Health communication message review criteria

Capacity Building Services and Resources

Edition 2 Oct 23, 2012 The Ontario Agency for Health Protection and Promotion (Public Health Ontario) is an arm's-length government agency dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. As a hub organization, Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world. Public Health Ontario provides expert scientific and technical support relating to infection prevention and control; surveillance and epidemiology; health promotion, chronic disease and injury prevention; environmental and occupational health; health emergency preparedness; and public health laboratory services to support health providers, the public health system and partner ministries in making informed decisions and taking informed action to improve the health and security of Ontarians.

Disclaimer

This material was developed from public funds for general public health purposes. It was compiled from publicly available resources, or for some materials, with permission from copyright holders or licensors. Information in this workbook has been distributed with the intent that it be readily available for personal and public non-commercial use and may be reproduced, in part or in whole and by any means, without charge or further permission from Public Health Ontario.

We ask only that:

Users exercise due diligence in ensuring the accuracy of the information reproduced.

Users attribute the work in the manner that is specified by the author or licensor (where one is listed or known), but not in a way that suggests they endorse you or your use of the work.

Acknowledgements

Public Health Ontario wishes to acknowledge and thank THCU staff and many partners who contributed to earlier versions of this document. THCU (originally known as The Health Communication Unit), started in 1993 at the University of Toronto and moved to Public Health Ontario's Health Promotion, Chronic Disease and Injury Prevention Department in 2011.

Suggested citation

Public Health Ontario; Dalla Lana School of Public Health. Health communication message review criteria. Edition 2. Toronto, ON: Queen's Printer for Ontario; 2012.

Previously published as

The Health Communication Unit, Centre for Health Promotion, University of Toronto. Health communication message review criteria. Toronto, ON: University of Toronto; 2003.

For further information:

480 University Avenue, Suite 300, Toronto, Ontario M5G 1V2 647 260 7246 www.oahpp.ca.

©Copyright Public Health Ontario, 2012

Contents

| The message will get and maintain the attention of the addience | 3 |
|---|----|
| The strongest points are given at the beginning of the message | 5 |
| The message is clear | 5 |
| The action you are asking the audience to take is reasonably easy | 6 |
| The message uses incentives effectively | 7 |
| Good evidence for threats and benefits is provided | 7 |
| The messenger is seen as a credible source of information | 8 |
| Messages are believable | 9 |
| The message uses an appropriate tone for the audience | 9 |
| The message uses an appeal that is appropriate for the audience | 9 |
| The message will not harm or be offensive to people who see it. | 9 |
| Identity is displayed throughout | 10 |
| Health communication message review tool | 11 |
| References | 12 |

Health communication message review criteria

Truly persuasive health communication messages are difficult to create, regardless of the change you are trying to elicit in your audiences. When you are seeking a behavioural shift, the challenge is even greater. McGuire's hierarchy ¹ is one theory that helps explain how and why messages fail or succeed.

McGuire posits that before taking action audiences must:

- Tune into the message
- Attend to it
- Maintain interest in it
- Understand it
- Think about it
- Develop related skills
- Agree with the position in the message (attitude change)
- Store the message in memory
- Pull the message from memory when relevant
- Decide to act on the information (intention)

McGuire goes on to say that successfully accomplishing each of these steps depends on numerous input communication variables, such as:

- Characteristics of the message source (e.g., attractiveness, credibility)
- Design of the message (e.g., organization, style)
- Channel characteristics (e.g., directness)
- Characteristics of the person who receives the message (e.g., mood, education)
- Etc.

There is some research on how each input variable impacts on each step. For example, we know that the right messenger can attract attention, help change attitudes and affect memorability. This message review tool focuses on various input communication variables and what we know about their ability to impact on one or more of the steps leading to behaviour change.

This is not an exact or fully developed science. What increases success of reaching one step, may decrease success at another step. For example, fast-paced, flashy messages may grab attention, but hinder understanding. In addition, different audiences usually require very different messages, even when working toward similar goals.

Following is a list of the minimum criteria that must be met in order to develop a persuasive message. We recommend that the list be used in conjunction with audience analysis, message pre-testing and campaign evaluation.

1. The message will get and maintain the attention of the audience

If you don't capture and maintain the attention of the audience throughout the message, you don't have a chance of achieving your objectives. "The more audience members can be engaged to actually think about the message (including imagined or actual rehearsal of the recommended behavior), the more likely they are to experience appropriate changes in knowledge, attitudes, and behavior" ^{2,3}.

To make ads attractive, interesting, entertaining, and stimulating always apply high quality creative and mechanical execution (text, graphics, visuals) and consider using parody, suspense, word play, sensuality, emotionally involving scenes, humour, vivid visuals, striking statements, lively language, fascinating facts, and/or memorable slogans.

2. The strongest points are given at the beginning of the message

The information that is most critical for convincing your audience to adopt the recommended behaviour should be positioned early in the message. That way, audiences who lose interest or become otherwise distracted will still have the opportunity to process some key points.

3. The message is clear

The message should be clear to the audience. In other words, it should be easy for them to point out the actions you are asking them to take (Now what), the incentives or reasons for taking those actions (So what) as well as the evidence for the incentives and any background information or definitions (What).

Elements that can help or hinder clarity include:

- Language (vocabulary, lingo) and reading level
- Pace/speed
- Amount of content (avoid trying to cram in too much)
- Background (text, graphics, music, etc.)
- Repetition

Statistics should be used with caution in messages. Most people overestimate the risk of things like car and airplane accidents, but underestimate things like strokes and heart attacks. People also tend to underestimate the cumulative probability that an event will occur (e.g., the odds of wrecking a car by the time you are 18 if you drive under the influence several times per year), even if they correctly understand the odds that the event will occur on any one occasion.

In general⁴:

- Expressing cumulative probabilities can be an effective means of enhancing the perceived relevance of a risk.
- Although risk analogies can be useful (i.e., explaining a poorly understood risk by comparing it to another more commonly understood risk), such comparisons must be done carefully. The two risks compared should have certain qualities in common, otherwise audience members are likely to reject both the risk comparison and the message.
- Qualitative expressions of risk (e.g., "many") should also be used with caution as they may be understood in vastly different ways by different people.
- Messages that attempt to convey risk information should, when possible, use both quantitative and qualitative expressions to increase audience comprehension.

4. The action you are asking the audience to take is reasonably easy

Sometimes a behaviour is not acceptable to the audience because it takes too much effort and sacrifice. This can be overcome by presenting easier behaviours that have fewer barriers and are more appealing ⁵. The key is to be aware that target behaviours can be arranged along a continuum according to degree of time, effort, money, psychological and social costs. For example, abstinence has not been a very effective strategy for alcohol, tobacco and drugs. Instead, you might promote modestly demanding behaviours such as signing a pledge card or abstaining just during a 'drugfree week'. There are also other responses that might be targeted, such as awareness, knowledge, beliefs, values and attitudes; that will lead to the focal behaviour ⁶.

For more information on the importance of making the behaviour reasonably easy for audiences, please see Everett Rogers, Diffusion of Innovations⁵.

Having role models demonstrate the behaviour can increase audience confidence that the behaviour is easy to perform and providing solutions to barriers that have been expressed by the audience can also help make the behaviour easier for audiences. Not all barriers can be addressed this way, however. In many cases the actual physical or social environment must be modified to make a behaviour reasonably easy to accomplish.

5. The message uses incentives effectively⁷

Creating a persuasive health communication message involves more than simply asking the audience to do what you want. You must explain to them why they should be interested in changing their behaviour. Incentives for changing behaviour can be physical, economic, psychological, moral-legal, or social, and they can be either 'for' or 'against' a behaviour (i.e., 'why' or 'why not' adopt recommended action?).

For example, in the social dimension, 'for' incentives might include acceptance, coolness, physical attractiveness, being considered normal, being liked, acting for the greater good, increased power, respect, and friendship. 'Against' incentives might include rejection, embarrassment, appearing unappealing, being socially deviant, becoming isolated, being considered selfish, being considered weak, or losing trust of others.

There are numerous ways in which to maximize the effectiveness of incentives:

- Incentives will be most effective if the audience thinks they are extremely negative or extremely positive and very likely to happen to them. If you cannot find an incentive that the audience thinks is extremely positive or negative and very likely, use one that is not as severe/positive, but very likely. Emotional appeals intensify motivation by highlighting severity.
- Most campaigns focus on negatively attacking the unhealthy behaviour, however frequent emphasis on negative outcomes may desensitize viewers. A more flexible, softer tactic can be to discount the perceived benefits of the unhealthy practice, such as by asserting that smoking does not really impress peers. In general, use both positive and negatives incentives.
- Try to use more than one incentive per message.
- Use multiple appeals across a series of messages.
- Use new appeals for familiar subjects.
- Make sure that all incentives build on the existing values of the audience (does the audience care about the incentive you are using? Is it relevant to them? Is it applicable to their situation and needs?) rather than just your priorities and needs!

6. Good evidence for threats and benefits is provided

Message designers must provide credible evidence that threats (associated with not doing the behaviour) and benefits (of doing the behaviour) are real and likely. Audiences must also be convinced that the behaviour recommended will actually alleviate the threat discussed. This can be challenging since different types of evidence work with different audiences. For example audiences that are already interested in the topic respond to expert quotes, documentation and statistics, and audiences that are not involved are more likely to respond to dramatized case examples and testimonials.

7. The messenger is seen as a credible source of information⁷

The *messenger* is the person appearing in the message who delivers information, demonstrates behaviour, or provides a testimonial. The messenger is helpful in attracting attention, personalizing abstract concepts by modeling actions and consequences, bolstering belief formation due to source credibility, and facilitating retention due to memorability.

Messengers can be a/an:

- Celebrity (famous athlete or entertainer)
- Public official (government leader or agency director)
- Expert specialist (doctor or researcher)
- Organization leader (hospital administrator or executive)
- Professional performer (standard spokesperson, attractive model, or character actor)
- Ordinary real person (blue-collar man or a middle-class woman)
- Specially experienced person (victim, survivor, or successful role model)
- Unique character (animated, anthropomorphic, or costumed)

No one messenger is always superior. For example, a doctor may communicate trust and expertise in one campaign, and be perceived as boring in another.

Other examples:

- Peer modeling of the recommended behaviours and/or demonstrations of experience with the (negative or positive) consequences of an action is one of the most effective means of enhancing viewers' skills, confidence to use those skills, perceptions of consequences, and motivations⁸
- Celebrities help draw attention to a dull topic
- Experts enhance response efficacy
- Victims convey the severity of harmful outcomes
- Victims who share similar characteristics of the audience should augment susceptibility claims

In general messenger credibility is enhanced by:

- Power
- Perceived expertise
- Perceived honesty
- Attractiveness
- Being similar to the target audience Similarity to the target audience

8. Messages are believable

Messages must be realistic. This means they should:

- Not make extreme claims or use extreme examples
- Avoid highly dramatic episodes
- Provide accurate information (i.e., not misleading information)

9. The message uses an appropriate tone for the audience

The tone of a message may be light, heavy, humorous, angry, whimsical, ironic, cheery, dramatic, etc. In general a serious tone is safest if it is not too boring or bland. Regardless of tone avoid preaching or dictating and always test humour before using it!

10. The message uses an appeal that is appropriate for the audience

Rational appeals work with audiences that are already interested in your topic⁶ and emotional appeals work better with audiences that are not already interested in your topic. If you frighten the audience, be sure to give them a relatively easy way to alleviate the threat. If you make your audience anxious, without a way to reduce the anxiety they will block out the message – or do the behaviour you don't want them to do, even more often.

11. The message will not harm or be offensive to people who see it. This includes avoiding 'victim blaming.'

It can be difficult to control who is exposed to your message – it may unintentionally reach audiences it wasn't intended for. Therefore, ethically, developers must consider the views of anyone who might encounter the message. This is mainly a problem for negative messages that use threats or fear appeals. In all cases, designers should adopt the motto 'first do no harm'⁹. It is also important to remember that complicated behaviours like smoking, eating, exercising and drinking are not always simple personal choices. Be sensitive to the role of people's environments and don't assume it is their fault and all their responsibility.

12. Identity is displayed throughout

A campaign identity includes a name, a positioning statement or copy platform, a logo, a slogan, and possibly other images. Identity distinguishes, defines and synergizes.

Identity amplifies the impact of a campaign in a number of ways¹⁰:

- First, it helps people to remember key campaign messages because they can connect discrete messages with each other and with the "bigger picture" of the campaign.
- Second, it stimulates more conversation and comment, an outcome that is particularly important for behaviour change campaigns.
- Third, in time, the identity itself can begin to represent the campaign, leading people to immediately recall key campaign messages every time the symbol is presented.

The slogan should prominently and concisely capture the main idea. For example:

- "Take Your Butt Outside"
- "5-a-day, every-day"
- "How young do they have to be before we care?"





Health communication message review criteria

| | | Great | Good | Fair | Fail |
|----|--|-------|------|------|------|
| 1 | The message will get and maintain the attention of the audience. | | | | |
| 2 | The strongest points are given at the beginning of the message. | | | | |
| 3 | The message is clear (i.e., it should be easy for the audience to point out the actions you are asking them to take (Now what), the incentives or reasons for taking those actions (So what) as well as the evidence for the incentives and any background information or definitions (What)). | | | | |
| 4 | The action you are asking the audience to take is reasonably easy. | | | | |
| 5 | The message uses incentives effectively (more than one type of incentive is used, the audience cares about the incentives presented and the audience thinks the incentives are serious and likely). | | | | |
| 6 | Good evidence for threats and benefits is provided. | | | | |
| 7 | The messenger is seen as a credible source of information. | | | | |
| 8 | Messages are believable. | | | | |
| 9 | The message uses an appropriate tone for the audience (for example, funny, cheery, serious, dramatic). | | | | |
| 10 | The message uses an appeal that is appropriate for the audience (i.e., rational or emotional). If fear appeals are used, the audience is provided with an easy solution. | | | | |
| 11 | The message will not harm or be offensive to people who see it. This includes avoiding 'victim blaming'. | | | | |
| 12 | Identity is displayed throughout. | | | | |

| Final recommendation | | | | | | | |
|----------------------|--------|---------|--|--|--|--|--|
| ☐ Use | ☐ Lose | ☐ Adapt | | | | | |

References

- 1. McGuire WJ. Input and output variables currently promising for constructing persuasive communications. In: Rice R, Atkin C, editors. 3rd Ed. Public communication campaigns, 2001.
- 2. Maibach E, Flora J. Symbolic modeling and cognitive rehearsal. Comm res. 1993;20:517-545.
- 3. Petty R, Baker S, Gleicher F. Attitudes and drug abuse prevention: implications of the elaboration likelihood model of persuasion. In: L Donohew, H E Sypher, W J Bukoski, editors. Persuasive communication and drug abuse prevention. Hillsdale, NJ: Lawrence Erlbaum; 1991.
- 4. Holtgrave D R, Tinsley B J, Kay L S. Encouraging risk reduction: A decision-making approach to message design. In: Maibach E, Parrott R, editors. Designing health messages: approaches from communication theory and public health practice. Thousand Oaks, CA: Sage; 1995.
- 5. Everett Rogers. Diffusion of innovations, 3rd ed. New York: Free press; 1983.
- 6. Atkin C. Theory and principles of media health campaigns. In: Rice R, Atkin C, editors. Public communication campaigns. 3rd Ed. 2001.
- 7. Atkin C. Evaluating public service announcements. Presented at THCU Special Topics Workshop. Toronto, 2000.
- 8. Bandura A. Self-efficacy: the exercise of control. NY: W. H. Freeman; 1997.
- 9. Atkin C. Theory and principles of media health campaigns. In: Rice R, Atkin C, editors. Public communication campaigns. 3rd Ed. 2001.
- 10. Office of national drug control policy. The national youth anti-drug media campaign. Communication strategy statement [document on the internet]. [cited 1998]. Available from: www.ncjrs.gov/pdffiles1/ondcp/171694.pdf