A picture containing timeline

Description automatically generatedA colorful steps with black text

AI-generated content may be incorrect.

**Checking your communication is behaviour change friendly**

Does your role involve encouraging, inspiring or supporting people to do things differently, known as ‘behaviour change’?

You can use the psychological techniques below to increase your communication’s impact. To begin:

## Visual and written communication checklist:

For a poster, leaflet, video, social media post, letter, text message, email, or PowerPoint.

|  |  |  |
| --- | --- | --- |
| It is important to be clear how the behaviour can be achieved. | | |
|  | It is clear **what** to do and **when** to do it.1,2,3 |  |
|  | There is enough information to know **how** to do it or **what** will happen but no more than needed.4 |  |
|  | The **language** and **words** used are familiar and understandable to individuals.5,6 |  |
|  | Information is broken down into **small chunks**. Paragraphs, bullet points, lists or subtitles are used to break up text.7,8 |  |
|  | Any images used are **relevant** and support understanding of what to do.9,10,11 |  |
|  | Images are clear and **high quality**.11 |  |
|  | It is clear how people can quickly **find out more** if they want to (e.g. one click to a trusted website).12 |  |
|  | The **font** is easy to read (e.g. Arial) and of a good size (e.g. writing on a poster is readable by most people from at least 3 metres away).13 |  |
|  | If **colour** is used, the needs of people with vision impairment have been considered. **Dark text** on an off-white background is ideal for most people.14,15 |  |
|  | Videos have **subtitles** or a **transcript**.16 |  |
|  | Where possible, **numbers** and **pictures** are used to support understanding. Simple infographics and images can be helpful when explaining numbers.42 |  |
|  | When **numbers** are used, they are presented **simply** and **rounded** to the nearest whole number where appropriate (e.g. 15 million not 15,000,214). **Proportions** can be easier than percentages (e.g. about 1 in 4 people vs. 23%). 17,42 |  |
|  | If there are **steps** to take, these are given in the **right order**. A **flow chart** can be a helpful visual prompt.18 |  |
|  | If possible, people are offered a **choice** so they can make their own decisions about how best to act.19 |  |
| The following techniques can help increase motivation to perform the behaviour. | | |
|  | The communication is **timed** for when it is most likely to be noticed, read and acted on. In fast-moving situations, there are **early** and **regular** communications.13 |  |
|  | The communication is sent via popular and trusted **channels** for that group.47 |  |
|  | **Trusted and credible sources**, messengers and/or logos are used (e.g. a trusted community leader speaking on camera). 20,25,26,45 |  |
|  | **Personalisation** is used so the individual knows the message is meant for them.24 |  |
|  | People can see themselves reflected in **visuals of people and places**.20 |  |
|  | Information on the benefits people can expect (short term and longer term) **is clear and relevant** to them, and those they care about. 20,21 |  |
|  | If communicating about **health risks**, numbers are used rather than terms like 'rare', 'unusual' and 'common' as these mean different things to different people. Relative risk can be more motivating (e.g. 3 times higher chance), absolute risk can be  easier to understand (e.g. 20 in 100). When sharing different absolute risks the same denominator is used (e.g. out of 100 each time).44 |  |
|  | The communication conveys both **warmth and competence** (e.g. featuring images of friendly staff a person will meet in a new service to encourage uptake).45 |  |
|  | A clear **timeframe** or deadline is provided or suggested.13,40 |  |
|  | The communication doesn’t accidentally draw attention to **myths** (e.g. instead of a ‘myths and facts’ section, try more general questions with informative answers e.g. ‘What are common side-effects of the vaccine?’).29 |  |
|  | If relevant, **‘we’** is used to highlight it’s a shared action we all need to take.30 |  |
|  | If relevant, **feedback** is given on current behaviour compared to the average or target, with empowering language for action (e.g. we can close the gap, small steps add up).37 |  |
| The following techniques provide support and opportunities to help someone perform the intended behaviour. | | |
|  | People are told about the time, equipment, travel needs or other **resources required** (e.g. you will need to organise a quiet office space for your workers).31 |  |
|  | If it is important to give information that could be worrying (e.g. harms of smoking), there is a clear, accessible **link to free support** to **build confidence to take action**.23,51 |  |
|  | If relevant, the preferred option is the **default option** and is **easy to act on.**23,49 |  |
|  | Numbers or figures make it clear that **other people** are doing the behaviour (if they are), to demonstrate a social norm.32,33,34 |  |
|  | If relevant, others who made the change and are **relatable** (e.g. similar in background, situation, or abilities) share their **positive experiences**.35,36 |  |
|  | The individual is invited to make an **active commitment** (e.g. writing down their own appointment time and date).27,28 |  |

## Spoken communication checklist:

For a team or colleague meeting, leading a training course or holding a client appointment.

|  |  |  |
| --- | --- | --- |
| It is important to be clear how the behaviour can be achieved. | | |
|  | It is clear **what** to do and **when** to do it (e.g. advising someone how to take a medicine or introducing the intended outcomes of a training course). 1,2,3 |  |
|  | Enough information is provided to know **how** to do it or **what** will happen but no more than needed.4 |  |
|  | The **language** and **words** used are familiar and understandable to individuals. 5,6 |  |
|  | Spoken information is broken down into **small chunks**.7,8 |  |
|  | The [chunk-check and teach back](https://joinedupcarederbyshire.co.uk/stay-well/quality-conversations-personalisation/health-literacy/resources/) techniques are used to check that what you have said has been understood by people.7,8 |  |
|  | Where **numbers** are shared, important numbers are **repeated** to be memorable, using rounding where appropriate and using proportions as these can be easy to visualise (e.g. about 1 in 4 people vs. 23%). 42,44 |  |
|  | If there are **steps** to take, these are given in the **right order**. Consider also using written and visual aids to aid memory (see written and visual checklist).18,22 |  |
|  | There is time set aside for people to **ask questions** & **problem solve** barriers.19,23,52 |  |
|  | If possible, people are offered a **choice** so they can make their own decisions about how best to act.19 |  |
|  | Frequent **verbal** **summaries** remind people of the key desired **behaviours** with five or fewer key points to remember.50 |  |
|  | People are guided on how they can **quickly find out more** if they want to.12 |  |
| The following techniques can help increase motivation to perform the behaviour. | | |
|  | The communication is **timed** for when people are most able to listen, reflect, plan and act. In fast-moving situations, there are **early** and **regular** communications.13 |  |
|  | **Trusted and credible sources** and messengers are used (e.g. a senior executive attending a team meeting to introduce and endorse a new initiative).20,45 |  |
|  | In a behaviour change conversation, **open questions** are used to help people to think about **change** (e.g. ‘what difference could this change make to your life?’). 48 |  |
|  | The person’s **permission** is sought before personal questions or giving advice.38,52 |  |
|  | A clear **timeframe** or **deadline** is provided so it is clear when to do it.13,40 |  |
|  | **Personalisation** is used to help the person feel the communication is relevant.24 |  |
|  | The communication conveys both **warmth** and **competence** (e.g. in the speaker’s tone, confident communication, dress, facial expressions, body language).45 |  |
|  | Information on the benefits people can expect (short term and longer term) **is clear and relevant** to them, and those they care about.20,21 |  |
|  | In a list of options, the preferred option **is spoken about first** or **last**, as these are more likely to be remembered.46 |  |
|  | If communicating about **health risks**, numbers are used to clarify terms like 'rare', 'unusual' and 'common' as these mean different things to different people. **Relative risk** can be more motivating (e.g. 3 times higher chance), **absolute risk** is easier to understand (e.g. 20 in 100). **Prioritise** the most important numbers to share verbally.44 |  |
|  | If relevant, **‘we’** is used to highlight it’s a shared action we all need to take.30 |  |
|  | If relevant, **feedback** is given on current behaviour compared to the average or target, with empowering language (e.g. we can close the gap - small steps add up).37 |  |
|  | For a quality conversation, **open questions** are used to help people **decide how best to act** (e.g. ‘how could you go about making this change?’).19,52 |  |
|  | People are invited to make a **specific plan or active commitment** (e.g. writing down their own appointment time and date).27,28 |  |
| The following techniques provide support and opportunities to help someone perform the intended behaviour. | | |
|  | The speaker explains what **time, equipment, travel needs or other resources** are needed, and/or prompts discussion about these to help resolve **potential barriers**.23,31,52 |  |
|  | If relevant, there are opportunities to see the behaviour **demonstrated.** 53 |  |
|  | If relevant, there are opportunities to **rehearse or practise** the behaviour and receive encouraging feedback.22,32,53 |  |
|  | If relevant, others who made the change and are **relatable** (e.g. similar in background, situation, or abilities) share their **positive experiences** verbally.35,36,53 |  |
|  | The speaker communicates that many **other people** are doing the behaviour (if they are), to highlight actions that are in line with the social norm.32,33,34 |  |
|  | If it is important to give information that could be worrying (e.g. harms of smoking), there is a clear and accessible **link to free support** to **build confidence to take action**.23,39 |  |
|  | Individuals are asked what **reminders**, **prompts and cues** (including **people**) could help them remember to do the behaviour.22,43,54 |  |

### Additional resources for behaviour change

1. **Health Literacy checklist** is a useful resource developed in Derbyshire to help you check that any communications have been written in a simple, accessible way. [Checking-your-reports-letters-and-leaflets-are-easy-to read-](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fjoinedupcarederbyshire.co.uk%2Fwp-content%2Fuploads%2F2025%2F07%2FChecking-your-reports-letters-and-leaflets-are-easy-to-read-JUCD.docx&wdOrigin=BROWSELINK)
2. **Quality Conversations** is a free, engaging program open to all staff across Joined Up Care Derbyshire, providing training and support to improve communication. [Quality Conversations website](https://joinedupcarederbyshire.co.uk/stay-well/quality-conversations-personalisation/quality-conversations/#what-is-a-%E2%80%98quality-conversation)
3. **Making Data Talk** is a useful guide developed by the US National Cancer Institute, explaining how to plan and present data-related communications for lay audiences. [Making Data Talk](https://www.cancer.gov/publications/health-communication/making-data-talk.pdf)
4. **Response Playbook** is a resource for developing effective written communications developed by the Local Government Association. [Response Playbook pdf](https://www.local.gov.uk/sites/default/files/documents/Response%20Playbook%20Final.pdf)
5. **Developing Behaviourally Informed Communications** is a step-by-step guide created by Public Health Wales to help you develop your written communications using behavioural science.[Developing Behaviourally Informed Communications](https://phwwhocc.co.uk/wp-content/uploads/2023/03/Developing-Behaviourally-Informed-Communications.pdf).
6. **Behaviour Change Communications Checklist** is a short simple checklist used to review key aspects of behaviour change communications. This resource is available on the NHS Health Education England website. [Behaviour Change – Message Checklist](https://behaviourchange.hee.nhs.uk/downloads/toolkit/EASTBehaviourChangeChecklist(6).pdf)
7. **Seven Graphic Principles of Public Health Infographic Design** are a set of guidelines to create effective infographics for public health communications, based on research conducted in the UK. The guide helps you ensure visuals are clear and simple. [Infographic guidelines.pdf](https://visualisinghealth.com/wp-content/uploads/2014/12/guidelines.pdf)

## References

1Albury C, Hall A, Syed A, Ziebland S, Stokoe E, Barker F, et al. Communication practices for delivering health behaviour change conversations in primary care: a systematic review and thematic synthesis. BMC Fam Pract. 2019;20(1):111. doi:10.1186/s12875-019-0992-x.

2Evers YJ, Henselmans I, Verhoeven P, de Vries H. Using a theoretical framework of Intervention Mapping to inform public health communication messages designed to increase vaccination uptake; the example of mpox in the Netherlands. BMC Public Health. 2023;23(1):1–16. doi:10.1186/s12889-023-17311-1.

3Grady C, Bidmead E, Harris J, Laventure R, Rees R, Crone D. Communicating physical activity messages with adolescents: what works? A scoping review with stakeholder consultation. Int J Behav Nutr Phys Act. 2025;22(20). doi:10.1186/s12966-025-01717-8.

4Sweller J. The role of evolutionary psychology in our understanding of human cognition: consequences for cognitive load theory and instructional procedures. Educ Psychol Rev. 2022;34(4):2229–41. doi:10.1007/s10648-021-09647-0.

5Stableford S, Mettger W. Plain language: a strategic response to the health literacy challenge. J Public Health Policy. 2007;28(1):71–93. doi:10.1057/palgrave.jphp.3200102.

6 Wittink H, Oosterhaven O. Patient education and health literacy. Musculoskelet Sci Pract. 2018;38:120–7.

7Cornett, S, Assessing and Addressing Health Literacy, *Online Journal of Issues in Nursing,*2009; 14(3):16

8Mills, A., Improving health literacy to support better health outcomes *Nursing times*, 2024,120(1), 26-29.

9 Houts PS, Doak CC, Doak LG, Loscalzo MJ. The role of pictures in improving health communication: a review of research on attention, comprehension, recall, and adherence. Patient Educ Couns. 2006;61(2):173–90. doi:10.1016/j.pec.2005.05.004.

10 Garcia-Retamero R, Cokely ET. Effective communication of risks to young adults: using message framing and visual aids to increase condom use and STD screening. J Exp Psychol Appl. 2011;17(3):270–87. doi:10.1037/a0023677.

11 NHS. Health Literacy Toolkit 2nd Edition, 2023, available at: [Health-Literacy-Toolkit.pdf](https://library.nhs.uk/wp-content/uploads/sites/4/2023/06/Health-Literacy-Toolkit.pdf)

12 Morrison LG. Theory-based strategies for enhancing the impact and usage of digital health behaviour change interventions: A review. Digital Health. 2015;1. doi:[10.1177/2055207615595335](https://doi.org/10.1177/2055207615595335)

13 Local Government Association, Response: A behavioural insights checklist for designing effective communications, accessible at <https://www.local.gov.uk/sites/default/files/documents/Response%20Playbook%20Final.pdf>

14 Piepenbrock, Cosima et al. “Positive display polarity is advantageous for both younger and older adults.” *Ergonomics.* 2013;56(7):1116-24. doi:10.1080/00140139.2013.790485

15Buljat P, Kovačević D, Kulčar R. Determining effective color combinations for enhanced legibility presented on print and digital formats. Appl Sci. 2024;14(24):11498. doi:10.3390/app142411498.

16 Gernsbacher MA. Video captions benefit everyone. Policy Insights Behav Brain Sci. 2015;2(1):195–202. doi:10.1177/2372732215602130.

17 Luzón, M. J. ‘Coronavirus explainers’ for public communication of science: Everything the public needs to know. In A. Musolff, R. Breeze, K. Kondo & S. Vilar-Lluch (Eds.), Pandemic and Crisis Discourse. Communicating COVID-19 and Public Health Strategy. London: Bloomsbury Academic; 2022, 97-114.

18 Dunham S, Lee E, Persky AM. The Psychology of Following Instructions and Its Implications. Am J Pharm Educ. 2020 Aug;84(8):ajpe7779. doi: 10.5688/ajpe7779. PMID: 32934383; PMCID: PMC7473227.

19 Ryan, R. M., Patrick, H., Deci, E. L., & Williams, G. C. Facilitating health behaviour change and its maintenance: Interventions based on self-determination theory. European Health Psychologist, 2008; 10(1), 2-5.

20 Adolphs, S., McAuley, D., Vilar-Lluch, S., Knight, D., McClaughlin, E., Nichele, E., et al. Communicating health threats: Linguistic evidence for effective public health messaging during the Covid-19 pandemic. Nottingham: University of Nottingham; 2023

21 Krist AH, Tong ST, Aycock RA, Longo DR. Engaging Patients in Decision-Making and Behavior Change to Promote Prevention. Stud Health Technol Inform. 2017;240:284-302.

22Verplanken, B., & Orbell, S. Attitudes, habits, and behavior change. Annual review of psychology, 2022; 73(1), 327-352.

23 Albarracín, D., Fayaz-Farkhad, B., GranadosSamayoa, JA. Determinants of behaviour & their efficacy as targets of behavioural change interventions. Nat. Rev. Psychol, 2024; 3(6), 377-392.

24 Bäccman C, Bergkvist L, Wästlund E, Personalized Coaching via Texting for Behavior Change to Understand a Healthy Lifestyle Intervention in a Naturalistic Setting: Mixed Methods Study, JMIR Form Res 2023;7:e47312, doi: 10.2196/47312

25Garnett C et al., Behavior Change Techniques Used in Digital Behavior Change Interventions to Reduce Excessive Alcohol Consumption: A Meta-regression, Annals of Behav Med, 2018; 52(6): 530–543, https://doi.org/10.1093/abm/kax029 ;

26 Merchant RM, South EC, Lurie N. Public Health Messaging in an Era of Social Media. JAMA. 2021;325(3):223–224. doi:10.1001/jama.2020.24514

27 Gollwitzer, P. M., & Brandstaetter, V. Implementation intentions and effective goal pursuit. Journal of Personality and Social Psychology. 1997; 73, 186-199.

28 Bull, S. L., Frost, N., and Bull, E. R. Behaviourally informed, patient-led interventions to reduce missed appointments in general practice: a 12-month implementation study. Family practice, 2023; 40(1), 16–22. https://doi.org/10.1093/fampra/cmac064

29 Fazio LK, Brashier NM, Payne BK, Marsh EJ. Knowledge does not protect against illusory truth. Journal of Experimental Psychology: General. 2015 Oct;144(5):993–1002. <https://doi.org/10.1037/xge0000098>

30 Miller M, Castrucci BC. Changing the COVID-19 Conversation: It’s About Language. JAMA Health Forum. 2021;2(2):e210020. doi:10.1001/jamahealthforum.2021.0020

31 Michie S, van Stralen MM, West R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science [Internet]. 2011;6(42). Available from: https://doi.org/10.1186/1748-5908-6-42. <https://doi.org/10.1186/1748-5908-6-42>

32 Haring NG, Eaton MD. Systematic instructional procedures: An instructional hierarchy. In: Haring NG, Lovitt TC, Eaton MD, Hansen CL, editors. The Fourth R: Research in the Classroom. Columbus (OH): Charles E. Merrill; 1978. p. 23–40

33 Moran M, Murphy S, Frank L, Baezconde-Garbanati L. The Ability of Narrative Communication to Address Health-related Social Norms. Int Rev Soc Res. 2013 Feb;3(2):131-149. doi: 10.1515/irsr-2013-0014. PMID: 24179677; PMCID: PMC3812237

34Nolan, J. M., Schultz, P. W., Cialdini, R. B., Goldstein, N. J., & Griskevicius, V. Normative social influence is underdetected. Personality & Social Psychology Bulletin, 2008; 34(7), 913–923. ttps://doi.org/10.1177/0146167208316691

35 von Wagner C, Hirst Y, Waller J, Ghanouni A, McGregor LM, Kerrison R, Verstraete W, Vlaev I, Sieverding M & Stoffel S.The impact of descriptive norms on motivation to participate in cancer screening - Evidence from online experiments. Patient Education and Counseling, 2019;102 (9), pp. 1621-1628. <https://doi.org/10.1016/j.pec.2019.04.001>

36 Bandura A. Social Foundations of Thought and action: a Social Cognitive Theory. Englewood Cliffs, NJ: Prentice-Hall; 1986

37 Carver, C. S., and Scheier, M. Control theory: A useful conceptual framework for personality–social, clinical, and health psychology. Psychological Bulletin, 1982; 92(1), 111–135. https://doi.org/10.1037/0033-2909.92.1.111

38 Cotterill, S, et al. Social norms interventions to change clinical behaviour in health workers: a systematic review and meta-analysis. NIHR Journals Library, 2020. doi:10.3310/hsdr08410

39Krist A, Tong S, Aycock R, Longo D. Engaging Patients in Decision-Making and Behavior Change to Promote Prevention. Stud Health Technol Inform. 2017;240:284-302. PMID: 28972524; PMCID: PMC6996004.

40Locke, EA. Motivation through conscious goal setting. Applied Preventive Psychol. 2016:5 (2): 117–124. doi:10.1016/S0962-1849(96)80005-9.

41 Robb KA, Young B, Murphy MK, Patrycja D, McConnachie A, Hollands GJ, et al. Behavioural interventions to increase uptake of FIT colorectal screening in Scotland (TEMPO): a nationwide, eight-arm, factorial, randomised controlled trial. The Lancet. 2025; 405,10484, 1081–1092

42 National Cancer Institute, Making Data Talk, 2011. Available from: <https://www.cancer.gov/publications/health-communication/making-data-talk.pdf>

43 Vortac OU, Edwards MB, Manning CA. Functions of external cues in prospective memory. Memory. 1995;3(2):201–19 PMID:7796305

44 National Institute of Care Excellence, Shared Decision Making [internet] London, NICE, 2021, recommendation 1.4. Available from: <https://www.nice.org.uk/guidance/ng197/chapter/recommendations#communicating-risks-benefits-and-consequences>

45 McCroskey JC, Teven JJ. Goodwill: A reexamination of the construct and its measurement. Communication Monographs. 1999 Mar;66(1):90–103 <https://doi.org/10.1080/03637759909376464>

46 Murdock BB Jr. The Serial Position Effect of Free Recall. Journal of Experimental Psycho logy. 1962;64(5):482–8. Available from: <https://psycnet.apa.org/record/1963-06156-001>

47 Williams, S. N., Dienes, K., Jaheed, J., Wardman, J. K., & Petts, J. Effectiveness of communications in enhancing adherence to public health behavioural interventions: a COVID-19 evidence review. Philosophical transactions. Mathematical, physical, and engineering sciences, 2023; 381(2257), 20230129. https://doi.org/10.1098/rsta.2023.0129

48 Wood, C., Conner, M., Sandberg, T., Godin, G., & Sheeran, P. Why does asking questions change health behaviours? The mediating role of attitude accessibility. *Psychology & Health*, 2013; *29*(4), 390–404. <https://doi.org/10.1080/08870446.2013.858343>

49 Giuliani, F., Cannito, L., Gigliotti, G. *et al.* The joint effect of framing and defaults on choice behavior. *Psychological Research* **87**, 1114–1128 (2023). [https://doi.org/10.1007/s00426-0-01726-3](https://doi.org/10.1007/s00426-022-01726-3)

50 Miller, G. A. The magical number seven, plus or minus two: Some limits on our capacity for processing information. *Psychological Review,* 1956; *63*(2), 81–97. [https://doi.org/10.1037/h0043158](https://psycnet.apa.org/doi/10.1037/h0043158)

51Peters GJ, Ruiter RA, Kok G. Threatening communication: a critical re-analysis and a revised meta-analytic test of fear appeal theory. Health psychology review. 2013 May 1;7(sup1):S8-31.

52Rollnick S, Butler CC, Kinnersley P, Gregory J, Mash B. Motivational interviewing. BMJ. 2010 Apr 27;340:c1900. doi: 10.1136/bmj.c1900.

53Bandura A. Self-efficacy: the Exercise of Control. New York: W. H. Freeman; 1997. Available from: <https://www.academia.edu/28274869/Albert_Bandura_Self_Efficacy_The_Exercise_of_Control_W_H_Freeman_and_Co_1997_pdf>

54Stawarz K, Gardner B, Cox A, Blandford A. What influences the selection of contextual cues when starting a new routine behaviour? An exploratory study. BMC Psychol. 2020 Mar 30;8(1):29. doi: 10.1186/s40359-020-0394-9.