BEHAVIOUR DEVELOPMENT AND COMMUNICATION

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Module Overview

In this module, students will learn about models of individual, organizational and community behavior changes. Students will evaluate modules taken from the health care context and then develop a behavior change model for a One Health Intervention. This model will recognize that human behavior changes are not only impacting human health, but also animal and ecological health.

Module Competencies

Competencies#1	Learning Objectives to Develop Competencies
Explain behavior change theories and change management concepts.	a. Defining behavior in observable measurable terms b. Explaining individual behavior modification theories and organizational change c. Factors associated to behavior change
Competencies#2	**Learning Objectives to Develop Competencies**
Adapt models for individual behavior change for OH initiatives across a range of stakeholders	a. Evaluate different models of behavior modification and adapt models for One Health including Motivational Interviewing and RULE b. Evaluate different models of organizational change including Kotter and Lewin
Competencies#3	**Learning Objectives to Develop Competencies**
Ability to describe the fundamentals of risk communication	a. Identify elements of risk communication

A. MOVING FROM PROFESSIONAL-DIRECTED TO PATIENT-CENTERED BEHAVIOR CHANGE

Individual Pre-work Assignment

Seven days before you start this class, select a personal health or wellness behavior that you would like to change. For example, you may want to take at least a 15-minute break for lunch to de-stress or you may want to cut down on the number of cups of coffee that you drink each day or you may want to make sure to follow your doctor's advice to limit your salt intake.

In your Student Guide, write down the personal health or wellness behavior that you would like to change and then list three positive steps that you will take over the next seven days to accomplish this goal. Finally, write down some initial reflections on how you feel about making the change. Be prepared to share your experience on the first day of class.

a.   For the next seven days, I am going to: _____

_____

b.   I will take the following steps:

1.   _____
2.   _____
3.   _____

This goal is	☐ Not important to me	☐ Somewhat important to me	☐ Very important to me
I am	☐ Not confident I can make this change	☐ Somewhat confident I can make this change	☐ Very confident I can make this change
I am	☐ Not ready to start making this change	☐ Somewhat ready to start making this change	☐ Very ready to make this change

How do you feel about making the change?

c.   Behavior Change Journal

	How well did I do? *On a scale from 1 to 10 with 1=Not Well and 10=Very Well*	**What made it was easy to do?**	**What made it was hard to do?**	**Do I need to modify my three steps to be successful tomorrow?**	**How confident am I so that I can succeed?** *On a scale from 1 to 10 with 1=Not Confident and 10=Very Confident*
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					

A.1. Behavior Change

Behavior is the result of the interaction between what we believe and how we feel. If we want to change behavior it is necessary to change the underlying beliefs and feelings related to that behavior. We are all creatures of habit and purposeful behavior changes is both difficult to achieve and even more difficult to maintain. There are many factors that influence whether we achieve behavior change in a health context, of which the level of intrinsic motivation or intention to change that behavior is but one. Other significant factors that influence behavior change include the beliefs underlying the behavior, the value of it, the perceived costs and benefits of changing, the barriers to changing, beliefs about our ability to perform the behavior change, and not least the support and reinforcement of others.

Until recently it was assumed that if people were informed about the risks associated with unhealthy behavior this would be sufficient for them to change to a healthier pattern. The large amounts of investment in the health education movement for relatively little return proved this was not the case. People's beliefs are not based simply on what they are told to believe. There is evidence that health behaviors can be influenced by health promotion techniques at the population level, but significant proportions of patient with health problems do not achieve change in health risk behavior, and even fewer maintain changes to risk status. The need to change or manage behavior in relation to a health problem adds another level of complexity. Many people make the assumption that the diagnosis of health problem is sufficiently motivating to produce an associated reduction in risk related to that health problem. But this is not always the case (Bundy, 2004).

There are two approaches in changing behavior in medical practice, namely Professional-centered and patient-centered. **Professional-centered approach**, medical professionals take full responsibility for the ongoing care of the patient. S/he is responsible for reviewing the patient's conditions, encouraging compliance and preventative measures, making recommendations for additional referrals, and resolving possible conflicts in treatment recommendations from other medical professionals. *(Adapted from Wake Forest University School of Medicine and Wake Forest University School of Law).* A **patient-centered approach** seeks to focus medical attention on the individual patient's needs or concerns. In this approach, results are achieved through a comprehensive system of positive education where patients and health care professionals collaborate as a team, share knowledge and work towards the common goals of optimum healing and recovery. The patient does not simply comply with health directives, but is fully engaged in the care and treatment process. S/he is involved in a process of harmonizing professional advice with his or her wants, needs and preferences.

A.2. Health Believe Models (HBM)

The Health Belief Model (HBM) is a psychological health behavior change model developed to explain and predict health-related behaviors, particularly in regard to the uptake of health services. It was developed in the 1950s by social psychologists at U.S Public Health Service in order to better understand the widespread failure of screening programs for tuberculosis. The model was originally designed to predict behavioral responses to treatment received by acutely or chronically ill patients, but in more recent years the model has been used to predict more general health behaviors. The Health Belief Model suggests that your belief in susceptibility and severity of the threat, combined with your belief in the effectiveness and ease of the proposed behavior change will predict the likelihood of you adopting the new behavior.

Ultimately, HBM was designed to explain why people did not participate in programs to prevent or detect diseases. The core components of HBM include:

- **Perceived susceptibility**
  This refers to a person's subjective perception of the risk of acquiring an illness or disease. There is wide variation in a person's feelings of personal vulnerability to an illness or disease.

People can vary greatly in regards to their perception of susceptibility. On one extreme are individuals who completely deny any possibility of acquiring a disease and on the other extreme are people who are very fearful of the disease and assume that they will probably acquire it. The more susceptible a person feels to a disease or illness, the greater likelihood that they will take preventive measures.

- **Perceived severity**
  This refers to a person's feelings on the seriousness of contracting an illness or disease (or leaving the illness or disease untreated). There is wide variation in a person's feelings of severity, and often a person considers the medical consequences (e.g., death, disability) as well as social consequences (e.g., family life, social relationships) when evaluating the severity. Individuals perceive the severity of a disease or illness differently. Some might evaluate the temporary or permanent nature of the condition and its potential for death. Some individuals will define severity beyond the impact of the disease on themselves- but evaluate its severity based on how it will affect their family, their job, and their relationships.

- **Perceived benefits**
  This refers to a person's perception of the effectiveness of actions available to reduce the threat of the illness or diseases or to treat/cure the illness or disease. The course of action that a person takes in preventing/curing an illness is dependent on consideration and evaluation of the perceived benefits. A person is more likely to take an action if s/he believes the action will be beneficial.

- **Perceived barriers**
  This refers to a person's feelings on the obstacles to performing a recommended health action. There is a wide variation in a person's feelings of barriers which lead to an internal cost-benefit analysis. A patient will weigh the effectiveness of the actions against the perceptions that it may be expensive, dangerous, unpleasant, time-consuming, and/or inconvenient.

- **Cues to action**
  This is the stimulus needed to trigger the decision-making process to accept a recommended health action. These cues can be internal (e.g., chest pains, wheezing, etc.) or external (e.g., advice from others, illness of family member, newspaper article, etc.)
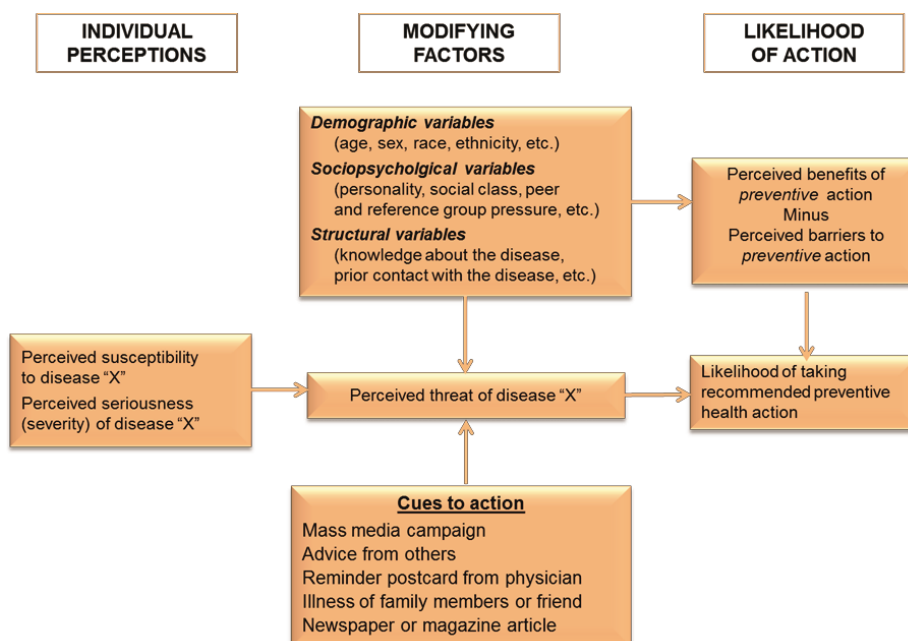
Recently, HBM has been amended to include the notion of self-efficacy as another predictor of health behaviors – especially more complex ones in which lifestyle changes must be maintained over time. A wide variety of demographic, social, psychological, and structural variables may also impact people's perceptions and, indirectly, their health-related behaviors, socioeconomic status, and prior knowledge.

EXERCISE#1

Discussion

✓ What do you think are the strengths of the health belief model? And what do you think are their limitations?

Notes:

B. MODULE FOR PATIENT CENTERED-CHANGE: MOTIVATIONAL INTERVIEWING AND RULE

Individual Pre-work Assignment

Read the article on "Facilitating Behavior Change" and review the "Readiness to Change Instructions and Tool" in the reference section of this module.

B.1. Motivational Interviewing

Motivational interviewing is an approach, first reported in the addiction literature, to improve adherence, it is both as assessment strategy and an intervention. Motivational interviewing is used to determine a person's readiness to engage in a target behavior – such as taking a medication as prescribed – and then applying specific skills and strategies based on the person's level of readiness to create a favorable climate for change. The essence of motivational interviewing is in its collaborative nature, communicating in a partner-like relationship, where the interviewer seeks to create a positive interpersonal atmosphere. In motivational interviewing, responsibility for change is left to the person, the overall goal is to increase the person's intrinsic motivation, so that change arises from within rather than being imposed.

B.1.1. READS

Motivational interviewing uses a number of person-centered techniques to create a favorable climate for change. There are five general principles that underlie motivational interviewing that are arranged to form the acronym READS; Roll with resistance, Express empathy, Avoid argumentation, Develop discrepancy, and Support self-efficacy. These principles are to help the patient:

* To understand his or her thought processes related to the problem
* To identify and measure the emotional reactions to the problem
* To identify how thoughts and feelings interact to produce the patterns in behavior
* To challenge his or her thought patterns and implement alternative behaviors

Roll with Resistance

Resistance behavior may be a signal that the person does not believe or accept information that has been presented. The health care provider should provide information and alternatives, and explore possible solutions. Exploring the reasons behind the resistant behavior can lead the person to seriously consider possibilities for change.

The skill of rolling with resistance is more difficult than some of the others outlined above. The aim is not to argue with the statement but delicately challenge the thought process that underline the behavior one wants to change. When done skilfully it can shift the patient's perspective of the situation. Questioning, asking for clarification and elaboration can help the patient to see the incompatibility between beliefs that maintain the discrepancy between where they are and where they want to move to. New perspectives can be offered but should not be imposed.

Express Empathy

Since motivational interviewing relies to a great extent on establishing and maintaining rapport with the person, the ability to express empathy is critical to this process. Empathy is fundamental to all talk therapies. This process requires skillful reflective listening to understand a person's feelings and perspectives without judging, criticizing, or blaming. An attitude of acceptance and respect contributes to the development of an effective, helping relationship and enhances the person's self-esteem. Empathic responses demonstrate that the health care provider understands the person's point of view and provides an important basis for engaging the person in a process of change.

Avoid Argumentation

Arguments are counterproductive. Motivational interviewing is in and of itself challenging and confrontational: it questions how much someone wants to achieve a change. If the therapist actively challenges the patient's position then the patient will defend him – or herself and present arguments for not changing. This is quite opposite to what motivational interviewing tries to achieve. It is not helpful to hear oneself rehearse arguments for not changing. The goal of motivational interviewing is to encourage the patient to hear themselves say why they want to change. Direct confrontations usually result in defensive reactions and increased resistance to change. The emphasis should focus on helping the person with self-recognition of problem areas rather than coerced admission.

Develop Discrepancy

The principle of developing discrepancy is based on the understanding that motivation for change is created when the person perceives a discrepancy between their present behavior and important personal goals. The person needs to have goals to work towards. In addition they need to be aware that their current situation has consequences. Goals should be generated by the patient himself or herself and not imposed on them. The exercise of getting the patient to outline their goals gives the therapist valuable insight into how realistic these goals are and what is the priority for change.

One of techniques that can be used to develop discrepancy is to ask the person what is good or positive about a particular behavior and what is bad or not so good about that same behavior. Reflecting back and examining the positive and negative will help discrepancy emerge. When skillfully done, motivational interviewing changes the person's perceptions of discrepancy without creating a sense of being pressured of coerced.

Support Self-efficacy

Self-efficacy is a person's belief or confidence in their ability to carry out a target behavior successfully. A general goal of motivational interviewing is to enhance the person's confidence in their ability to overcome barriers and succeed in change. Encouraging the patient to make overt positive statements that reflect a sense of self-efficacy will help to 'reframe' his or her thinking. Setting reasonable and reachable goals that the person can actually accomplish will also help build confidence. It is important that the person be involved in setting the goal. It is also important that the health care provider believes that the person can achieve the goal. This belief in the person can have a powerful positive affect on the outcome.

Motivational interviewing uses the general concept of elicit, provide, elicit which is a continuous process. Information is elicited from the person so the health care provider can better understand their attitudes, beliefs, values, and readiness to change. After eliciting information, the health care provider can then provide information to address any

knowledge gaps identified. Lastly, whenever the person is presented with new information, the health care provider should elicit information on the person's understanding of the new information and their feelings about it. This can identify the concerns or questions that the person may have regarding the information presented.

B.1.2.RULE

Miller and Rollnick defines guiding principles of motivational interviewing as an acronym RULE: Resist the righting reflex, Understand patients' motivations, Listen to patient, and Empower patient (Hall, Kate, Tania Gibbie, etc, 2012).

Resist the Righting Reflex

People generally believe what they heard themselves that said they should do and react in opposition of what others tell them to do. The patient is his/her own expert. Essentially, most people resist persuasion when they are ambivalent about change and will respond by recalling their reasons for maintaining the behavior. Motivational interviewing in practice requires clinicians to suppress the initial righting reflex so that they can explore the patient's motivations for change.

Understand Patient's Motivations

It is the patient's own reasons for change, and not ours, which are most likely to trigger behavior change. By approaching a patient's interests, concerns and values with curiosity and openly exploring the patient's motivations for change, the health care provider will begin to get a better understanding of the patient's motivations and potential barriers to change.

Listen to Patient

When it comes to behavior change, the answers most likely lie within the patient and finding them requires listening and discovery. Effective listening skills are essential to understand what will motivate the patient, as well as the pros and cons of their situation. A general rule-of-thumb in motivational interviewing is that equal amounts of time in a consultation should be spent listening and talking.

Empower Patient

The patient who is active in the consultation, thinking a loud about the way and how of change, is more likely to follow through. Empowering patient involves exploring their own ideas about how they can make changes to improve their health and drawing on the patient's personal knowledge about what has succeeded in the past. A truly collaborative therapeutic relationship is a powerful motivator. Patients benefit from this relationship the most when the health care provider also embodies hope that change is possible.

SPIRIT: ACE	
A: Autonomy	Honor the patient's choice about change. Often, a persons' right and freedom to choose NOT to change, frees them up to consider change.
C: Collaboration	Create a safe, collaborative environment and encourage/facilitate joint decision-making and problem solving.
E: Evocation	Evoke or draw out patient's own ideas and motivation for change. Understand their own perspectives, uncover values and goals that support health behavior change.

GUIDING PRINCIPLES: RULE	
R: Resist the Righting Reflex	People generally believe what they hear themselves say they should do & react in opposition of what others tell them to do. The patient is his/her own expert.
U: Understand your Patient's Motivations	When it comes to behavior change, the answers most likely lie within the patient
L: Listen to your Patient	When it comes to behavior change, the answers most likely lie within the patient and finding them requires listening and discovery (like panning for gold).
E: Empower the Patient	The patient who is active in the consultation, thinking aloud about the way and how of change, is more likely to follow through.

EXERCISE#2

Discussion

✓ How can asking about readiness, importance, or confidence to change help people change their behavior?

✓ How do you see using these different "rulers" and the 1 to 10 scale in addressing behavior change?"

Notes:

EXERCISE#3

Reflection

✓ How skilled do you feel you are in each?

Skill	Current Skills				Where I Want to Be			
	Poor	**Accept-able**	**Good**	**Great**	**Poor**	**Accept-able**	**Good**	**Great**
Empathizing	O	O	O	O	O	O	O	O
Asking ques-tions	O	O	O	O	O	O	O	O
Listening	O	O	O	O	O	O	O	O
Informing	O	O	O	O	O	O	O	O

✓ Identify one skill from the above assessment which you would like to develop and create a personal change plan to develop that skill:

EXERCISE#4

Discussion

In your region, culture or discipline:

✓   How would the Health Belief Model work in your region or culture?
✓   How would you modify Motivational Interviewing and RULE to work most effectively in your region or culture?
✓   As a member of a One Health Team, what do you feel is your role in changing people's behaviors?
✓   Create a model for behavior change that you can use as part of a One Health team. Have this model relate to your specialty/discipline.

Notes:

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C. MODELS OF ORGANIZATION AND COMMUNITY CHANGE: KOTTER AND LEWIN

C.1. Kotter's 8-Step Change Model

John Kotter is a professor at Harvard Business School and world-renowned ch ange expert. Kotter introduced his eight-step change process in his 1995 book, "Leading Change." We look at his eight steps for leading change below. John Kotter proposed eight essential steps for leading change:

Step 1: Create Urgency

For change to happen, it helps if the whole company or organization really wants it. Develop a sense of urgency around the need for change. This may help you spark the initial motivation to get things moving.

This isn't simply a matter of showing people poor sales statistics or talking about increased competition. Open an honest and convincing dialogue about what's happening in the marketplace and with your competition. If many people start talking about the change you propose, the urgency can build and feed on itself.

What you can do:
- Identify potential threats and develop scenarios showing what could happen in the future.
- Examine opportunities that should be, or could be, exploited.
- Start honest discussions and give dynamic and convincing reasons to get people talking and thinking.
- Request support from customers, outside stakeholders and industry people to strengthen your argument.

Note: Kotter suggests that for change to be successful, 75 percent of a company's management needs to "buy into" the change. In other words, you have to work really hard on Step 1, and spend significant time and energy building urgency, before moving onto the next steps. Don't panic and jump in too fast because you don't want to risk further short-term losses; if you act without proper preparation, you could be in for a very bumpy ride.

Step 2: Form a Powerful Coalition

Convince people that change is necessary. This often takes strong leadership and visible support from key people within your organization. Managing change isn't enough; you have to lead it. You can find effective change leaders throughout your organization' they don't necessarily follow the traditional company hierarchy. To lead change, you need to bring together a coalition, or team, of influential people whose power comes from a variety of sources, including job title, status, expertise and political importance. Once formed, your "change coalition" needs to work as a team, continuing to build urgency and momentum around the need for change.

What you can do:
- Identify the true leaders in your organization.
- Ask for an emotional commitment from these key people.
- Work on team-building within your change coalition.
- Check your team for weak areas, and ensure that you have a good mix of people from different departments and different levels within your company.

Step 3: Create a Vision for Change

When you first start thinking about change, many great ideas and solutions will probably be suggested. Link these concepts to an overall vision that people can grasp easily and remember. A clear vision can help everyone understand why you're asking them to do something. When people see for themselves what you're trying to achieve, the directives they're given tend to make more sense.

What you can do:

Determine the values that are central to the change.

- Develop a short summary (one or two sentences) that captures what you "see" as the future of your organization.
- Create a strategy to execute that vision.
- Ensure that your change coalition can describe the vision in 5 minutes or less.
- Practice your "vision speech" often.

Step 4: Communicate the Vision

What you do with your vision after you create it will determine your success. Your message will probably have strong competition from other day-to-day communications within the company, so you need to communicate it frequently and powerfully, and embed it within everything that you do. Don't just call special meetings to communicate your vision. Instead, talk about it every chance you get. Use the vision daily to make decisions and solve problems. When you keep it fresh on everyone's minds, they'll remember it and respond to it. It's also important to "walk the talk." What you do is far more important—and believable—than what you say. Demonstrate the kind of behavior that you want from others.

What you can do:
- Talk often about your change vision.
- Openly and honestly address people's concerns and anxieties.
- Apply your vision to all aspects of operations, from training to performance reviews. Tie everything back to the vision.
- Lead by example.

Step 5: Remove Obstacles

If you follow these steps and reach this point in the change process, you've been talking about your vision and building buy-in from all levels of the organization. Hopefully, your staff wants to get busy and achieve the benefits you've been promoting. But is anyone resisting the change? And are there processes or structures that are getting in its way?

Put in place the structure for change, and continually check for barriers to it. Removing obstacles can empower the people you need to execute your vision, and it can help the change move forward.

What you can do:
- Identify, or hire, change leaders whose main roles are to deliver the change.
- Look at your organizational structure, job descriptions, and performance and compensation systems to ensure they're in line with your vision.
- Recognize and reward people for making change happen.
- Identify people who are resisting the change, and help them see what's needed.
- Take action to quickly remove barriers (human or otherwise).

Step 6: Create Short-Term Wins

Nothing motivates more than success. Give your company a taste of victory early in the change process. Within a short timeframe (this could be a month or a year, depending on the type of change), you'll want to have results that your staff can see. Without this, critics and negative thinkers might hurt your progress. Create short-term targets, not just one long-term goal. You want each smaller target to be achievable, with little room for failure. Your change team may have to work very hard to come up with these targets, but each "win" that you produce can further motivate the entire staff.

What you can do:
- Look for sure-fire projects that you can implement without help from any strong critics of the change.
- Don't choose early targets that are expensive. You want to be able to justify the investment in each project.
- Thoroughly analyze the potential pros and cons of your targets. If you don't succeed with an early goal, it can hurt your entire change initiative.
- Reward the people who help you meet the targets.

Step 7: Build on the Change

Kotter argues that many change projects fail because victory is declared too early. Real change runs deep. Quick wins are only the beginning of what needs to be done to achieve long-term change.

Launching one new product using a new system is great. But if you can launch 10 products, that means the new system is working. To reach that 10th success, you need to keep looking for improvements. Each success provides an opportunity to build on what went right and identify what you can improve.

What you can do:
- After every win, analyze what went right and what needs improving.
- Set goals to continue building on the momentum you've achieved.
- Learn about kaizen, the idea of continuous improvement.
- Keep ideas fresh by bringing in new change agents and leaders for your change coalition.

Key Points

You have to work hard to change an organization successfully. When you plan carefully and build the proper foundation, implementing change can be much easier, and you'll improve the chances of success. If you're impatient, and if you expect too many results too soon, your plans for change are more likely to fail.

Create a sense of urgency, recruit powerful change leaders, build a vision and effectively communicate it, remove obstacles, create quick wins, and build on your momentum. If you do these things, you can help make the change part of your organizational culture. That's when you can declare a true victory. Then sit back and enjoy the change that you envisioned so long ago.

C.2. Lewin's Change Management Tool

Change is a common thread that runs through all businesses, regardless of size, industry and age. Our world is changing fast and, as such, organizations must change quickly too. Organizations that handle change well thrive, whilst those that do not may struggle to survive. The concept of "change management" is a familiar one in most businesses today. But, how businesses manage change (and how successful they are at it) varies enormously depending on the nature of the change business, the change and the people involved. A key part of this depends on how far people within it understand the change process. One of the cornerstone models for understanding organizational change was developed by Kurt Lewin in the 1940s and still holds true today. His model, known as Unfreeze – Change – Refreeze, refers to a three-stage process of change. Lewin, a physicist as well as social scientist, explained organizational change using the analogy of changing the shape of a block of ice.

If you have a large cube of ice, but realize that what you want is a cone of ice, what do you do? First, you must melt the ice to make it amenable to change (unfreeze). Then you must mold the iced water into the shape you want (change). Finally, you must solidify the new shape (refreeze). By looking at change as a process with distinct stages, you can prepare yourself for what is coming and make a plan to manage the transition—looking before you leap, so to speak. All too often, people go into change blindly, causing much unnecessary turmoil and chaos.

To begin any successful change process, you must first start by understanding why the change must take place. As Lewin put it, "Motivation for change must be generated before change can occur. One must be helped to re-examine many cherished assumptions about oneself and one's relations to others." This is the unfreezing stage from which change begins.
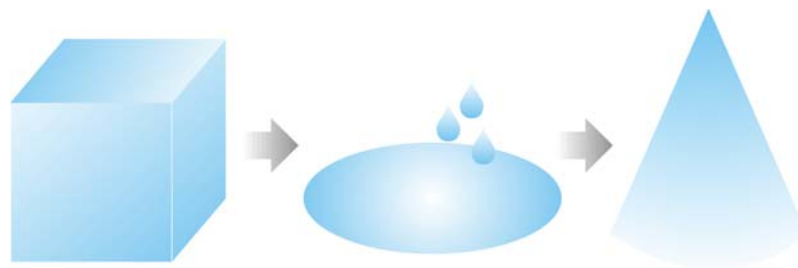
Unfreeze

This first stage of change involves preparing the organization to accept that change is necessary, which involves breaking down the existing status quo before you can build up a new way of operating. The key to this is developing a compelling message that shows why the existing way of doing things cannot continue. This message is easiest to frame when you can point to declining sales figures, poor financial results, worrying customer satisfaction surveys, or suchlike which clearly show that things need to change.

To prepare the organization successfully, you need to start at its core; you need to challenge the beliefs, values, attitudes and behaviors that currently define it. Using the analogy of a building, you must examine and be prepared to change the existing foundation as it might not support add-on stories; unless this is done, the whole building may risk collapse.

This first part of the change process is usually the most difficult and stressful. When you start cutting down the "way things are done." you put everyone and everything off balance. You may evoke strong reactions in people, and that's exactly what needs to done.

By forcing the organization to reexamine its core, you effectively create a (controlled) crisis, which in turn can build a strong motivation to seek out a new equilibrium. Without this motivation, you won't get the buy-in and participation necessary to effect any meaningful change.

Practical steps using the framework:
1. Determine what needs to change.
    ▪ Survey the organization to understand the current state.
    ▪ Understand why change has to take place.

2. Ensure there is strong support from upper management.
    ▪ Use Stakeholder Analysis and Stakeholder Management to identify and win the support of key people within the organization.
    ▪ Frame the issue as one of organization-wide importance.

3. Create the need for change.
    ▪ Create a compelling message about why change must occur.
    ▪ Use your vision and strategy as supporting evidence.
    ▪ Communicate the vision in terms of the change required.
    ▪ Emphasize the 'why.'

4. Manage and understand the doubts and concerns.
    ▪ Remain open to employee concerns and address them in terms of the need for change.

Change

After the uncertainty created in the unfreeze stage, the change stage is where people begin to resolve their uncertainty and look for new ways to do things. People start to believe and act in ways that support the new direction. The transition from unfreeze to change does not happen overnight; people take time to embrace the new direction and participate proactively in the change. A related change model, the Change Curve, focuses on the specific issue of personal transitions in a changing environment and is useful for understanding this specific aspect in more detail.

To accept the change and contribute to making the change successful, people need to understand how the change will benefit them. Not everyone will fall in line just because the change is necessary and will benefit the company. This is a common assumption and pitfall that should be avoided.

Tip: Unfortunately, some people will genuinely be harmed by change, particularly those who benefit strongly from the status quo. Others may take a long time to recognize the benefits that change brings. You need to foresee and manage these situations.

Time and communication are the two keys to success for the change to occur. People need time to understand the change and they also need to feel highly connected to the organization throughout the transition period. When you are managing change, this can require a great deal of time and effort and hands-on management is usually the best approach.

Practical steps using the framework:
1. Communicate often.
    ▪ Do so throughout the planning and implementation of the change.
    ▪ Describe the benefits.
    ▪ Explain exactly how the change will affect everyone.
    ▪ Prepare everyone for what is coming.

2. Dispel rumors.
   - Answer questions openly and honestly.
   - Deal with problems immediately.
   - Relate the need for change back to operational necessities.

3. Empower action.
   - Provide lots of opportunity for employee invovlement.
   - Have line managers provide day-to-day direction.

4. Involve people in the process.
   - Generate short-term wins to reinforce the change.
   - Negotiate with external stakeholdres as necessary

Refreeze

When the change is taking shape and people have embraced the new ways of working, the organization is ready to refreeze. The outward signs of the refreeze are a stable organization chart, consistent job descriptions, and so on. The refreeze stage also needs to help people and the organization internalize or institutionalize the change. This means making sure that the change is used all the time and is incorporated into everyday business. With a new sense of stability, employees feel confident and comfortable with the new ways of working.

The rationale for creating a new sense of stability in our ever-changing world is often questioned. Even though change is a constant in many organizations, this refreezing stage is still important. Without it, employees get caught in a transition trap where they aren't sure how things should be done, so nothing ever gets done to full capacity. In the absence of a new frozen state, it is very difficult to tackle the next change initiative effectively. How do you go about convincing people that something needs changing if you haven't allowed the most recent change to sink in? Change will be perceived as change for change's sake, and the motivation required to implement new changes simply won't be there.

As part of the refreezing process, make sure that you celebrate the success of the change. This helps people find closure, thanks them for enduring a painful time, and helps them believe that future change will be successful.

Practical steps using the framework

1. Anchor the changes into the culture.
   - Identfy what supports the change.
   - Identify barriers to sustaining change.

2. Develop ways to sustain the change.
   - Ensure leadership support.
   - Create a reward system.
   - Establish feedback systems.
   - Adapt the organizational structure, as necessary.

3. Provide support and training.
   - Keep everyone informed and supported.

4. Celebrate success!

Key Points

Lewin's change model is a simple and easy-to-understand framework for managing change.

By recognizing these three distinct stages of change, you can plan to implement the change required.

You start by creating the motivation to change (unfreeze). You move through the change process by promoting effective communications and empowering people to embrace new ways of working (change). The process ends when you return the organization to a sense of stability (refreeze), which is necessary for creating the confidence from which to embark on the next, inevitable change.

EXERCISE#5

Discussion

✓   What did you like about each model?
✓   What more do you need to learn about each model?
✓   Are the models exclusive of one another? Complimentary?

Notes:

D. ONE HEALTH PROMOTION COMMUNICATION STRATEGIES

Individual Pre-work Assignment

Prior to the session to read and come prepared to discuss the article following article on communication strategies.

✓ Article—Communication Strategies Toolkit, Environmental Protection Agency, United States.

D.1. Communication

Communication strategies are plans for communicating information related to a specific issue, event, situation, or audience. They serve as the blueprints for communicating with the public, stakeholders, or even colleagues. Communication strategies should outline the objective, identify stakeholders, define key messages, pinpoint potential communication methods and vehicles, and specify the mechanisms that will be used to obtain feedback on the strategy.

Communication strategies do not have to be formal written documents. They can simply involve taking the time to think about a communication problem or issue and determining the best approach for communicating the message or information. Such an approach is especially true for simple issues that need to be conveyed about low-risk sites that have not generated a high level of public concern. However, at sites with high levels of public concern or site cleanup issues that are expected to be controversial, a more formal written strategy may be needed to ensure that all stakeholders are reached and all key messages are communicated effectively.

Communication strategies should answer: what, who, why, and how, as follows:

- *Why*. It is necessary to determine the reason why the communication is necessary and define the desired objectives. Objective may include: providing information, increasing awareness, encouraging action, building consensus, changing behavior, promoting community participation, resolving conflict, and asking for input.

- *Who*. Once the reason has been determined, the next step is defining the audiences to be reached. These following question may help:

  - Who is involved, affected, interested?
  - Is there an obvious audience?
  - Are there others who may be affected?
  - Are there traditionally underrepresented groups that need to be reached?
  - What information does each stakeholder already have?
  - What information does each stakeholder need?
  - What are their concerns?
  - How is each stakeholder likely to react?

- *What*. This step is determining the key message that needs to be delivered. Focus on two or three key messages and rank them by importance, timeliness, or other factors. It is possible that you have key messages that are only constructed for one or two of your identified audiences.

- *How*. Last is it is necessary to determine the vehicle for delivering the messages. Here are a few options:

  - Availability session/open house
  - Celebrations/special events
  - Electronic media, including email
  - Face-to-face meetings with key stakeholders
  - Focus groups
  - Media, including cable TV, display ads, news releases, and press conference
  - On-scene activities
  - Public hearings
  - Public meetings
  - Public or private scholls
  - Social media tool
  - Workshop

D.2. Risk Communication

The World Health Organization (WHO) defines risk communication as dynamic exchange of life-saving information. In a pandemic or other public health emergency, authorities must engage individuals, communities, and business to listen to and respond to concerns, and support everyone by working together to prevent disease spread. Risk communication prevents spread of disease, save lives and protects national and local economies. Without effective risk communication, people do not have the information they need to protect themselves, their families and their livelihoods. When people know how to protect themselves, they can help to stop the spread of diseases, limiting the economic and social impact of an outbreak or emergency. In summarize, there are five important points of risk communication:

- Listening and responding to concerns
- Sharing information quickly in ways people trust
- Building trust and understanding
- Engaging everyone in fighting disease
- Stable economies and communities

As official risk communicators engaged with publics, interest increased in how such communication could be most effective, with initial questions focused on message creation but expanding to query how audiences process and act on messages, leading to a deep body of risk communication research. Baruch Fischhoff was one of the leading pioneers of risk communication research, which built on early risk perception work driven by Paul Slovic and Sarah Lichtenstein. Fischhoff worked in this area starting in the late 1970s, culminating in the identification of seven evolutionary stages of risk communication and best practices (1995): (Sheppard, 2012)

- Get the numbers right
- Tell key publics what the numbers mean
- Explain what the numbers mean
- Show publics they have accepted similar risks before
- Explain how risk benefits outweigh the costs
- Treat publics with respect
- Make publics partners with risk communicators
- Do all the above

Effective risk communication during a health emergency requires planning and investment before the emergency occurs. Many countries have learned that it is better to have a strong system in place that can respond to any health emergency, rather than to prepare for each emergency individually. Taking this "all hazards approach", WHO supports countries by strengthening their

ability to prepare for and respond to any public health hazard, including pandemic influenza. Prior to a pandemic or other public health emergency, countries should have risk communication system in place to:

- Deploy trained risk communication professionals to support the response from the very beginning until the end of the emergency.
- Reach out to and engage local communities and respond to their concerns
- Rapidly produce and share communications through channels that people use and trust
- Test the effectiveness and appropriateness of public health messaging, and adjust advice as needed
- Test risk communication capacity, including through simulation exercises
- Coordinate communications between government partners and affected sectors

10 Best Practices of Risk Communication
- Risk and crisis communication is an ongoing process
- Conduct pre-event planning and preparedness activities
- Foster partnerships with public
- Collaborate and coordinate with credible sources
- Meet the needs of media and remain accessible
- Listen to public's concerns and understand audience
- Communicate with compassion, concern, and empathy
- Demonstrate honesty, candor, and openness
- Accept uncertainty and ambiguity

D.3. Informatics

"Informatics studies the application of information technology to practically any field, while considering its impact on individuals, organizations, and society. It uses computation as a universal tool to solve problems in other fields, to communicate, and to express ideas."

– Illinois Informatics Institute
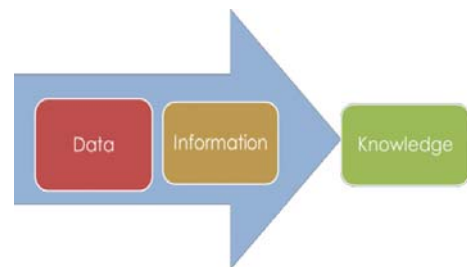
Public Health Informatics: Key Issues

Rockefeller Foundation defines challenge for public health informatics is how to enhance the delivery of high-quality, contextually relevant content, focused on a broad range of data (such as disease incidence, immunization rates, morbidity, mortality statistics, practice guidelines, research findings, protocols, maps and images) so this content can be used on the ground at the local, district and national levels. There is great potential for public health informatics innovations to improve health, particularly in these areas:

- Communication among geographically dispersed health workers and consumers
- Delivery of public health services by strengthening and streamlining data collection
- Support of primary and secondary prevention via electronic health records and improved laboratory systems
- Data collection for research studies, such as drug and vaccine trials
- Environmental health interventions, such as bio surveillance, road safety and geographic mapping systems applications