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## GUIDANCE

# Delivering effective public health campaigns during Covid-19

This guidance aims to optimise public health messaging and its outcomes. It is based on an evidence-based [rapid review of the evidence](#)<sup>1</sup> of the factors that may influence people's responses to public health messages for managing risks and preventing infectious diseases.

## RECOMMENDATIONS

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### 1. REACH PEOPLE WHO DO NOT PERCEIVE THEMSELVES AS AT RISK BY:

Accurately describing the health threat, severity of the threat and the risk to self and others and ensure you couple this with information on how to reduce the risk to motivate action whilst avoiding excessive fear.

Providing clear instructions about how to perform the desired behaviour (e.g. cleaning hands) and how the behaviour prevents Covid-19 (also include benefits to self and community).

Increasing accuracy of personal risk perceptions by encouraging self-monitoring of recommended behaviours.

Ensuring messages are consistent (within and between agencies).

## 2. COMMUNICATE WITH DIVERSE COMMUNITIES WITH DIFFERENT NEEDS BY:

Recognising that the impact of Covid-19 may differ by different community groups and these groups may have different social and physical resources to respond to messaging.

Identifying key stakeholders in the target community, involving them in the early stages of message planning (e.g. content, mode of delivery, piloting) and throughout the delivery.

Using messaging that empowers communities to take control of their health (e.g. through involvement, training, resources).

Tailoring messages to individuals' needs and considering how people can access this information, taking into account accessibility (e.g. use common languages, appropriate formats) and equality (e.g. on gender, age, race, religion/other beliefs, sexual orientation, family status, disabilities). Involve people from these communities in message design and delivery.

Using plain language and/or diagrams that can be easily understood. Keep the messages brief.

## 3. INCREASE TRUST THAT WILL INCREASE ADHERENCE TO RECOMMENDED BEHAVIOURS THROUGH:

**T**ransparency: ensure clear and transparent messages, acknowledge change (e.g. in knowledge and recommendations), uncertainty, differences in information given (e.g. for different populations), errors made, lessons learnt and reasoning for decisions.

**c**Redibility: establish expertise (e.g. healthcare professionals, scientists) and trustworthiness (e.g. use trusted logos to emphasise the source), give full factual information, acknowledge the unknowns.

**U**nified messaging: check and ensure consistency in core messages.

**S**ocial responsibility and norms: (e.g. minimise the 'I' and maximise the 'we' to protect each other).

**T**imely: be the first to provide information to avoid rumours and speculations.

## OPTIMISING BEHAVIOUR

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During Covid-19, many behaviours need to be adopted to support individual, community, and population efforts to reduce the spread of the virus. Effective communication and messaging based on psychological principles can help.

Multiple behaviours contribute to the prevention and reduction of Covid-19 cases:

**Behaviours:** these are central to prevent transmission of Covid-19 – cleaning hands, using face coverings (and avoiding touching the face), keeping 1–2 metres apart ('hands-face-space'); as well as catching coughs and sneezes in tissues and disposing of them immediately; getting a test and self-isolating when required.

There are many reasons people may not perform these behaviours and they may be optimised when public health messages:

**Increase** people's **capabilities** (e.g. knowledge/skills), identify and provide **opportunities** (e.g. societal norms/physical resources) and increase **motivations** (e.g. desire/habit) to perform these behaviours.<sup>2,3</sup>

**Table 1: COM-B behavioural diagnosis (with theoretical domain) of the likely influences on engagement with public health messaging and desired behaviours.**

<b>Capability psychological and physical</b>	<b>Opportunity social and physical</b>	<b>Motivation reflective and automatic</b>
Sufficient knowledge of health threat and understanding personal risk and risk to others (Psychological/knowledge)	Receiving recommendations that are considerate of societal and cultural norms (Social/social influences)	Sufficient confidence to follow recommended behaviours (Reflective/beliefs about capabilities)
The ability to remember to follow messaging advice (Psychological/memory, attention and decision processes)	Having sufficient support to overcome the influence of others in communities who may not be following recommended behaviours (Social/social influences)	Sufficient beliefs that following public health messages will lead to positive health outcomes (Reflective/beliefs about consequences)
Sufficient understanding of the health message and guidelines on how to perform behaviours (Psychological knowledge)	Having the physical support to follow recommended behaviours (e.g. self-isolation) (Physical/environmental context and resources)	Holding an identity of someone who engages in the behaviour being promoted (Reflective/social/professional role and identity)
Understanding how and why messages may change over time (Psychological/knowledge)	Restrictions to prevent people following instructions are reduced/removed (Physical/environmental context and resources)	Habitual influences on behaviour (Automatic/reinforcement)
Skills to perform behaviours, such as good hand hygiene (Physical/skills)	Ensuring the opportunity to receive information is provided through translations and media that reflect different communities (Social/social influences)	Holding strong intentions to follow public health messages (Reflective/intentions)
Being able to identify credible and reliable sources of information (Psychological/skills)	Being provided with prompts and cues to perform the desired behaviour (Physical/environmental context and resources)	Feeling optimistic that following the health message will be beneficial (Reflective/optimism)
Ability to plan how to act upon specific public health messages (Psychological/behavioural regulation)	Having the resources to receive the message and perform the desired behaviour (e.g. digital access, financial barriers) (Physical/environmental context and resources)	Overcoming emotions (e.g. fear) to receive and act on health message(s) (Automatic/emotion)

Table 1 can help to plan public health messaging based on a COM-B behavioural diagnosis to highlight what people may need to optimise behaviour. This highlights factors that can support capability, opportunity, and motivation to perform behaviour, and is additionally mapped to the Theoretical Domains Framework.<sup>4,5</sup>

The following images are further examples of public health campaigns used during the Covid-19 pandemic. These vary in the extent they have used behavioural science. We highlight the Dos and Don'ts for each message to illustrate helpful and less helpful practices.

## USING BEHAVIOURAL SCIENCE

### LIMITED



#### DO

The NHS logo shows a credible source. 'Save lives' is a motivating reason.

#### DON'T

The message to stay alert and control the virus in order to save lives, is without enablement or clear guidelines on what to do or how to perform a particular behaviour. For example, 'stay alert' is not clearly stating a behaviour so people may have different perceptions of what this means and there is no detail of what we must be alert to. 'Stay alert' and 'control the virus' are not easily linked and therefore lacks clarity. It is performing behaviours such as staying at home, cleaning hands, and maintaining physical distance that control the virus. The green colour typically indicates safety.

### IMPROVED



#### DO

This is a collective message suggesting social responsibility. 'Stay home' is clearly a behaviour; 'Protect the NHS' is a reason for that behaviour; and 'Save lives' (also shown in the other message) is a desirable outcome of that behaviour. These provide the motivation for performing the behaviour. The red colour indicates danger.

#### DON'T

There is no NHS logo to show a credible source.

## USING BEHAVIOURAL SCIENCE

## LIMITED

**DO**

The NHS logo shows a credible source.

**DON'T**

'Staycation' may mean different things to different people (e.g. staying at home; going on holiday in the UK) so may further confuse people. To 'Plan ahead' is a good idea, however, it is not clear what exactly needs to be planned for (e.g. how will I self-isolate) and how to do it. 'Feeling unwell' lacks specificity and does not list Covid-19 symptoms. If you are 'feeling unwell' then you should not be leaving the home apart from to take a test.

## IMPROVED

**DO**

The NHS logo shows a credible source.

The problem is highlighted (germs spread easily). The behaviours required (carry tissues, use them to catch your cough or sneeze, dispose of your tissue, clean your hands) to reduce this problem are clear.

Reasons are provided why people should perform each of these behaviours ('kill it'), promoting knowledge (capability) and beliefs to enhance the motivation for the behaviours.

## CLEARLY PROVIDING INSTRUCTIONS FOR EVERYONE IN ACCESSIBLE LANGUAGE

### LIMITED



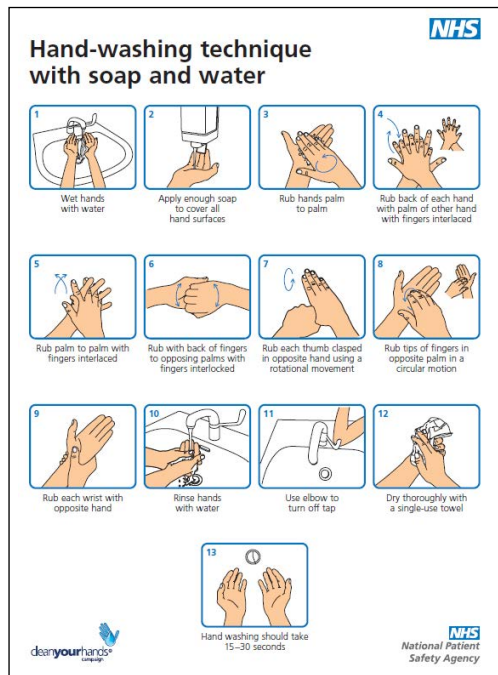
#### DO

This has clear pictures about the behaviour to be performed.

#### DON'T

There is no logo to show a credible source. The instructions are not easily understood e.g. 'dorsum' is not a very common word.

### IMPROVED



#### DO

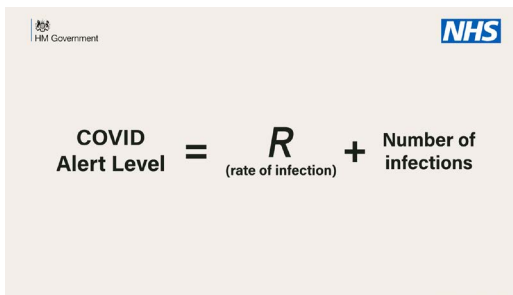
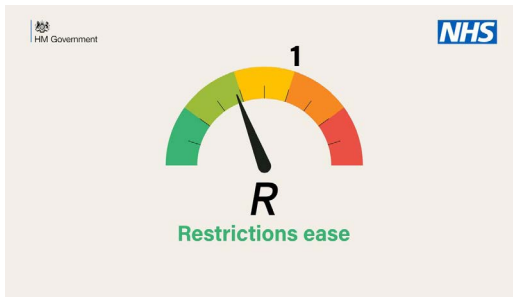
The NHS logo shows a credible source. This has clear pictures and language on the behaviours that need to be performed.

#### DON'T

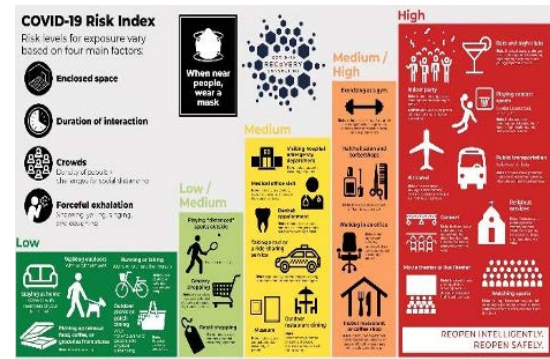
Many people do not have taps at home that they are able to turn on with their elbow.

## CONSISTENT AND CLEAR MESSAGING

### LIMITED



### IMPROVED



#### DO

The NHS logo shows a credible source.

#### DON'T

It is not clear how these diagrams should be interpreted, e.g. the amber area Figure 1 is a 3 and the amber area in the Figure 2 is a 1; also the alert level in Figure 1 has a maximum of 5. The alert level in Figure 2 would presumably be greater than 5 unless the infection rate was very low. Together, these three images send an inconsistent message on how to interpret the alert system.

#### DO

This gives clear information on different behaviours and environments related to different levels of risk.

It includes a clear instruction of a behaviour to 'wear a mask when near other people'.

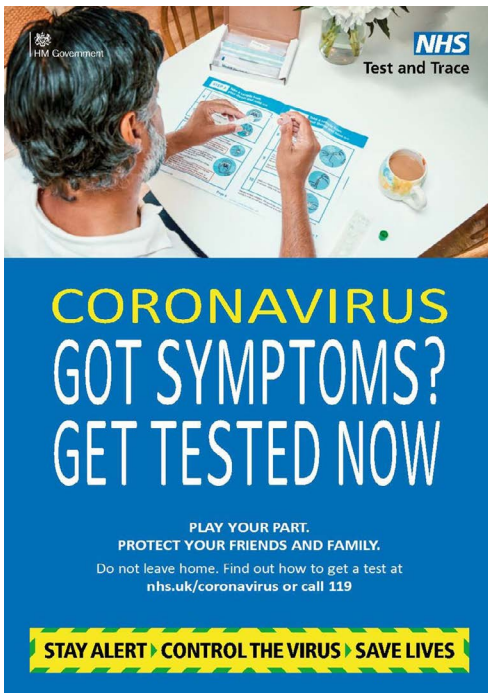
#### DON'T

Not a recognisable logo for a credible source.



**CONSISTENT AND CLEAR MESSAGING**

**LIMITED**



**DO**

This has a good social responsibility message 'protect your friends and family'. The NHS logo shows a credible source.

**DON'T**

No information on what the symptoms are so it is unclear when you should perform the behaviour of getting a test.

**IMPROVED**

**SYMPTOMS OF COVID-19, FLU AND COLD**

	DRY COUGH	FEVER	RUNNY NOSE	SORE THROAT	SHORTNESS OF BREATH	HEADACHE	BODY ACHES	SNEEZE	FATIGUE	DARRHOEA
COVID-19	✓	✓	✓	✓	✓	✓	✓	~	✓	✓
FLU	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓
COLD	✓	~	✓	✓	✗	~	✓	✓	✓	✗

✓ FREQUENTLY
✓ SOMETIMES
✓ LITTLE
~ RARE
✗ NOT

@STOUXSTEW @XTOTL thespinoff.co.nz SOURCE: WHO, CDC CC-BY-SA 4.0  
 FOR THE LATEST INFO PLEASE SEE who.int or health.govt.nz 20 MARCH 2020

**DO**

This has a clear distinction of symptoms and frequency that empowers individuals to identify symptoms of Covid-19. It is also dated to show transparency for when information may evolve (20 March 2020). Has credible sources (World Health Organisation and Center for Disease Control).

**DON'T**

Script and colours may not be accessible to everyone.

## USING SOCIAL RESPONSIBILITY

### LIMITED



#### DO

This has a clear behaviour and situation stated – ‘wear face coverings in enclosed spaces’ The behaviour is clear from the picture.

#### DON'T

Does not give any reason or motivation for performing the behaviour.

### IMPROVED



#### DO

This uses social responsibility and gives motivation to perform a behaviour (‘protect others’). The behaviour is clear from the picture to both wear face coverings and maintain a distance from others.

## USING A BEHAVIOURAL SCIENCE APPROACH

These guidelines and examples can be used to optimise existing public health messages and to guide longer-term strategies in public health messaging. This document should be used alongside the [Achieving Behaviour Change \(ABC\) guide for local government and partners](#)<sup>6</sup>, the [Improving People’s Health Behavioural and Social Science strategy](#)<sup>7</sup> and the [British Psychological Society’s Behavioural Science and Disease Prevention Psychological guidance](#).<sup>8</sup>

For further support, you can contact the [BPS Division of Health Psychology](#) (with the subject title Covid-19). We would also encourage you to contact your local university, or one with expertise in behaviour change, and/or find a psychologist [here](#).

## CONTRIBUTORS

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## REFERENCES

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