# Introduction

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

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

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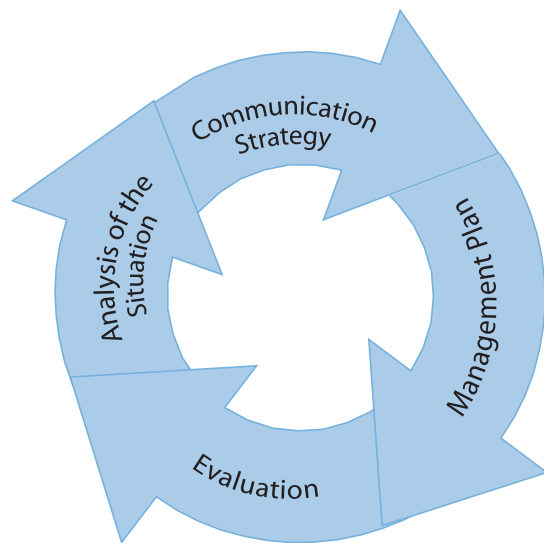
Communication Strategy Outline

I. Analysis of the Situation

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

II. Communication Strategy

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

III. Management Considerations

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

IV. Evaluation Tracking Progress and Evaluating Impact

Overview

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

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

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

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

Why the Emphasis on *Strategic* in Health Communication?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

—Steve Jobs, Chairman, Apple Computers

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

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

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

Successful elements of strategic visions:

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

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

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

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

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

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

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

A Framework for Strategic Design

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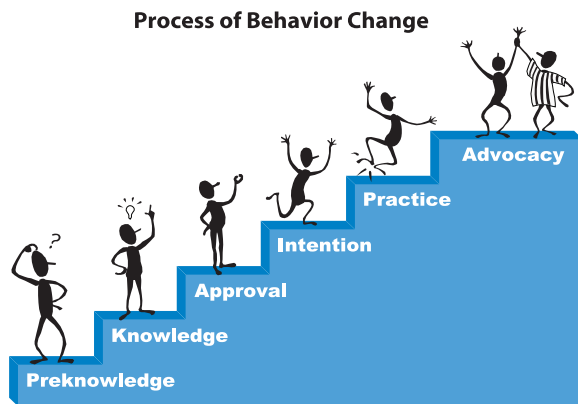
Process of Behavior Change

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

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

An audience can generally be described as:

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

Process of Behavior Change

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

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

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

The "P" Process steps are:

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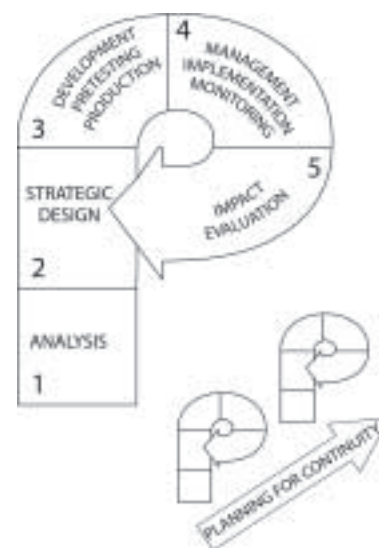
For almost two decades, the "P" Process has provided a solid framework that is easily applied to strategy development, project implementation, technical assistance, institution building, and training. This framework is used collaboratively as a guide by the various stakeholders involved in designing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

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

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

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

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

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

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

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

Specific Characteristics

For communication to be strategic, it should be:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

next...

Analysis of the Situation

Communication Strategy

Management Plan

Evaluation
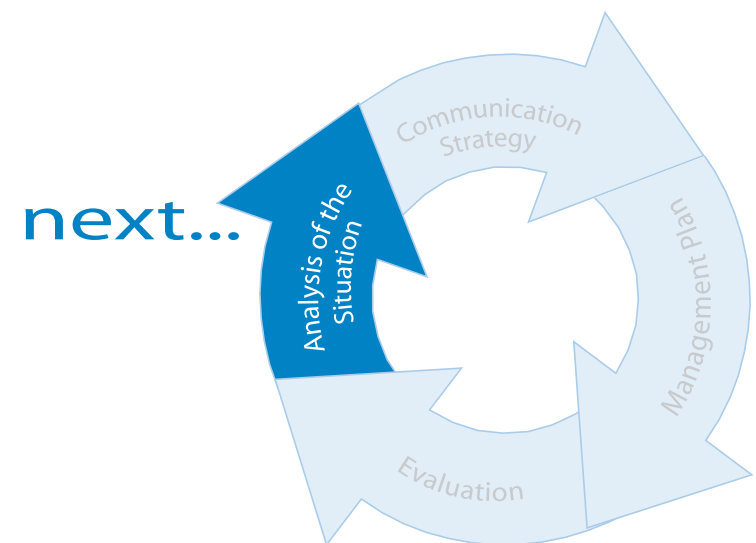
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