Behaviourally Informed Communications Initiative (BICI): Development and Implementation Report

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Public Health Wales

Canolfan Gydweithredol Sefydliad Iechyd y Byd ar Fuddsoddi ar gyfer Iechyd a Llesiant
World Health Organization Collaborating Centre on Investment for Health and Well-being

Uned Gwyddor Ymddygiad
Behavioural Science Unit

Behaviourally Informed Communications Initiative (BICI): Development and Implementation Report

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Behavioural Science Unit:

The Public Health Wales Behavioural Science Unit was launched to provide specialist expertise on behavioural science, and develop the application of it, to improve health & wellbeing in Wales. The Unit is part of the World Health Organisation (WHO) Collaborating Centre on Investment in Health and Wellbeing.

For further information, or support around the application of behavioural science to improve and protect health and wellbeing and reduce inequity in Wales please get in touch.

Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh

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Many thanks to the individuals and teams who have engaged with this programme of work, contributed case studies and provided their feedback.

Introduction

The Behavioural Science Unit (BSU) at Public Health Wales exists to enable the increasingly routine application of behavioural science, in the work of Public Health Wales and its stakeholders in the wider public health system, aiming for better health outcomes for the people of Wales.

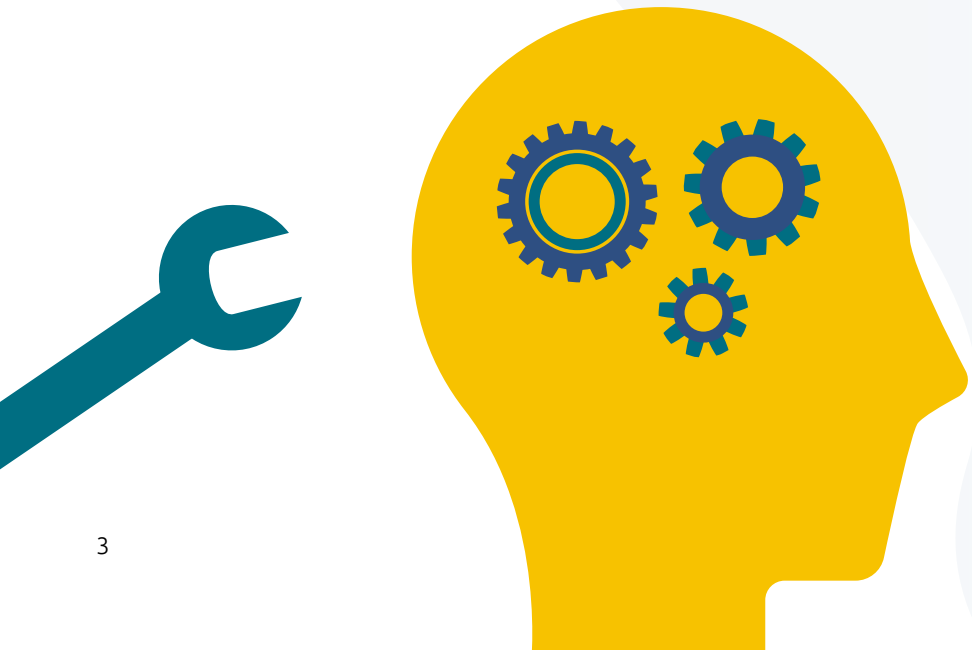
Public Health Wales' Long Term Strategy notes that "our Behavioural Science Unit will provide specialist expertise and enable the routine application of behavioural science to improve and protect population health and well-being. Support, guidance and capability building for stakeholders across the public health system, will help deliver a step change around achieving our strategic objectives".

Public Health Wales Integrated Medium Term Plan commits the BSU to develop a programme to deploy and test behavioural science and design in optimising direct communication tools.

Intended Impact

Public Health Wales sends hundreds of thousands of pieces of personal communication to members of the public each year – invariably requiring a behaviour to improve or protect their health. The Behavioural Science Unit launched 'Developing Behaviourally Informed Communications' in March 2023 – this tool helps colleagues optimise their communications output through using behavioural science and has seen keen interest. The Behaviourally Informed Communications Initiative (BICI) has built on this interest, taking inspiration from previous impactful initiatives including 'The Better Letter Initiative' (Murphy et al 2020). BICI explores how we can optimise impact-at-scale, using evidence based behaviourally informed letters, texts and more.

The aim of BICI is to optimise the impact of communications through enhancing the capability of colleagues to develop and implement behaviourally informed content (e.g., letters, texts, emails), helping to increase engagement and promote health-related behaviour change. By integrating behavioural science principles, BICI aims to build skills, encourage the routine application of behavioural science, and support advocacy for its use across teams. The logic model below outlines the intended inputs, outputs, outcomes and impact in further detail.



INPUTS

- BSU time / capacity to develop initiative, create content (e.g., workbooks)
- Engage with stakeholders to share their work / support the programme
- Time spent generating interest, encouraging attendance / sign-up
- IT infrastructure e.g., teams, webinars, emails

OUTPUTS

Intervention

Workshop 1 -
Case studies, introduction of steps 1, 2 and 5. BCTs used (including goal setting, social comparison)

Workshop 2 -
Reflection, steps 3, 4 and 5. BCTs used (goal setting, feedback etc)

- BICI Workbook
- Teams Channel
- Support from BSU (e.g., feedback, rapid reviews)

Participants

Diabetic Eye Screening
Cervical Screening
Breast Screening
Bowel Screening
VPDP
AWDPP
Primary Care
BCUHB
Greener Primary Care
Help Me Quit
Microbiology
Health Protection
Swansea UHB
Screening Engagement Team

OUTCOMES

Short

- Sign up to initiative
- Attend both workshops
- Complete activities included within workbook
- Make changes / develop new communication based on BICI content
- Gain knowledge, confidence and experience of developing behaviourally informed comms

Medium

- New / amended letter implemented into the system
- Changes from the letter are recorded and compared with pre / post data or control group
- Data analysed and findings discussed
- Further amendments made if necessary

Long

- Increased capability and motivation to apply behavioural science to comms
- Attendees routinely applying BICI content (e.g., 5 steps) to their comms
- Attendees advocating for the use of behavioural science within comms with their peers / networks

IMPACT

Change in behaviour dependent on comms (e.g., increased vaccine uptake, decreased DNAs at colonoscopy appointments)

Development of the BICI

The initiative built on the 'SCALE' approach outlined in 'Developing Behaviourally Informed Communications'.

S **Specify**
clearly define behavioural objectives

C **Consider**
explore barriers and facilitators using the COM-B model

A **Assemble**
draft the content

L **Layout**
consider design and accessibility

E **Evaluate**
plan for assessment

'SCALE' includes five key stages: Specify (clearly define behavioural objectives), Consider (explore barriers and facilitators using the COM-B model), Assemble (draft the content), Layout (consider design and accessibility), and Evaluate (plan for assessment). A cohort of colleagues were recruited, each bringing a piece of communication to improve using the 'SCALE' approach. This helped bridge the gap between knowledge and practice, emphasising the importance of applying behavioural science principles to real-world communication challenges.

Our Approach:

The first phase, awareness raising and sign-up, involved liaising with colleagues across the organisation to gauge interest and identify if they had a piece of communication they wanted to optimise. Participants were given more information about the initiative so that they could decide if they had the time to commit to the programme's workshops and activities.

This was followed by two interactive workshops, designed to provide participants with practical skills in applying behavioural science principles to their communications. Between workshops, attendees were encouraged to complete a number of self-directed activities to apply what they had learned.

The final two phases, currently ongoing at the time of publication, focus on implementation and evaluation and will help to add to our understanding of 'what works' when it comes to behaviourally informed communications.

To help facilitate learning, the initiative was supported by an interactive BICI workbook, hosted on Miro, designed to guide attendees through the 'SCALE' approach in a step-by-step manner. The workbook included interactive tasks, resources, and additional information to help participants apply behavioural science principles to their communications. Each attendee received their own personal workbook, which served as both a reference and a tool for ongoing application.

Awareness Raising & Sign-up

The first phase involved identifying potential attendees and suitable communications, confirming availability to attend workshops, and agreeing expectations regarding work to be carried out and implementation plans

Workshop 1: Weds 5th June (Online)

The purpose of the first workshop was to share examples of good practice, and to introduce 'specify', 'consider' and 'evaluation' so that attendees were already starting to consider the data they had available

Researching, Reviewing, Amending

Between workshops one and two, attendees developed their behavioural specifications and completed their behavioural diagnoses (using either primary or secondary research methods)

Workshop 2: Weds 4th Sept (In-Person)

The second workshop took place in person and focused on 'assemble', 'layout' and 'evaluate'. The workshop involved attendees reviewing each other's communications and developing implementation plans

Implementation: October onwards

This phase has involved teams finalising their communications, agreeing the amended version with their stakeholders groups where required and implementing the updated communication into the system

Analysis, Evaluation, Findings: Feb/March

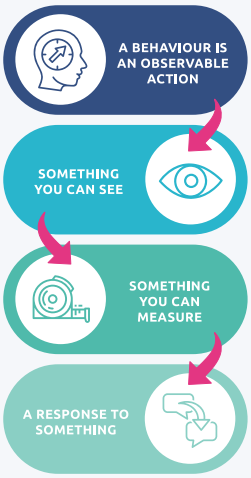
The final step involves gathering pre/post data if available, conducting analysis to understand the impact of the amendments and developing an outcome report to share learning

Delivery of the BICI

Workshop One

The first hour of the workshop was dedicated to hearing from case studies presented by colleagues from the Department of Health in Ireland and the Behavioural and Cultural Insights Unit at WHO Europe. Attendees were then introduced to the first two steps within the 'SCALE' process – Specify and Consider.

1 The first step, specify, is focused on the development of a behavioural specification. This involved being clear on what a behaviour is – a behaviour is an observable action, something you can see, something you can measure, a response to something. In addition to defining 'who' needs to do 'what' differently, 'where' and 'how'. Attendees were invited to discuss their initial thoughts within smaller breakout rooms, facilitated by team members of the Behavioural Science Unit.



WHO — **Who** needs to change / adopt the behaviour?

WHAT — **What** does the person / group / population need to do? what is the behaviour (observable and measurable action) and how does it need to change (start, stop, increase, decrease)?

WHERE — **When** will they do it? When do they need to change / adopt the behaviour? and possibly for how long?

WHEN — **Where** will they do it? Where will they change / adopt the behaviour?

2 The second step, consider, unpacks the importance of a behavioural diagnosis. This involved introducing the COM-B model (Michie et al 2013) and exploring the different ways in which a behavioural diagnosis can be completed, ranging from rapid desk-based reviews to the commissioning of primary research. Attendees shared their thoughts during breakout room discussions on how they may complete their behavioural diagnosis with the time, resource and capacity available.

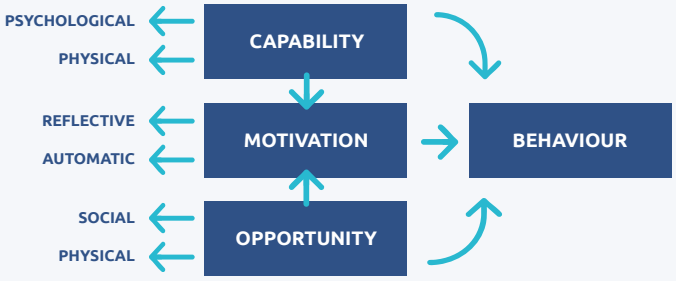
Behavioural Diagnosis

Discuss what your **collective experiences** tell you about the barriers and facilitators to adopting behaviour.

Research what local sources (research, guidance, reports) reveal about the barriers and facilitators to the behaviour.

Collect insight from your target audience via appropriate networks.

Commission a piece of research to gather insight data on a larger scale.



Delivery of the BICI

Workshop Two

The second workshop covered the final three steps of SCALE - assemble, layout and evaluation followed by a recap of evaluation. The workshop started with attendees sharing their experiences of completing a behavioural specification and diagnosis. **Some feedback included:**

"It's been a revelation really, as I was developing my specification I realised I actually had two different audiences with different target behaviours."

"The process has made me realise we need to gather more insight from our target population, and not just assume we know why someone or a group of people aren't doing something."

"It was difficult to find data specific enough to my target audience and behaviour without doing primary research (which I didn't have time for)."

"I wasn't always sure if the insight mapped to Capability', 'Opportunity' or 'Motivation'."

Attendees then worked through the SCALE step 'assemble' which involved a process of identifying key information to include within their communication, such as phone numbers or an appointment time. Following this, barrier(s) and/or facilitator(s) to address were prioritised, and suitable Behaviour Change Techniques (BCTs) were identified using the behavioural insights that had been gathered prior to the second workshop. Lastly, some dedicated time was provided to allow for a first draft of the new communication to be developed.

A process of peer-review and testing then took place to cover layout and evaluation, with attendees sharing their communication with each other and providing feedback. Several different tests were provided within the workbook including a reading age calculator, the flip test and the paraphrase test.

Workshop two concluded with some action planning, which prompted attendees to consider their next steps.

This included answering questions such as –

- When do you plan to have your communication ready by?
- What do you need to do next?
- When will you do it?
- How will you do it?
- Who will you support you, and how?
- What challenges may you face and how will you address them?

Next Steps

BICI (at the time of publication) is currently in the 'implementation phase, meaning the BICI cohort are making the final amendments to their communications before implementing them into the system. For some this involves engagement with their target population and co-production, whilst others are engaging with their professional stakeholder groups to approve the changes they've made. Some teams have the ability to send their communication to a sub-group of their population and are planning to implement pilot trials, whilst others will be using pre/post data to understand the impact of their changes.

Process Evaluation

The first workshop held via Microsoft Teams in June 2024, was attended by 35 colleagues who brought 30 different types of communications with them. The types of communications included letters, text messages, e-bulletins, newsletters, and web pages. Public health topics included bowel screening, shingles vaccines, cervical screening, MMR vaccines, smoking cessation, diabetic eye screening, measles test kits, waiting list engagement, primary care sustainability, cellulitis, breast screening, dental public health and familial hypercholesterolaemia.

Participants were asked **'how confident do you feel about developing behaviourally informed communications?'** on a scale of 1-10 (1- not at all, 10-very confident).

The average score was 4.8

Feedback from workshop one included:

"I can't believe how obvious some of these changes are, yet we've never done them. I'm so excited to get started and make change."

"Really informative session, I think I have 10+ pages of notes scribbled down. The most important thing for me is to try and work my way backward and bring it back to the aim of what I am trying to achieve in regards to the piece of comms that I want to apply this to."

"The tools shared will really help me in being systematic in my thinking and approach when developing behaviourally informed communications."

In total, **28 behavioural specifications and 24 behavioural diagnoses** were completed between workshops one and two.

The second workshop was held in-person in September, three months after the first. At the end of workshop two participants were asked again **'how confident do you feel about developing behaviourally informed communications?'** on a scale of 1-10 (1- not at all, 10-very confident).

The average score was 7.3

feedback from workshop two

"The learning is transferable to lots of other work and projects"

"The application of BCTs can really help to increase the effectiveness of a comms piece."

"The key thing is... What do you want people to do? and that needs to be obvious!"

"It's okay to take a step back and review what to do, and why we do it. We're often stuck in our ways of 'they can't be changed because of X' or 'it always says that in the letters'."

BICI Feedback Points

At the end of the second workshop, we asked attendees the three questions below:

To what extent has your knowledge changed after attending the BICI workshop?

- Has developed considerably, far greater understanding in applying knowledge/ science and how to achieve this effectively.
- More familiar with the techniques and making steps clear
- I'll consider the audience more and the barriers they may experience/face
- The workshops have been extremely helpful in working through an active product and has raised my awareness of the systematic process to follow. It has increased my awareness of tools I didn't know existed around testing.
- The sessions have been really informative and engaging, I've really benefited from the practical tools within the tool kit which have supported me to work through a behavioural diagnosis. I will be using for other projects going forwards.
- I had little knowledge before the workshops, I now understand more about BCTs. I have used them without realising in the past, but will use them with purpose now

What has been your key take away from BICI so far?

- Nail the 'call to action'
- Working through your communication methodically is key, using COM-B to help inform
- The process is important - Don't assume you know what is needed
- "What do I need them to do?" and "Action at the start of the communication"
- Don't just do/write things the way they have always been done, think about it!
- "What is the behaviour you're trying to change?"

What could we do to improve BICI?

- Increase the number of workshops, so much useful/helpful content that could have been digested even further
- Follow-up learning and reaching out to other departments
- Appreciate we're the first cohort, but for future cohorts it may be useful to have examples of work (before/after)
- The terminology is like another language, maybe spend more time explaining these things. The workbook helps with this though.
- Miro is a bit tricky to use. I'd like some more blank templates to use with my team.
- I really enjoyed the face to face session, easier to concentrate and to network compared to teams
- Protected time to support evidence findings, completion, gather insights etc

Help Me Quit – SMS Text Messages

Richard Quartermass, National Co-Ordinator, Help Me Quit

We reviewed an SMS message intended for clients who self-refer to the Help Me Quit service. The SMS aimed to prompt clients to engage with our smoking cessation support services after they initiated a self-referral via our website.

Reflections on Original Communication:

Engagement data showed that only 5% of clients who received the original SMS called the service on Day 0. Overall, the rate for successful contact from those that self-referred was 30%. Many clients did not respond to the service's attempts to engage, likely due to the lack of an immediate call-to-action, or motivational framing.

Behavioural Specification:

WHO Self-referring Help Me Quit clients.

WHEN Upon receiving the initial acknowledgment SMS

WHAT Call the Help Me Quit contact line

WHERE On the telephone

Behavioural Diagnosis:

Opportunity:
- lack of immediate prompts to encourage immediate action
- Delayed contact between initial self-referral and phone call from Help Me Quite team

Motivation:
- Potential for decreased motivation after initial self referral

Barriers Addressed:

- Delayed clients had to wait for follow-up, with motivation potentially decreasing during this period
- Lack of immediate action prompt

Behaviour Change Techniques:

1. Commitment (acknowledged the first step clients had taken and encouraged them to continue by calling the service)
2. Instruction on how to perform the behaviour (call us today on XXX)
3. Framing positive framing highlighting health benefits
4. Prompts/cues

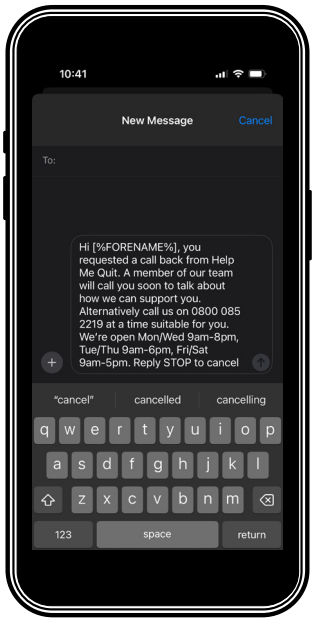
Next Steps

- The revised SMS is being implemented as part of a four-week pilot.
- We will collect data on the number of clients who contact the service after receiving the SMS, compared to those who received the original version.
- Data analysis will be conducted post-pilot to assess impact, with results available by the end of the following month.

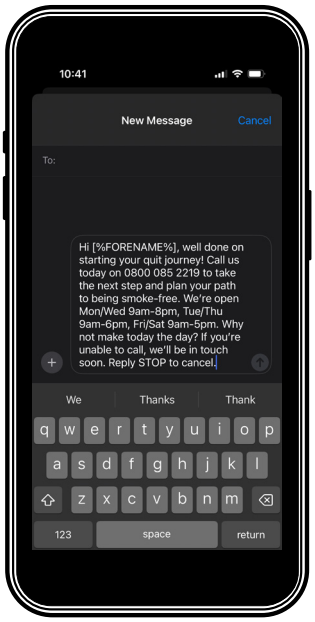
Reflections/Learning:

The BICI process helped to shift our approach from purely informative communication to action-oriented, behaviourally informed messaging. We learned that a lack of immediate action prompts often leads to reduced engagement and that using motivational and action-based language can help retain clients in the process.

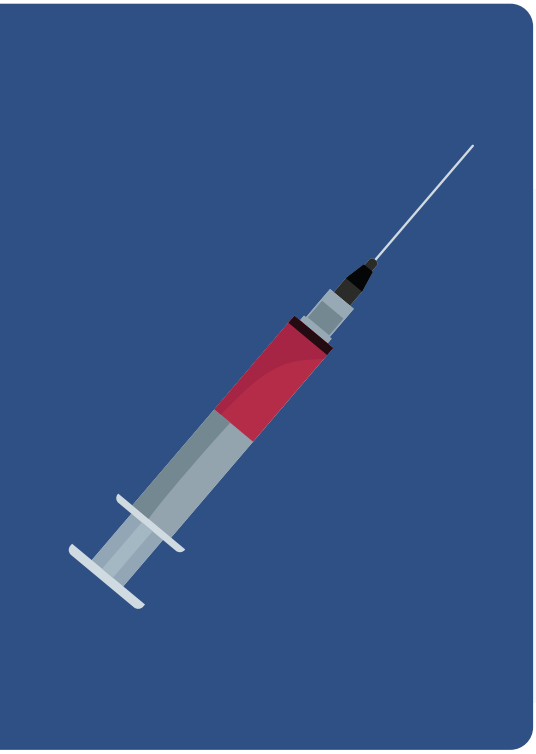
Original Communication:



Amended Communication:



Vaccine Preventable Disease Programme – Shingles Vaccine



Claire Thompson, Public Health Practitioner

A letter template for GP practices to invite eligible adults for shingles vaccination.

Reflections on Original Communication:

This is a new letter template that aligns with updated national shingles vaccination policy.

The letter invites eligible adults to have a shingles vaccination. A call and recall system is in place to ensure that those that are eligible receive an invitation. Reminders are sent to those who fail to respond to the initial invitation.

Templates are made available to GP practices, who can adapt the content to fit local procedures.

Behavioural Specification:

WHO Adults aged over 50 years who are eligible for shingles vaccination and have a weakened immune system

WHEN Within a week of receiving the invitation letter

WHAT Make an appointment for shingles vaccination by contacting their GP surgery

WHERE At a place of the individual's preference

Behavioural Diagnosis:

Capability:
- Lack of awareness/knowledge of eligibility for shingles vaccine
- Lack of awareness of severity of shingles disease
- Lack of awareness that people who have already had shingles could get it again.

Opportunity:
- Recommendation by GP/ healthcare professional increases acceptability
- GP/healthcare professional are trusted sources
- Call/recall system might introduce opportunity barriers.

Motivation:
- Attitudes towards vaccinations are more positive than average among those aged 55 and older
- Low risk perception due to successful disease management

Barriers Addressed:

- Informing patients that they are eligible for the shingles vaccine, and explaining why
- Informing patients about the severity of shingles (link to video)
- Increasing awareness that people who have already had shingles could get it again, and would benefit from getting vaccinated.

Behaviour Change Techniques:

1. Instruction on how to perform the behaviour
2. Information about health consequences
3. Action planning
4. Credible source
5. Prompts/cues

Next Steps

- Gain a better understanding as to whether GP practices are aware of the vaccination invitation letter templates available, and to what extent these are used (across vaccination programmes).
- Undertake a desk top exercise to identify the barriers and facilitators to shingles vaccination uptake amongst this specific population group.
- Consider collecting insights from target audience.
- Further develop the letter template, audience test and finalise.
- Consider follow up communication method and content for non-responders, and invitation for the second dose.
- Explore opportunities to pilot letter template with GP practices and Primary Care cluster/s.

Reflections/Learning:

BICI has provided the opportunity for me to develop my knowledge and confidence using SCALE and the COM-B model and begin to apply them to the design of communications such as the template invitation letters, and to other aspects of my work.

Some key takeaways for me include:

- Ensure to develop a clear behavioural specification
- Different behaviour change techniques and different communications might be needed to address non-response to invitation letters
- Through gathering insights, I found that these patients may have more frequent contact with other HCPs due to their condition or treatment, highlighting that we may need to consider the most appropriate source/s for our communications.

Original Communication:

[Insert GP Surgery]
[First Address Line]
[Second Address Line]
[Town/City]
[Postcode]
[Contact Number]

[Date]

Dear [Name]

You are due your shingles vaccination. Shingles is a condition that can be very painful and have long-lasting effects. Please contact the surgery on [phone number] to arrange your appointment.

Shingles is more common in older people. The shingles vaccination significantly reduces your chance of getting shingles. (Or, if you do get shingles, it is likely to be a milder and shorter illness.)

The vaccine is given as a small injection in the upper arm. There are two different shingles vaccines – Zostavax (see the note below) and Shingrix. When you come to the practice, we will assess you and tell you which is the appropriate vaccine for you.

If you would like more information, talk to your practice nurse or GP, or phone NHS 111 Wales on 111. Calls to 111 are free.

If you think you have already had a shingles vaccine, please let us know.

Yours sincerely

Dr [Name] and partners
[Name] Surgery

Noder: Mae nifer bach o bobl na ddylent gael Zostavax. Mae hyn yn cynnwys rhai pobl sydd â system imiwnedd wannach oherwydd cyflyrau neu driniaethau penodol, neu bobl sydd â twbercwlosis (TB) gweithredol. Bydd y meddyg teulu neu'r nyrs practis yn rhoi cyngor i chi.

Templed gwahoddiad yr eryr (Fersiwn 2)

Amended Communication:

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

[Insert GP Surgery]
[First Address Line]
[Second Address Line]
[Town/City]
[Postcode]

[Date]

Dear [Name]

You are **invited to have your free shingles vaccine** as our records show you have a weakened immune system and are aged 50 or older.

Shingles is a nerve and skin condition which can be very painful. It is more common among older adults and people with a weakened immune system.

To make your vaccination appointment contact the surgery by [delete and complete with details
- Phone (XXXX)
- Online (XXXXX)
- Email (XXX)]

The shingles vaccine is very effective. For best protection you will need 2 doses of vaccine given at least 2 months apart.

If you are vaccinated and get shingles your symptoms are likely to milder. You can have the shingles vaccine even if you have had shingles.

Please read the enclosed leaflet or for more information you can:
- Visit the Public Health Wales (PHW) website: phw.nhs.wales/shingles
- Watch a short video **"I've had shingles"**
- Contact the surgery
- Phone NHS 111 Wales (calls to 111 are free)

Scan me with your smart phone or tablet to watch the video

We look forward to seeing you for your vaccination.

Yours sincerely

Dr [Name] and partners
[Name] Surgery

Please use the space below to write down the date and time of your appointment.

I am going for my shingles vaccination on

Date:
Time:

Mae Brechu yn achub bywydau Vaccination saves lives