/Center for Communication Programs. <http://ccp.jhu.edu/documents/A%20Field%20Guide%20to%20Designing%20Health%20Comm%20Strategy.pdf>



This content is provided to you freely by BYU-I Books.

Access it online or download it at

https://books.byui.edu/pubh_472_readings/chapter_3_audience_analysis.

Chapter 4: Communication Objectives & Messages

Vocabulary

Antenatal: Relating to the period before birth; pertaining to the care and medical attention given to pregnant women.

Abstinence: The act of refraining or abstaining from something, typically used to refer to avoiding certain behaviors, such as not engaging in sexual activity.

Condom: A sheath-like barrier device used during sexual activity to prevent pregnancy and reduce the risk of sexually transmitted infections (STIs).

Prenatal: Relating to the period before birth; activities, care, or development that occurs during pregnancy.

Postnatal: Relating to the period after birth; activities, care, or development that occurs after childbirth.

Breastfeeding: The practice of feeding a baby with breast milk, typically from the mother's breast.

Hormonal: Relating to hormones, which are chemical substances produced by the body that regulate various physiological functions.

Contraception: Methods or devices used to prevent pregnancy; birth control measures.

Immunization: The process of making a person immune or resistant to a particular infectious disease, usually through vaccination.

Dehydration: The condition that results from the loss of more fluids than the body takes in, leading to a lack of proper hydration and potential health problems.

Communication Objectives and Messages

Creating Objectives

(O' Sullivan et al., 2003)

This chapter provides guidance on developing behavior change objectives for each audience segment for your health communication campaign. 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.

(Nagy & Fawcett, n.d.)

There are Three Basic Types of Objectives. They are:

- **Process objectives.** These are the objectives that provide the groundwork or implementation necessary to achieve your other objectives. For example, the group might adopt a comprehensive plan for improving neighborhood housing. In this case, adoption of the plan itself is the objective.
- **Behavioral objectives.** These objectives look at changing the behaviors of people (what they are doing and saying) and the products (or results) of their behaviors. For example, a neighborhood improvement group might develop an objective for having an increased amount of home repair taking place (the behavior) and fewer houses with broken or boarded-up windows (the result).
- **Community-level outcome objectives.** These are often the product or result of behavior change in many people. They are focused on change at the community level instead of an individual level. For example, the same neighborhood group might have an objective of increasing the percentage of people living in the community with adequate housing as a community-level outcome objective.

(O' Sullivan et al., 2003)

The key to developing strategic behavior change objectives is keeping them SMART (Piotrow, Kincaid, Rimmon, & 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.

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

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

Example: Improve the knowledge of 80 percent of mothers of children up to five 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.

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

Example: Improve the knowledge of 80 percent of mothers of children up to five 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).

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

Example: Improve knowledge of 80 percent of mothers of children up to five 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.

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

Example: Improve knowledge of 80 percent of mothers of children up to five 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.

(Nagy & Fawcett, n.d.)

Why Should You Create Objectives?

There are many good reasons to develop objectives for your initiative. They include:

- Having benchmarks to show progress.
- Completed objectives can serve as a marker to show members of your organization, funders, and the greater community what your initiative has accomplished.
- Creating objectives helps your organization keep focused on initiatives most likely to have an impact.
- Keeping members of the organization working toward the same long-term goals.

(O' Sullivan et al., 2003)

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

Use the written description of the intended audience 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. At this point, you may need to clarify further the intended audience's behavior.

Step 2: Stating How Much the Behavior Will Change

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* (i.e. Improve knowledge of 80 percent of mothers of children up to 5 years of age about proper hand washing), given the overall context of the program and the resources available, consider the following:

- 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 following ways:

- 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 in the following ways:

- 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.

Give a numerical or percentage change expected.

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.

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.

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

Example: Developing Objectives Worksheet

You may wish to use the following example and worksheet to help you outline and create informed objectives for your health communication campaign.

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 Family Planning (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 seven months (May-November 1994). It is the first in a series of campaigns.	
What is the amount of change that will be achieved in this timeframe? (State current level and the desired objective.)	From This: 5.4 percent new adopters of FP methods	To This: Seven 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 That
Obtain information on reproductive health through media.	24 percent	60 percent
Intention to use FP	25 percent	29 percent

Creating A Message Brief

(O' Sullivan et al., 2003)

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.

Message Design

(O' Sullivan et al., 2003, p. 124)

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

(O' Sullivan et al., 2003)

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.

(O' Sullivan et al., 2003, p. 127)

Step 1: Identifying the Key Fact

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 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 do the following:

- 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.

(O' Sullivan et al., 2003)

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. 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.

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.

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.

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 the “Strategic Approach” section (see below). 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.

Positioning

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 includes the following:

- 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.

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.

The Strategic Approach section 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 “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.

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.

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 or users: Create an image for an audience that the service or product is only for them. *Youth-friendly clinics geared to provide reproductive health services for adolescents.*
4. By use: When and where is a service or product being used? *National Immunization Days—specific dates when immunization are given.*
5. Against a category: Position a product or service against the entire spectrum of products or services in that category. *Ward 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 start. 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.*

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.

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.

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.

Step 6: Describe 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 the following questions:

- 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?

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 also be used specifically as an advertising slogan or as a counseling message or can be built into community-based activities.

(Centers for Disease Control and Prevention & Agency for Toxic Substances and Disease Registry, 2018)

A key message is like your elevator pitch. It’s a short, memorable sentence or two that conveys exactly what you want your target audience to know and understand. Every communication product needs at least one key message.

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 (*O’ Sullivan et al., 2003*).

(Centers for Disease Control and Prevention & Agency for Toxic Substances and Disease Registry, 2018)

What does a key message look like?

Key messages are the following:

- Few in number: Limit your key messages to three.
- Short and concise: Each key message should be no more than one or two sentences.
- Memorable: Messages should be both simple enough and original enough for the audience to remember.
- Focused on a specific topic: Avoid over explaining or including lots of background information.
- Consistent: Use repetition to make your key messages stick.

(O'Sullivan et al., 2003)

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: 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 single most important benefit that we want our messages to deliver	Some procedures protect you from pregnancy for up to five years (Norplant) or a lifetime (vasectomy and TL).
3. The support , or reason to believe the promise	<ul style="list-style-type: none">• 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 ultimate and lasting impression that the audience ideally will have after hearing or seeing the message	<ul style="list-style-type: none"> • “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	<ul style="list-style-type: none"> • Happy, satisfied, sexually competent, healthy
7. The key message points that will be included in all communication delivered by the partners* implementing the strategy	<ul style="list-style-type: none"> • The methods are safe. • The 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, and so on.

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.

(Centers for Disease Control and Prevention & Agency for Toxic Substances and Disease Registry, 2018)

Talking Points

What is a talking point?

A talking point is a fact, figure, or story that supports a key message.

When do I use a talking point?

Talking points are developed as needed to help explain a complicated event or issue.

What does a talking point look like?

Talking points are:

- Supported with research or data: Talking points offer numbers, facts, and figures.
- Limited in number: Keep talking points to five or fewer for each key message.
- More specific than key messages: Talking points offer more insight.
- Consistent with the key message: Talking points prove the key message to be true.
- Easy to understand: The tone is conversational and jargon-free.

Talking Point Example

The following example lists talking points to support the key messages related to NCEH or ATSDR's PV investigation in Eastern Pennsylvania.

1. Key message: Protecting public health is ATSDR's top priority.

Talking points:

- ATSDR has been investigating PV in Eastern Pennsylvania since 2006.
- ATSDR responded immediately when the Pennsylvania Department of Health asked us to investigate PV in Eastern Pennsylvania.
- ATSDR has secured grants and worked with experts to carry out the investigation.

2. Key message: ATSDR identified a cluster of PV cases in Eastern Pennsylvania.

Talking points:

- ATSDR is now conducting 14 research projects and four non-research projects.
- The projects are based on the recommendations of an expert panel that identified four areas for investigation: epidemiology, genetics, toxicology, and environmental analysis.

3. Key message: ATSDR is still investigating the cases.

Talking points:

- We expect fieldwork for the projects will be completed in Fall 2012.
- We'll present research findings and reports at future public meetings as the projects are completed.

References

Centers for Disease Control and Prevention & Agency for Toxic Substances and Disease Registry. (2018). Health Communication Playbook: Resources to Help You Create Effective Materials. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/nceh/clearwriting/docs/health-comm-playbook-508.pdf>

Nagy, J., & Fawcett. (n.d.). Chapter 8. Developing a Strategic Plan | Section 3. Creating Objectives | Main Section | Community Tool Box. Community Tool Box. Retrieved September 27, 2023, from <https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/create-objectives/main>

O' Sullivan, G. A., Yonkier, J. A., Morgan, W., & Merritt, A. P. (2003). A Field Guide to Designing A Health Communication Strategy. John Hopkins Bloomberg School of Public Health/Center for Communication Programs. <http://ccp.jhu.edu/documents/A%20Field%20Guide%20to%20Designing%20Health%20Comm%20Strategy.pdf>



This content is provided to you freely by BYU-I Books.

Access it online or download it at

https://books.byui.edu/pubh_472_readings/chapter_4_communication_objectives_messages.

Chapter 5: Methods and Evaluation

Vocabulary

Lifestyle: The way in which a person or group lives, including their habits, behaviors, and chosen activities.

Prestigious: Having a high reputation or esteemed status, often associated with success, influence, or excellence.

Policymakers: Individuals or groups responsible for creating and implementing policies, rules, or laws, especially in government or organizational settings.

Lifespan: The total duration of a person's life or the length of time that something exists or functions.

Funders: Individuals, organizations, or entities that provide financial support or funding for projects, activities, or initiatives.

Coalition: A temporary alliance or partnership between different groups, organizations, or individuals for a common purpose or goal.

Demographic: Characteristics that describe a population, such as age, gender, income, education, and other defining factors.

Illegible: Difficult or impossible to read; handwriting or text that is unclear or not easily understood.

Wholesaler: A business or person that sells goods in large quantities to retailers or other businesses rather than directly to consumers.

Retailer: A business or person that sells goods or services directly to consumers; the final step in the distribution chain before products reach the end user.

Methods and Evaluation

Methods: Communication Channels

(O' Sullivan et al., 2003)

You will spend the bulk of your communication budget on creating materials and placing them in the most suitable channels and on using the most appropriate tools for communicating to audiences. This chapter will help you select the communication channels and tools that are most likely to move the strategic approach forward in the most cost-efficient manner.

Step 1: Choosing the Channels That Are the Most Likely to Reach the Intended Audience

Health communicators have defined communication channels as modes of transmission that enable messages to be exchanged between “senders” and “receivers.”

The various types of communication channels are as follows:

- Interpersonal Channels, which include one-to-one communication, such as provider to client, spouse to spouse, or peer to peer.
- Community-Based Channels, which reach a community (a group of people within a distinct geographic area, such as a village or neighborhood, or a group based on common interests or characteristics, such as ethnicity or occupational status). Here are the forms of community communication:
 - Community-based media, such as local newspapers, local radio stations, bulletin boards, and posters.
 - Community-based activities, such as health fairs, folk dramas, concerts, rallies, and parades.
 - Community mobilization, a participatory process of communities identifying and taking action on shared concerns.
- Mass Media Channels, which reach a large audience in a short period of time and include:
 - Television
 - Radio
 - Newspapers
 - Magazines
 - Outdoor or Transit Advertising
 - Direct Mail
 - The Internet

The following is a table that outlines the types of channel, audience reached, and its advantages and disadvantages:

Channel	Audience Reached	Advantages	Disadvantages
Interpersonal Channels			
Providers to clients, spouse to spouse, peer to peer	Individuals	May be the most credible source because it is face-to-face communication. Most participatory. Highly effective.	Is difficult to control messages. Requires expert training by a communicator. Is costly to scale up. Takes a long time to build reach.
Community Channels			

Community media (community newspaper, local radio)	Men, women, children	Participatory. May be more credible than mass media because it is localized. Low cost.	Costly to scale up. Low reach beyond the immediate community. Low frequency. One-way communication.
Community activities (folk drama, group meetings, rallies, community advocacy or mobilization)	Audience segments	Participatory. May have more credibility than mass or community media because they engage the audience. Stimulates institutionalization of community structures. Encourages sustainability of effort. Low cost.	Costly to scale up. Low reach. Low frequency.
Mass Media Channels			
Television	Households. Families (men, women, adolescents, children)	Comes into homes—can spur family discussion. Reaches a large percentage of the intended audience. Delivers the maximum impact (sight, sound, motion). cost-efficient.	Expensive production costs. Initially more urban than rural. May be too costly at certain times of the year. Prime time may be prohibitive; other time slots may not reach many audience members.
Radio	Individuals, families, adolescents	Used as a personal medium in many countries. Delivers frequency. May be used to build reach. Reinforces TV messages. Can be highly creative. Less expensive than TV. Can send messages in the local language.	Fragmented. Costly to build reach when there are many different stations covering one area. No visuals. Not always easy to buy in all parts of the country.
Magazines	Men, women, youth	Segmented to reach different audiences by lifestyle, demographics, and attitudes. Reproduction value/color. Pass-along readership. Prestigious.	Long lead time. Low frequency. For literates only. More upscale.
Newspaper	Well-educated men and women, policymakers	Mass medium. Timely. Message length. Influential. Flexible sizing.	For literates only. Reproduction quality. Poor photo reproduction. Short lifespan. May not be cost-efficient.
Outdoor or transit (Billboards, bus advertising)	Men and women	Good for identification or awareness building. High traffic areas. Very brief message. Reinforcement of other media messages.	Limited time of exposure. Limited message content. Is not very durable.

(U.S. Department of Health and Human Services et al., 2018)

Other channels may include, but are not limited to the following:

Social networking

Social networking services allow users to create online profiles and build social networks with others who share similar personal or professional interests and activities.

- **Facebook** remains the most popular social media platform—two out of three adults report they use it. Users interact with friends, family, and others with similar interests.
- **X** (formerly known as Twitter) is a news and social networking service that uses short messages (280 characters) called tweets. One out of four adults use it, and it's particularly popular among younger adults.

Image Sharing

Image sharing is an engaging way to present content. Remember to use copyright-free images when possible.

- **Instagram** allows you to share pictures and videos publicly or privately. You can also share media from your Instagram account on Facebook, Twitter, and Tumblr. This platform is especially popular with younger audiences—71% of people ages 18–24 use it.
- **Pinterest** is a visual discovery tool you can use to create and share collections of visual bookmarks called “boards.” Pinterest users pin visuals to boards and share them with followers. This platform is more than twice as popular with women than men.
- **Snapchat** is a social messaging application that lets users personalize and share photos and video clips with friends. Like Instagram, Snapchat is most popular with younger adults—78% of people ages 18–24 use it.

Online video sharing

While not always classified as social media, online video platforms are a great way to share tailored health messages.

- **YouTube** is the number-one site for sharing and watching videos—three out of 4 adults use it. It's great for reaching a large audience quickly.
- **Vimeo** works similarly to YouTube. It has a smaller archive of videos, but they tend to be more targeted for specific audiences.

New Media Tools

You can share these tools on social media to link to relevant resources.

- **Podcasts** can be an effective way to deliver health information to target audiences, similar to radio programs. Visit the CDC podcasts page to browse hundreds of podcasts on a variety of health and safety topics.
- **Infographics** are visual representations of data, which can make complex information much easier to understand. For examples, check out the CDC Infographic page.

Tools to Support Social Media

You can use these helpful tools to coordinate and enhance your social media use.

- **Hootsuite** is a social media management tool that features a dashboard-style interface. You can manage multiple social media profiles with one account—including Twitter, Facebook, LinkedIn, Instagram, and other platforms. Hootsuite helps you keep your social media efforts up to date and organized, and it allows you to schedule posts in advance. It also offers basic analytics for the accounts you’ve synced.
- **TweetDeck** is a dashboard-style interface that helps you manage your Twitter accounts. It features customizable columns that let you filter content by lists, mentions, trends, favorites, particular hashtags of interest, and more. Like Hootsuite, you can also use TweetDeck to schedule tweets in advance.
- **Bitly** is a link-managing tool you can use to shorten URLs for Twitter, text, or other forms of social networking. You can also track basic analytics for the links you create. It’s particularly useful when developing Twitter content, but be aware that bitlinks no longer distinguish between government and nongovernment links.

Brainstorming Channel Opportunities

To start developing a channel strategy, write down opportunities (or openings) for sending your message during a typical day in the life of your audience.

Typical times might include early morning, midmorning, midday, early afternoon, late afternoon, early evening, dinner, late evening, special events (list day, week, or month), seasonal opportunities (harvest time, holiday season).

(O’ Sullivan et al., 2003)

Evaluate the Best Strategic Approach for the Channel Mix

Your next decision is to decide the focus of the channel mix. What is the best way to reach the intended audience, based on the objectives you’ve created? Should you focus on building reach, building frequency, or maximizing both?

Build Reach Quickly

Do you want to reach as many different people in the audience segment as quickly as possible? If so, the channel mix will be based on reach. This approach means that the lead channels selected are ones that can reach a large number of people in a short period of time. In some countries, television is considered such a medium. In other countries, it is radio. Community events can reach a large number of people within a community, but the frequency of message exposure is limited to the timeframe of the event and to the number of events planned for a community.

Emphasize Frequency

Should the channel mix be one that steadily conveys a message to build recall over a long period of time? If so, emphasize frequency, and use a medium that may not reach as many people quickly but is affordable enough to repeat messages regularly over an extended period of time. Radio in many countries is a good example of a channel that helps to build frequency. Radio advertising is relatively inexpensive, and radio spots can be repeated over and over during a campaign. Interpersonal communication (IPC) at a health clinic is a way to build frequency by ensuring that different levels of health providers reinforce the messages and by repeating the messages at each provider visit.

Combine Reach and Frequency

To build reach, but not at the expense of minimizing frequency, consider using an equal combination of these approaches. You will reach a large number of people on an ongoing basis. In some countries, a combination of television, radio, community events, and IPC is a way to build both reach and frequency at the same time.

Evaluate Each Channel's Capacity to Reach the Audience in the Most Cost-Efficient Manner

A good channel mix balances a variety of factors, such as the size of the audience reached and the cost of reaching this audience. To compare each channel on a cost-efficiency basis, divide the cost of placing the message by the audience reached.

The Multichannel Approach

Research has demonstrated that a multichannel approach has a better chance of changing behavior than a single channel approach (Piotrow, Kincaid, Rimon, & Rinehart, 1997). In addition, a multichannel approach—especially an approach that uses mass media—can achieve objectives more quickly. Using several channels enables you to reach more people and to reach people in different environments with more frequency. The combination of multiple channels also offers a synergy to the campaign and gives it more impact. It is important for the primary audience as well as for other secondary and influencing audiences, who will most likely be exposed to these same messages. This exposure will, in turn, help to reinforce in them the necessity of supporting the campaign.

Select a Lead Channel and Supporting Channels, With a Rationale for Each

You must determine which channel will be the lead channel and which ones will serve as supporting channels. Just as a locomotive pulls the other cars on a train, the lead channel will be the engine that pulls the other channels with it. Think about your worksheets as you answer the following questions:

- Which channel will reach the largest proportion of the intended audience?
- Which channel will fit the message brief most appropriately?
- Which channel will achieve the greatest impact?

Although a mass medium may reach more people, it may not always make sense to choose it as a lead channel.

See the following example in the table used to determine the lead channel and supporting channels.

Example: Ghana's "Life Choices"

In Ghana, a demand generation strategy for family planning (FP) was designed to encourage the use of modern contraceptives among several audience segments: young sexually active unmarried adults, young married adults who wanted to space the number of children that they planned to have, and more mature married adults who wanted to limit the number of children that they had. Since the strategic approach was to associate FP with the ability to achieve life goals and since the messages were designed to focus on specific characters, television became the lead channel to help deliver the story of each character's life goal and subsequent FP choice.

My Lead Communication Channel Is:	Because...
1. Television	Television reaches a vast majority of all audience segments and has the dynamic of sight, sound, and motion to relate each character's story. Television enables each story to come to life.
Other Communication Channels Are:	Because...

2. Radio	Radio can support the story that is relayed in the television and also can reach audience segments unreached through television. It can also help to tell other stories using different characters in local languages.
3. Outdoor Billboards	Outdoor billboards can remind the audience of the characters being portrayed on television and can reinforce the simple tag line: "It's Your Life. It's Your Choice."
4. Interpersonal Communication (IPC) Materials	Materials can reach those specifically interested in learning more about FP methods and can reinforce the "Love Choices" theme.
5. Community Outreach	Satisfied users will support the "Life Choices" theme through outreach events and seminars, will relate their "Life Choices" story, and at the same time will advocate for FB method of choice.

Evaluating Health Communication Campaigns

Evaluating health communications tells programs and partners if campaigns are going as planned and achieving goals. Evaluating campaign progress by tracking activities helps determine if messages are reaching the intended audience and how to improve the campaign. This is sometimes called process evaluation. It can salvage an ineffective campaign by allowing the communications team to quickly respond to failing strategies. **Evaluating campaign outcomes helps programs determine if objectives were met** (*Centers for Disease Control and Prevention, 2018*).

Your evaluation system should address simple questions that are important to your community, your staff, and (last but not least!) your funding partners. Try to think about financial and practical considerations when asking yourself what sort of questions you want answered. The best way to insure that you have the most productive evaluation possible is to come up with an evaluation plan. (*Chapter 36. Introduction to Evaluation / Section 5. Developing an Evaluation Plan / Main Section / Community Tool Box, n.d., p. 36*)

(*Chapter 7, Section 8. Identifying and Analyzing Stakeholders and Their Interests, n.d.; Chapter 36. Introduction to Evaluation / Section 5. Developing an Evaluation Plan / Main Section / Community Tool Box, n.d., p. 36*)

Brainstorm Program Stakeholders

Stakeholders are those who may be affected by or have an effect on an effort. They may also include people who have a strong interest in the effort for academic, philosophical, or political reasons, even though they and their families, friends, and associates are not directly affected by it.

One way to characterize stakeholders is by their relationship to the effort in question.

- **Primary stakeholders** are the people or groups that stand to be directly affected, either positively or negatively, by an effort or the actions of an agency, institution, or organization.
 - **Example:** In some cases, there are primary stakeholders on both sides of the equation: a regulation that benefits one group may have a negative effect on another. A rent control policy, for example, benefits tenants but may hurt landlords.
- **Secondary stakeholders** are people or groups that are indirectly affected, either positively or negatively, by an effort or the actions of an agency, institution, or organization.
 - **Example:** A program to reduce domestic violence, for instance, could have a positive effect on emergency room personnel by reducing the number of cases they see. It might require more training for police to help them handle domestic violence calls in a different way. Both of these groups would be secondary stakeholders.
- **Key stakeholders**, who might belong to either or neither of the first two groups, are those who can have a positive or negative effect on an effort, or who are important within or to an organization, agency, or institution engaged in an effort.
 - **Example:** Funders, elected or appointed government officials, heads of businesses, or clergy and other community figures who wield a significant amount of influence.

Take some time to make a list of your project or initiative's stakeholders, as well as which category they fall into.

- **Community groups:** Perhaps this is the most obvious category of stakeholders, because it includes the staff and/or volunteers involved in your initiative or project. It also includes the people directly affected by it: your target audience and agents of change.
- **Grantmakers and funders:** Grantmakers exist on an international, national, state, and local level and may be private companies and foundations, or local, county, state, or federal government organizations (*Chapter 9. Developing an Organizational Structure for the Initiative / Section 1. Organizational Structure: An Overview / Main Section / Community Tool Box, n.d.*).
- **University-based researchers:** This includes researchers and evaluators that a coalition or initiative may choose to bring in as consultants or full partners. Such researchers might be specialists in public health promotion, epidemiologists, behavioral scientists, specialists in evaluation, or some other academic field (*Chapter 36. Introduction to Evaluation / Section 5. Developing an Evaluation Plan / Main Section / Community Tool Box, n.d., p. 36*).

Each type of stakeholder will have a different perspective on your organization as well as what they want to learn from the evaluation. Every group is unique, and you may find that there are other sorts of stakeholders to consider with your own organization. Take some time to brainstorm about who your stakeholders are before you begin making your evaluation plan (*Chapter 36. Introduction to Evaluation / Section 5. Developing an Evaluation Plan / Main Section / Community Tool Box, n.d.*).

(*Chapter 36. Introduction to Evaluation / Section 5. Developing an Evaluation Plan / Main Section / Community Tool Box, n.d., p. 36*)

How to Develop An Evaluation Plan

Four Main Steps to Developing an Evaluation Plan:

- Clarifying program objectives and goals
- Developing evaluation questions
- Developing evaluation methods
- Setting up a timeline for evaluation activities

Clarify Program Objectives and Goals

The first step is to clarify the objectives and goals of your initiative. What are the main things you want to accomplish, and how have you set out to accomplish them? Clarifying these will help you identify which major program components should be evaluated.

Develop Evaluation Questions

For our purposes, there are four main categories of evaluation questions. Let's look at some examples of possible questions and suggested methods to answer those questions. Later on, we'll tell you a bit more about what these methods are and how they work

- **Planning and implementation issues:** How well was the program or initiative planned out, and how well was that plan put into practice?
 - **Possible questions:** Who participates? Is there diversity among participants? Why do participants enter and leave your programs? Are there a variety of services and alternative activities generated? Do those most in need of help receive services? Are community members satisfied that the program meets local needs?
 - **Possible methods to answer those questions:** Monitoring system that tracks actions and accomplishments related to bringing about the mission of the initiative, member survey of satisfaction with goals, or a member survey of satisfaction with outcomes.
- **Assessing attainment of objectives:** How well has the program or initiative met its stated objectives?
 - **Possible questions:** How many people participate? How many hours are participants involved?
 - **Possible methods to answer those questions:** Monitoring system (see above), member survey of satisfaction with outcomes, or goal attainment scaling.
- **Impact on participants:** How much and what kind of a difference has the program or initiative made for its targets of change?
 - **Possible questions:** How has behavior changed as a result of participation in the program? Are participants satisfied with the experience? Were there any negative results from participation in the program?
 - **Possible methods to answer those questions:** Member survey of satisfaction with goals, member survey of satisfaction with outcomes, behavioral surveys, or interviews with key participants.
- **Impact on the community:** How much and what kind of a difference has the program or initiative made on the community as a whole?
 - **Possible questions:** What resulted from the program? Were there any negative results from the program? Do the benefits of the program outweigh the costs?
 - **Possible methods to answer those questions:** Behavioral surveys, interviews with key informants, or community-level indicators.

Developing Evaluation Methods

Once you've come up with the questions you want to answer in your evaluation, the next step is to decide which methods will best address those questions. Here is a brief overview of some common evaluation methods and what they work best for.

(Chapter 38. Some Methods for Evaluating Comprehensive Community Initiatives / Section 2. Gathering Information: Monitoring Your Progress / Main Section / Community Tool Box, n.d.)

Monitoring and feedback system

This method of evaluation has three main elements:

- **Process measures:** Process measures are the activities that take place during the initiative which help you determine how well things are going.
 - Examples:
 - **Members who participate:** The number and type of participants, frequency of attendance, and turnover rate of the members.
 - **Example:** At the last general meeting of the initiative, 17 people attended. Of these folks, 10 were regular members, and 7 were sitting in on a meeting for the first time.
 - **Planning products:** Written objectives, by-laws, or committees that contribute to the initiative.
 - **Example:** The action plan for the coalition was approved by the coalition and will be implemented immediately.
 - **Media coverage:** By radio, television, and print media.
 - **Example:** Several five minute radio spots describing one of your group's projects aired on a local FM radio station.
 - **Financial resources:** Grants or donations. Financial resources also can include in-kind services, such as free advertising or products that an individual or business might offer instead of money.
 - **Example:** \$8000 was received at a \$50 per plate lunch that was held to raise money for local drug and alcohol abuse efforts.
 - **Services that are ultimately provided:** classes, programs, workshops, publications or other services or communications provided for the community by the initiative.
 - **Example:** Nutrition education workshops were conducted by child care providers.
 - **Community actions:** Actions taken to encourage change in the community.
 - **Example:** Merchants were asked to display signs describing the penalty for selling alcohol to minors and the need for proper identification.
- **Outcome measures:** Explain the overall impact that occurs as a result of these individual actions. Outcome measures highlight the changes that happen in the community as a result of the work done by your initiative.
 - Examples:
 - **Changes in programs,** such as a new or modified service program.
 - **Example:** A parenting class was implemented by the initiative.
 - **Changes in policies,** such as a new or modified policy.
 - **Example:** A city ordinance was passed requiring owners of cigarette vending machines to place on every machine a sign that states "No cigarette sales to minors." The legislation was introduced at the urging of the Law Enforcement and Government Committee.
 - **Changes in practices,** such as a new or modified practice.
 - **Example:** Merchants displayed signs describing the penalty for selling alcohol to minors and the need for proper identification.
- **Observational system:** This is whatever you do to keep track of the initiative while it's happening.

- Examples:
 - **Event logs** are written accounts of the major activities of the initiative. They might also be used to record any changes in the community brought about by the initiative, such as new programs, policies, or practices related to the initiative's goals and mission.

(Chapter 36. Introduction to Evaluation / Section 5. Developing an Evaluation Plan / Main Section / Community Tool Box, n.d., p. 36)

Goal attainment report

If you want to know whether your proposed community changes were truly accomplished—and we assume you do—your best bet may be to do a goal attainment report. Have your staff keep track of the date each time a community change mentioned in your action plan takes place. Later on, someone compiles this information (for example, "Of our five goals, three were accomplished by the end of 1997.")

Behavioral surveys

Behavioral surveys help you find out what sort of risk behaviors people are taking part in and the level to which they're doing so. For example, if your coalition is working on an initiative to reduce car accidents in your area, one risk behavior to do a survey on will be drunk driving. The surveys should be distributed regularly so you can keep your finger on the pulse of the community.

Interviews with key participants

Key participants—leaders in your community, people on your staff, and so on—have insights that you can really make use of. Interviewing them to get their viewpoints on critical points in the history of your initiative can help you learn more about the quality of your initiative, identify factors that affected the success or failure of certain events, provide you with a history of your initiative, and give you insight which you can use in planning and renewal efforts.

Community-level indicators of impact

These are tested-and-true markers that help you assess the ultimate outcome of your initiative. For substance use coalitions, for example, the US Centers for Substance Abuse Prevention (CSAP) and the Regional Drug Initiative in Oregon recommend several proven indicators (such as single-nighttime car crashes, emergency transports related to alcohol) which help coalitions figure out the extent of substance use in their communities. Studying community-level indicators helps you provide solid evidence of the effectiveness of your initiative and determine how successful key components have been.

Set Up a Timeline for Evaluation Activities

Evaluation isn't something you should wait to think about until after everything else has been done. To get an accurate, clear picture of what your group has been doing and how well you've been doing it, it's important to start paying attention to evaluation from the beginning.

We suggest completing a table listing:

- **Key evaluation questions** (the five categories listed above, with more specific questions within each category)
- **Type of evaluation measures** to be used to answer them (what kind of data you will need to answer the question?)
- **Type of data collection** (what evaluation methods you will use to collect this data)

With this table, you can get a good overview of what sort of things you'll have to do in order to get the information you need.

Example Table: Evaluation Questions and Methods

Here is a sample table of some of the questions from the evaluation plan of Youth Enrichment Services (YES), an organization that provides urban young people with services that encourage them to explore, challenge themselves physically and mentally, and interact with positive role models:

		Type of Data Collection*				
Key Evaluation Question(s)	Type of Management Information and Evaluation Measure(s)	Survey / Scale	Structured interview	Self Report / Log	Direct Observation	Archival Records
Planning and Implementation Issues	Descriptive and Process Measures					
1. Who participates? Is there diversity among the participants?	1. Basic demographic data (age, gender, disability, race, economic status, and so on) on participants.	X	X			
2. Why do participants enter and leave the program?	2. Information on participants' reasons for entering and leaving the program.	X	X			
3. Are there a variety of service and alternative activities generated?	3. Frequency of different types of service provided and alternative activities generated.			X	X	X
Assessing Attainment of Objectives	Outcome Measures					
1. How many people participate?	1. Number of people participating.			X	X	X

2. How many hours are participants involved in service and activities?	2. Number of hours of participation by type of activity.			X	X	X
3. How many people are trained in cultural awareness and sensitivity?	3. Number of people trained in cultural awareness and sensitivity.			X	X	X
Impact on Participants						
1. How do behavior and attitudes change as a result of participation in the program?	1. Changes in programs, policies, and practices of affiliated organizations, and other outcomes.	X	X	X	X	X
2. Does participation affect the incidence of problems?	2. Incidence of problems in living (substance use, gang involvement, and so on).	X	X			X
3. Are participants satisfied with the experience?	3. Satisfaction ratings from participants.	X				
Impact on Community						
1. What resulted from the program?	1. Changes in programs, policies, and practices of affiliated organizations, and other outcomes.	X	X	X	X	X
2. Do the benefits of the program outweigh the costs?	2. Cost benefit data.		X	X		X

3. Are community members satisfied with the participants and the service they provided?	3. Satisfaction ratings from beneficiaries and community members.	X				
---	---	---	--	--	--	--

* Please note that the categories of types of data collection use broader terms than we've used to describe evaluation methods; here are some examples of methods that fall under these categories:

- **Survey and Scale:** For example, member survey of satisfaction with goals, member survey of satisfaction with process, member survey of satisfaction with outcomes, and behavioral surveys.
- **Structured Interview:** An interview with key participants.
- **Staff Report and Log:** This could be a monitoring system or goal attainment report.
- **Direct Observation:** This refers to the direct observation of behavior by researchers
- **Archival Records:** These can be community-level indicators of impact.

**Here are explanations of these terms:

- **Case Study:** An in-depth, start-to-finish analysis of a person, group, or community that focuses on developmental factors in relation to environment—good for answering "how" or "why" questions
- **Pre- or Post-test Control Group:** Monitoring a group of people who fit into your group's target population who you don't expose to your initiative, so that you can compare them with the people who were part of the initiative, helping you get a better idea of how much real impact you've made
- **Time Series:** effects are measured from a long series of repeated measurements taken both before and after an initiative

(O' Sullivan et al., 2003, p. 195)

Identifying the Scope and Type of Evaluation

Determining the appropriate scope and type of evaluation that is both needed and possible is a key element in strategic design. At the basic level, evaluation serves these purposes:

- Finding out whether the implementation activities spelled out in the work plan were actually carried out (**process evaluation** or monitoring)
- Determining whether the objectives set forth in the strategy were achieved (**impact assessment**).

The objectives of your campaign guides every stage of evaluation. An objective of changing individual behavior requires an evaluation that will measure individual behavior over time; a policy objective of passing specific legislation will require a means to determine whether or what part of that legislation became law; and an objective of stimulating community activism will require from the start measures or indicators of community activism.

(O' Sullivan et al., 2003)

Planning for Monitoring and Impact Assessment

Chronologically, once objectives have been established, evaluation must address the following:

- First, monitoring of program activities and outputs
- Second, impact assessment

Each of these types of evaluation requires different actions and skills.

Process Evaluation or Monitoring

Monitoring is essential to be sure that the program is being carried out as planned and that no unintended, unforeseen, or unexpected events or shifts are taking place.

Monitoring requires attention to process, performance, and—to a lesser extent, outcomes:

- **Process monitoring**—Here evaluators must measure whether activities occurred with the planned frequency, with the planned intensity, with the appropriate timing, and as directed to reach the intended audience. Ideally, monitoring begins at the start of the program activities and continues throughout the length of a program or campaign. Retrospective monitoring is less reliable than ongoing monitoring.
- **Performance monitoring**—The quality, quantity, and distribution of communication outputs must be closely followed. For example, were the expected number of posters printed and distributed to the designated locations? Were the expected number of health care providers or others trained in the proper use of communication materials? Did all members of the management and communication team carry out their functions as planned? Were the quality and volume of the outputs—posters, serial dramas, and/or community events—at the expected and desired levels? In what ways did the performance of the management team meet expectations and work plan requirements? These measures of both process and performance monitoring should be as specific and as quantitative as possible, since it would be impossible to determine the success of the strategy if, in fact, it was not carried out as planned.
- **Outcome monitoring**—Here the evaluation focus shifts from activities and actions back toward original objectives. If the objectives were increased attendance at certain specific clinics, increased purchase of certain products, or increases or decreases in a specified behavior, such as partner reduction or condom use, to what extent did these changes take place? During the monitoring process, extensive surveys may not be possible, but onsite observation and interviews are important to ensure that expected outcomes are beginning to take place. Unintended outcomes, different from those identified as original program objectives, would immediately call for close attention, feedback to program directors, and, if necessary, changes in either implementation or strategy.

Impact Assessment

Impact assessment seeks to answer the question “Did the communication strategy achieve the specified objectives?” Impact assessment then goes on to look at the difference that the strategy made in the overall program environment. Impact evaluation measures the impact on audiences and determines how to improve future projects.

Indicators

The first step in impact evaluation is to determine the indicators you will use to determine whether your objectives have been achieved. Examples of individual-level indicators for the behavior change communication strategies include the following (Bertrand & Escudero, 2002):

- Percent of audience with a specific attitude (toward a product, practice, or service)
- Percent of audience who believe that their spouses, friends, relatives, and community approve (or disapprove) of a product, practice, or service
- Percent of non-users who intend to adopt a certain practice in the future
- Percent of audience who are confident that they can adopt a particular behavior

At a broader social level, the indicators listed below can be used to measure social change. Some of these indicators are measured qualitatively and others are more appropriately measured through quantitative techniques:

Indicators of Social Change

- Leadership
- Degree and equity of participation
- Information equity
- Collective self-efficacy
- Sense of ownership
- Social cohesion
- Social norms

A key issue in impact assessment is the research design or plan for the evaluation, which must be determined early in the project. Traditionally and particularly in biomedical research, the so-called Gold Standard for impact assessments is an experimental design in which individuals or communities are randomly assigned to be involved or not to be involved in a specific intervention. After the intervention is complete, the difference between those involved in the intervention and those not involved determines the impact of the project.

Identifying the Evaluation Design and Sources of Data

When considering how the evaluation of a communication effort should be designed and which sources of data will be used, it is helpful to keep the conceptual framework to the left in mind.

Levels of Measurement

The evaluation of strategic communication depends upon the collection of data at different levels relevant to the objectives of the program. Here are the two major levels of measurement for communication evaluation data:

- Population-based
- Program-based

Population-based measurement is useful in tracking initial, intermediate, and long-term outcomes. For example, surveys among the intended audience measure self-reported exposure, knowledge, attitudes, emotions, and other factors that are often precursors to behavior change (known as initial outcomes).

Surveys can also track changes in behavior or practice over the life of a project (intermediate outcomes). These intermediate outcomes in turn influence the long-term outcomes related to health status, such as fertility or mortality rates. The following example on Zimbabwe measured both initial and intermediate outcomes. The one from Bolivia also included the long-term outcome of infant mortality.

Program-based measurement depends upon the collection of service statistics, sales data, client exit interviews, interviews or observations within clinic or service settings, and possibly a review of organizational and management factors relevant to program performance.

Types of Data Needed

In assessing communication programs, it is important to collect different types of data. Since communication affects individuals, groups, and communities, it is important to gather quantitative and qualitative information as well as information relevant to the appropriate unit of analysis.

• Quantitative data

These data can be derived from surveys, service statistics, or sales data and involve active measures to gather information from individuals, communities, sites, or facilities in sufficient quantity, quality, and relevance for further analysis. None of these are easy to collect or without problems.

- **Surveys**—The most common form of quantitative data with respect to strategic communication and behavior change is derived from surveys among randomly selected individual respondents. Surveys are a complex, highly specialized form of operational research that require implementation by experts.
- **Service Statistics**—Collection of service statistics may appear as a relatively easy task to be undertaken by visiting various facilities. In practice, however, service statistics have usually proved less satisfactory than surveys conducted by experienced survey researchers. Problems in the use of service statistics include the following:
 - Different degrees of accuracy and completeness in maintaining service statistics
 - Different definitions of terms, such as initiation and continuation, as well as change in practices by different facilities
 - Illegible or incomprehensible records
 - Inaccessible records
 - Gaps in key data

Improvement of service statistics through management information systems is a continuing goal which might simplify the evaluation of some strategic communication programs, but it remains an ideal rather than an actuality in most countries.

- **Sales Data**—Collection of sales data can be an important element, particularly in the evaluation of social marketing programs. Here are some questions to be answered:
 - At what point (wholesaler, distributor, retailer) will data be collected?
 - How will price and packaging differences be recorded?
 - How will free promotional materials be distinguished from sales materials?
 - How can substitution effects be taken into account when a lower-priced product displaces a higher-priced one?

• Qualitative Evaluation

Essential at the start of any project in order to understand the problem, the audience, and the overall situation, qualitative research can also play an important role throughout the project both in monitoring and in evaluating impact. The major roles for qualitative research in program evaluations include the following:

- Helping to evaluate activities and products as they are disseminated
- Helping to explain how and why impact was achieved

Qualitative evaluation can be subtle, intuitive, and highly revealing when sensitively carried out, using ethnographic and unobtrusive measures.

Key qualitative methods that can be used for evaluation are as follows:

- 1. **Focus group discussions**—Group discussions among homogeneous individuals led by a trained moderator can reveal community as well as individual values and prejudices, emotional intensity, points of controversy, and customary language used or audience verbatims.
- 2. **Interviews**—Interviewers can tease out both information and emotional reactions by interviewing influentials, key informants, or typical audience members. Open-ended questions, followup to responses, and in-depth pursuit of significant issues as gathered through interviews can provide a wealth of valuable qualitative information.
- 3. **Observation**—Whether in person or through videotapes or even audiotapes, observation can provide an immediate insight into the reaction of an audience or client to specific types of communication or to recommended products and behaviors. Reproductive health programs offer less opportunity for direct observation than childcare and family health programs, but the observation of clinical practices or direct observation of those attending events or performances can provide valuable feedback.
- 4. **Diaries**—These can be useful in literate societies or among literate professionals to record immediate day-by-day actions and reactions, to monitor ongoing activities, to capture a full history of events, and to understand better the process of behavior change (PBC) as it actually takes place over time.

• Combination—Quantitative and Qualitative Evaluation

- Evaluations that are both convincing as to causal effects and useful for future programming combine quantitative and qualitative measures. Quantitative evaluations can determine how much change took place and even how much change can be specifically attributed to different communication interventions.
- Qualitative evaluation is essential to frame the appropriate questions from which to derive quantitative data, to ensure the correct language so that the audience understands what is being asked, and to measure the intensity of emotions and certainty surrounding particular responses. Qualitative evaluation, above all, seeks to explore **why and how** change has taken place and to provide insights that can be useful in refining and improving future interventions. On the other hand, quantitative evaluation focuses on **how much** change has occurred.

Planning To Document and Disseminate Evaluation Results

The final stage for any evaluation should be a full documentation and report on the results. Evaluators who leave a few tables behind and do not write up or distribute results have not fulfilled their responsibilities. Results include insights and lessons learned in addition to data and tables. Since a program that is not evaluated and documented ceases to

exist in the public mind after a very short time, this documentation is essential. A good evaluation should be clearly reported to at least three different audiences, each in appropriate ways:

- **To participants and the public**—Basic data can be shared orally with community leaders, all others involved in the program itself, and the general public. Data can be explained in local media, and brief summaries can be provided to all who worked on the program and, to the extent possible, to those exposed to the intervention.
- **To donors**—Whether government leaders, international agencies, or private foundations, donors are entitled to an honest and comprehensive report on the impact of projects that they have funded. Even where donors may appear busy and preoccupied, strategic communication programs have an obligation to present results. Presenting results can be done through meetings that the national and local press are invited to; through discussion groups, in which donors can participate; through reports that are released to the press; and through special media events particularly designed to call attention to evaluation results. Reports to donors should be accurate and clear and should give considerable attention to discussing not only the data, but also the implications of the data for future programming and other related activities.
- **To the professional field**—For professionals in the communication field and in whatever substantive field may be involved, peer-reviewed articles, presentations at professional meetings, book chapters, and even textbooks are essential to document important findings. Results for the professional and/or academic field need to describe in detail both the nature of the strategic communication interventions carried out and the methodologies used to collect and analyze the evaluation data. Where communication strategies suggest new directions or alter previous concepts or understandings, such innovations should be clearly highlighted and well defended. Communication to peers in the field should provide sufficient information, so that others are encouraged and are able to replicate the program wherever circumstances warrant.

Strategic communication calls for strategic evaluation to be considered from the very beginning of the strategy design process. A strategic evaluation not only must include a full and adequate documentation of the process used, the objectives achieved, the impact, and where possible the cost-effectiveness of the program, but also guidelines and recommendations for improvement in future programs.

References

Centers for Disease Control and Prevention. (2018). Health Communications in Tobacco Prevention and Control. U.S. Department of Health & Human Services. <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/health-communications-508.pdf>

Chapter 7, Section 8. Identifying and Analyzing Stakeholders and Their Interests. (n.d.). Community Tool Box. <https://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/identify-stakeholders/main>

Chapter 9. Developing an Organizational Structure for the Initiative | Section 1. Organizational Structure: An Overview | Main Section | Community Tool Box. (n.d.). Retrieved October 9, 2023, from <https://ctb.ku.edu/en/table-of-contents/structure/organizational-structure/overview/main>

Chapter 36. Introduction to Evaluation | Section 5. Developing an Evaluation Plan | Examples | Community Tool Box. (n.d.). Retrieved October 9, 2023, from <https://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/evaluation-plan/examples>

Chapter 36. Introduction to Evaluation | Section 5. Developing an Evaluation Plan | Main Section | Community Tool Box. (n.d.). Retrieved October 9, 2023, from <https://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/evaluation-plan/main>

Chapter 38. Some Methods for Evaluating Comprehensive Community Initiatives | Section 2. Gathering Information: Monitoring Your Progress | Main Section | Community Tool Box. (n.d.). Retrieved October 9, 2023, from <https://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-initiatives/monitor-progress/main>

O' Sullivan, G. A., Yonkler, J. A., Morgan, W., & Merritt, A. P. (2003). A field guide to designing a health communication strategy (pp. 17–51). Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. <https://content.byui.edu/file/aaeaff60-24eb-4626-a1b2-8191d6faa261/1/Documents/Field%20Guide/02%20Chapter%2001%20Excerpts%20from%20A%20Field%20Guide--pages%2017-51.pdf>

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, & Agency for Toxic Substances and Disease Registry. (2018). Health Communication Playbook. <https://www.cdc.gov/nceh/clearwriting/docs/health-comm-playbook-508.pdf>



This content is provided to you freely by BYU-I Books.

Access it online or download it at

https://books.byui.edu/pubh_472_readings/chapter_5_methods_and_evaluation.

