

BEHAVE Framework Session 7

Identifying Key Factors that Influence Behavior



We're about to begin my favorite part of this workshop: the part on Key Factors. It's often a favorite session, because it is the part of communication work that is missing for many people: How do you help a person to adopt a healthful behavior? If knowledge is not enough, what will help? And how do you find that out? [Behavioral science was an area I knew nothing about - and when I learned its practical applications to communication work, I knew it was - for me - the missing link.]

In this session:

- You will see that there are two important starting points for considering key factors. One is to **start with the people in the priority group**. You will practice focusing on "**big benefits**" – the things people WANT.
- The second starting point is the **behavior**. We will take a quick look at what behavioral scientists call **determinants** of behavior and try converting some determinants to what - in the BEHAVE Framework - we call Key Factors.
- You will learn **3 powerful determinants** of behavior.
- You will see how it can be helpful to compare **Doers with NonDoers** to identify the key factors that really matter.

If you want to follow along with the print-out of the slides, please turn to the pages marked 7a in your binder.

It's a long session - but it's fun! You are very likely to become confused during this session – because the terms or ideas may be new to you. But we promise you will understand these ideas as you practice them during the rest of the workshop. Ready?

You need to choose!

- What really matters to people?
- What moves people to action?
- What will really make a difference in the behavior?
- What distinguishes between those who do the behavior now and those who don't?

As program planners, you will want to make choices about Key Factors, not just let them fall into place. You are trying to determine what moves people to action; what will make a difference in behavior. The best way to do that – as we'll show you in the Doer/Non Doer analysis – is looking at what distinguishes those who already do the behavior from those who do not do the behavior.

AED • BEHAVE Framework

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	in order to help:	to:	we will focus on:	through:
INDICATORS				

Here's where we are in the Framework.

Principle #3

People take an action when it *benefits* them. *Barriers* keep them from acting.

Sometimes it's useful to talk about Key Factors in terms of benefits and barriers. That's probably the simplest way to think about determinants of behavior.

In our work, we can sometimes despair about people's behaviors: Why on earth do they act as they do when they can see that it's bad for them?!

Yet people have really good reasons for behaving as they do: Their choices are logical – at least from their point of view.

People act in ways that benefit them – that bring about a positive consequence – even if it's not the consequence that drives US to do our work.

And people will NOT take a particular action when barriers get in the way.

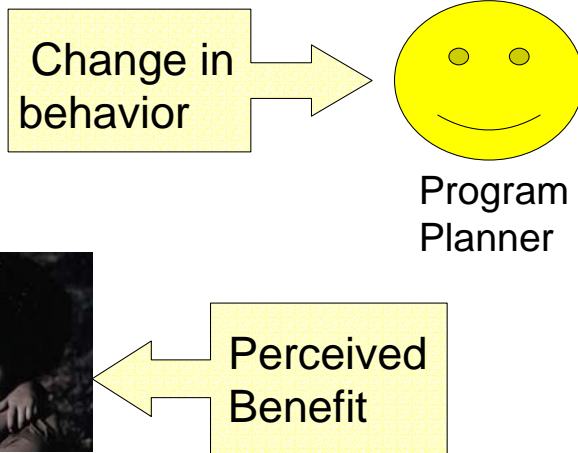
It's our job, then, to understand what benefits they're looking for and what barriers get in the way – so that we can maximize the benefits and minimize the barriers.

Two Starting Points for Considering Key Factors

- Learn what **priority group** members want and care about
- Learn about the **behavior**

In this session, we will look at 2 valuable ways of deciding the key factors for focus. One way is to learn more about members of the priority group, to identify something – maybe a “big benefit” that goes well beyond the health benefit. The creative part of your work, then, is to figure out how you can tie the “big benefit” to the behavior. The second way is to learn more about the behavior itself. Ask group member what they think or believe about the behavior. This method will reveal the most powerful motivators, so that you can turn NonDoers into Doers.

It's about an exchange



As we saw with Nike and Coca-Cola [and "truth" campaign, if used], there is an "exchange" going on. The program planner "gets" a change in behavior. In exchange, the group member "gets" a benefit that he or she cares about.

What do people WANT?

- Go beyond actual characteristics of the behavior
- Link the behavior to something BIG that people WANT

And we will keep reminding you that people will do a behavior when they believe it will cause something GOOD to happen – something that they really WANT. You recall that people – maybe some of us – buy Nike shoes because we believe we will feel more vigorous, or accepted, or accomplished if we own them. If there is ONE idea I wish you could take home from this workshop, it is that we as health promoters can offer our group members something that they WANT and care about – and that may be way beyond the health benefits.

Definitions

Benefit: Something that people want

Barrier: A perceived obstacle or deterrent to taking the action

Let's define these 2 terms. *[Read slide.]*

Who can give me an example of a benefit to doing a particular healthful behavior?

[Entertain a few examples.]

Who can think of an obstacle that keeps people from doing a healthful behavior?

[Entertain a few examples.]

We find that program planners are generally really experienced at listing all the possible barriers to a behavior and at coming up with creative and effective ways to get rid of those barriers or to help people overcome the barriers. Today you will practice giving even greater emphasis to promoting the benefits – or positive consequences that happen when the person does the behavior.

Definitions

Determinant of behavior:

Factor shown to motivate or “determine” a behavior for a given priority group of people

Now let's use the language of behavioral science to think about benefits and barriers. A determinant of behavior is a factor that has been shown to motivate or “determine” a behavior for a given priority group of people.

Some of you may be familiar with the terms behavioral scientists use to describe some common determinants. How many of you have used the idea of “determinants” before? For those of you who are not familiar with behavioral theory, we will introduce this term today. We are introducing a lot of ideas in this session. Don't be alarmed if you end up quite confused! Participants often find this session on key factors confusing; but by the end of the workshop, it will all make sense!

Determinants: Some categories for Key Factors

- | | |
|-----------------------|--------------------------|
| • Access | • Knowledge |
| • Policy | • Perceived risk |
| • Skills | • Self-efficacy |
| • Culture | • Perceived social norm |
| • Actual consequences | • Perceived consequences |
| | • Attitudes |
| | • Intentions |

Here's a list of determinants - that is, factors that "determine" whether a person does a particular behavior. Behavioral scientists call these "determinants." *[Point out that list is in participant binder, page 7b, in a different order.]*

The factors in the left column have something in common and are different from those in the right column. What is the difference?

[Left = Outside a person's head; "external"; Right = Inside a person's head; what's in the heart and mind of the individual; "internal"]

[Lead a discussion about the determinants to ensure that participants are familiar with terminology. Note that:

- **skills** are "outside" the person's mind; that is, what they really can do; **self-efficacy** is what they believe they can do - their confidence
- **culture** is what the community believes and accepts; **perceived social norm** is the individual's understanding of what's expected of him/her.
- **actual consequences** are what will happen as a result of the behavior; **perceived consequences** are what the individual believes will happen.

Qualitative research showed that Dominican men believed that their female partners would be offended if they used a condom; the women said they would consider it an act of caring.]

Some of you may find determinants an interesting field of study; let me assure you that you can manage great program design with the BEHAVE Framework without knowing everything about determinants of behavior. We offer you this list to help you think broadly about what motivates behavior.

Definitions

Key Factor: A specific motivator that influences *this* group to take *this* behavior

In order to help _____
to _____
we will focus on _____

We want you to be familiar with the list of determinants so that you are able to think broadly about all the factors that may influence behavior. Determinants are “categories” of factors, without the rich detail.

A Key Factor, as we use the term in the BEHAVE Framework, is a bit different. A Key Factor:

- is phrased to fit into the sentence of the BEHAVE Framework
- may not directly match just a single determinant
- is phrased to show how program activities can make a difference
- usually comes directly from the data and has rich detail

One of our colleagues says that a Key Factor is “a determinant with an engine.” By that she means that the Key Factor indicates where the program activity will “go” with the factor and in what direction.

Let’s look at some examples.

Phrasing the “Key Factors”

- In order to help _____
- to _____
- we will focus on:
 - *building the skills to administer ORS*
 - *increasing perception that the behavior is valued and supported by their peers*
 - *decreasing sense that behavior will create distrust*
 - *making sure they know date of immunization day*

Here’s how we’ll be phrasing the Key Factors:

[Read the examples of key factors.]

Which determinants can you see in these examples?

[Steer discussion to cover these points:]

- **building** the skills to administer ORS (oral rehydration salts) (skills)
- **increasing** perception that the behavior is valued and supported by their peers (social norm)
- **decreasing** sense that behavior will create distrust (perceived consequence)
- *making sure they know the date of the national immunization day* (knowledge)]

Notice that most of these Key Factors indicate a direction. We say that we will build or increase or decrease something. If, on the third column of the BEHAVE Framework, you filled in here just the category – the “determinant,” such as “perceived consequence” – you would not be stating whether you want to increase or decrease the perception.

Activity A: "Big Benefits" What People Really Want

- | | |
|----------------|------------------------|
| 1. Love | 8. Positive self-image |
| 2. Recognition | 9. Social acceptance |
| 3. Pleasure | 10. Comfort |
| 4. Health | 11. Freedom |
| 5. Success | 12. Peace of mind |
| 6. Security | 13. Status |
| 7. Power | 14. Adventure |

The first way, then, way to think about Key Factors is to think about the people who are members of the priority group. We can consider some of the basic human yearnings we all have - and make sure that we link the behavior we want people to do to at least 1 of these "big benefits." Sometimes we forget that benefits – things people really want – are powerful shapers of behavior!

Would you agree that most of us - and most of the people we work with - want the things on this list? Think of these as "big benefits" that may go way beyond the concrete, health benefits that we usually relate to the behaviors we are promoting.

Let's see how we can use these "big benefits" to promote a behavior. Before we begin, please write down - on a piece of scrap paper - the behavior that your team has decided to promote. *[Give everyone a moment to do this...ask for a couple examples to be sure they understood.]*

Next, we're going to number off, so that each of you has a number between 1 and 14. *[Have participants number off in order, going around the room. Have each participant write down the benefit next to the number he/she has been assigned. After numbering, ask all those who wrote down "#1-Love" to raise their hands; continue quickly through the numbers until you are certain that each has written down a benefit.]*

Keep these 2 items handy – your team's behavior and the1 "big" benefit assigned to you – because you will use these in this activity.

Activity A: "Big Benefits" you could link to behavior

- You have written down your team's behavior
- You have a number, 1-14
- You have written down the "big benefit" that is next to your number
- Invent an approach, a message, or a slogan that ties the behavior to that benefit
- Write this down in 15 or fewer words
- You have 5 minutes

[Read instructions to participants. Point out that they have already done the first 3 steps. Explain how each individual will do this activity: each participant will think of an approach or make up a brief message or slogan that ties the behavior they're promoting to the benefit they've just written down. Give an example:

*You will help your audience **to wash their hands every time before preparing food**. The benefit you will promote is **recognition**. What is your message - or what is your program approach?*

Certificates to mothers who report they've washed their hands; or the slogan "Want to be a star mother? Wash hands every time you prepare food."]

[Give participants 5 minutes to prepare an idea. Once most participants are ready, advance to the next slide.]

"Big Benefits" What People Really Want

- | | |
|----------------|------------------------|
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[With this list displayed, call on a few participants to share their work. Seek an example for each of the 14 benefits. Acknowledge participants' work that makes a good match or a creative slogan. Point out links that might have seemed especially unlikely and demonstrate that participants made the link "work."]

Discuss the activity, using questions such as:

- How easy or difficult was this activity?
- How have you – in your own programs – linked these "big" benefits to health promotion?
- What do you see as advantages of tying your behavior to a "big" benefit – even if it does not have a tangible relationship to the behavior?
- How have these messages or slogans made your behavior seem fun, easy, or popular? Fun & popular are positive consequences of a behavior. How many of you gave a positive consequence? Providing skills or self-efficacy (the sense that you can, indeed, do the behavior) are the "easy" part. Who had an approach that made the behavior seem "easy?"

[Point out that health is one – but just one – of this list of benefits. Note if the participants assigned to "#4 – Health" had an easier time making the link – because that link is more familiar to most program planners than are the links to other "big" benefits.]

You will recall that we told you the most important lesson you may take home from this workshop is the value of positive consequences – or benefits – in promoting a behavior. We are all human beings who long for many of the same things in life. One colleague has seen that mothers can name long lists of barriers to a behavior. Yet if given a compelling positive consequence of the behavior, she may "jump past all those barriers" to adopt the behavior. She sees that doing the behavior gives her something she really WANTS.

Activity B: Comparing "Doers" with "NonDoers"

Doer = Person who currently does the behavior

NonDoer = Person who does *not* currently do the behavior

- How could comparing them help you know what *really* influences the behavior?
- Why is it important to identify the most powerful key factors?

The second way to consider key factors is start with the behavior. You will want to look at the behavior from the point of view of people who already DO it (Doers) and those who do not do the behavior (NonDoers).

The Doer/Non Doer analysis is a tool that can help you pick the most important Key Factors. You have already been learning to use this tool and we'll continue working with it throughout the workshop.

How could comparing the people who DO the behavior with those who do NOT do the behavior help you identify which factors are really important?

[Look for answers such as: If we can see how a Doer is different from a NonDoer, we might know what we need to do to help a NonDoer become a Doer.]

Why is it important to identify the most powerful Key Factors?

[Look for answers such as: Because resources are limited, and we want everything we do to COUNT. Why invest in changing a factor that has little influence over the behavior.]

Recall that in Session 1 we saw that both exercisers and non-exercisers shared the belief that exercise is good for one's health. If we kept promoting that piece of knowledge, would we get more people to exercise?

Doer/NonDoer Example

- Caribbean survey of youth and young adults
 - Before using Doer/NonDoer analysis
 - After using Doer/NonDoer analysis

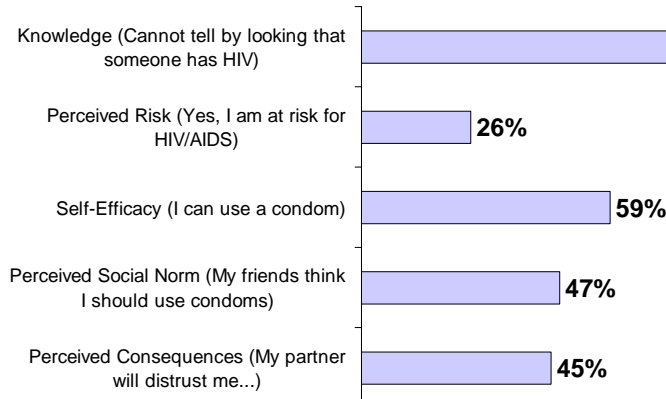
Let's look at an example of how comparing Doers with NonDoers can make a difference. During the AIDSCOM Project in the early 1990s, AED and Porter Novelli staff conducted a huge survey of young people throughout the Caribbean, learning many things about their knowledge, attitudes, practices, and beliefs related to HIV/AIDS transmission.

This is the story of how program staff ALMOST made a poor choice for the focus of their HIV prevention campaign – all because they did not realize the value of comparing Doers with NonDoers – in this case Condom Users with NonUsers.

Caribbean Data #1

Survey of Youth and Young Adults

All Respondents



Let me show you what a difference it can make to analyze data by “Doer” and “NonDoer.” The survey questions had measured a number of determinants.

[Give participants a few moments to locate page 7c in their binders with this same graph. Go through graph in this way:]

We asked young people whether they agreed or not with a series of statements. One statement was, “You can tell by looking at a person whether or not he or she is infected with HIV.” 75% of ALL the young people surveyed **agreed** with this statement; that is, 75% had **correct knowledge** about this aspect of HIV/AIDS. What determinant does this question measure? *[A particular piece of knowledge]*

[Continue with each item, so that participants understand the data presented. Then ask:]

Let’s imagine that you want to increase condom use among sexually active youth in this population. If you had to pick just 1 determinant to address, which would it be? Please use the percentages here to pick 1, and circle your choice on your copy of this slide (7c).

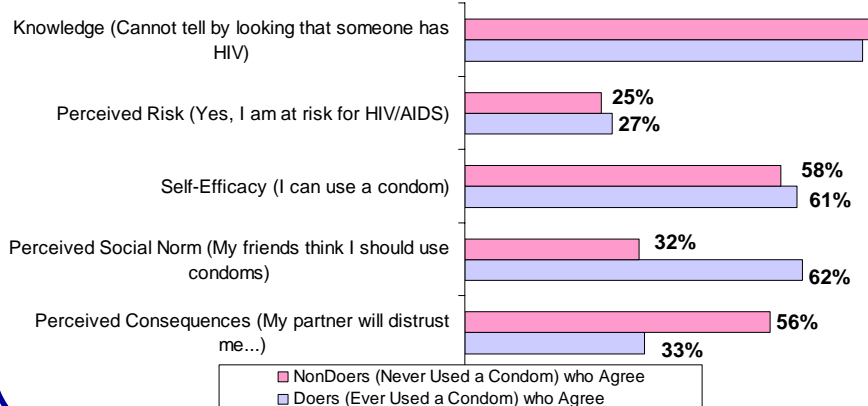
How many of you think you should work on knowledge? Why? *[Ask for each item.]*

The people who were designing the program thought it would be most important to work on perceived risk, because it was so low. Luckily, a behavioral scientist joined them before they went too far with this notion. She analyzed the data to look at Doers and NonDoers. Notice that on this slide, the data are presented for ALL RESPONDENTS – without comparing Doers with NonDoers.

Caribbean Data #2

Survey of Youth and Young Adults

Analyzed by Doers and NonDoers



[Ask participants to turn to page 7d to view the material on this slide.] Here now are THE SAME data, but this time broken out by Doers and NonDoers. In the case of condom use, we were able to define 2 segments of the entire group of youth. NonDoers, then, are those young people who never used a condom, represented by the pink bar. Doers are represented by the blue bar, and are defined as young people who said that they EVER used a condom. (Definitions may vary) *[Go through data one item at a time, pointing out similarities and differences - emphasizing differences in last 2 items.. Then ask:]*

Now let me ask you again: If you had to pick 1 important determinant to motivate increased condom use, what would it be? How many of you pick the same 1 as before? For whom is it different? Why? *[Entertain a few responses.]*

What have you learned from this? What do you think the program planners did? *[Developed a program emphasizing perceived social norms and perceived consequences.]*

What we learn from this is that choosing priority Key Factors does not need to be a “hit or miss” proposition. This methodology - the Doer-NonDoer analysis - can be applied in very fast, very simple means. With it, you can take a systematic approach to selecting priority determinants of behavior. During Session 20, we’ll go through this methodology so you’ll know how to apply it at home. Many people leave this course feeling that the Doer/NonDoer analysis is the most important tool they take away.

Activity C: Results of Our Own "Exercise" Survey

Goal: To increase number of community members who engage in 30 minutes of moderate physical activity four or more days a week

- We gathered research data with group members
- We defined Doers – four or more times last week
- We coded group member responses, Doers apart from NonDoers
- Now we will conduct Doer/NonDoer data analysis to identify which key factors should be priorities

In this activity, we will learn the results of the survey you all conducted earlier about the exercise habits of the group in this room. Remember that the goal is to help the people in this community to get the exercise they need for good health, specifically to increase the number of community members who engage in 30 minutes of moderate physical activity 4 or more days a week.

In this activity, we're conducting a Doer/Non Doer survey:

- We have gathered research data with the priority group - and you're the priority group.
- We defined Doers as those who had in the last week engaged in 30 minutes of physical activity 4 or more times.
- Together, we all coded the responses, keeping Doers' responses separate from NonDoers'.
- Now we'll conduct what we call a Doer/Non Doer analysis - a simple way to find out what makes people who DO exercise a lot different from people who DO NOT.
- ONLY THEN will we name the Key Factors that really matter in motivating this priority group to adopt this behavior.

Promoting Exercise

- In order to help:
 - *the people in this room who currently get some exercise but do not meet the goal*
- to
 - *engage in 30 minutes of moderate physical activity four or more days a week*
- What activities will we plan...?

We have already completed the first 2 columns of the BEHAVE Framework for this program. Recall that we selected the “middle” group – those who get some exercise but do not meet the goal of 4 times a week. The behavioral objective was given to us: engage in 30 minutes of moderate physical activity 4 or more days a week.

Now let’s break all the rules and – without examining the key factors – suggest some program ideas for promoting exercise with this group. Please call out your ideas, and I will list them on this sheet.

[List all ideas, without comment, on a newsprint titled Activities to Promote Exercise .]

We’ll put this list aside and come back to it after we have looked at the data.

Data Analysis

- Compare Doer/NonDoer totals for each item
- Look for large differences (what distinguishes Doers from NonDoers)

Look for **differences** -- not **deficits**!

As we did with the Caribbean youth data, we will want to look at how the Doers and the NonDoers are different. How will it help us to know this?

[If we know what makes a Doer different, we may know what to “add” to NonDoers to help them “do.” We also know that the things they have in common - that do NOT distinguish them – are not worth addressing.]

What does the phrase “Look for differences – not deficits!” mean?

[Just because a score on an item is low – or a deficit – does not mean it should be addressed. We are looking for what distinguishes Doers from NonDoers.]

"Exercise" Exercise Results

[Show the first slide with bar graphs of the data you have prepared from the exercise survey. (See page ____ of the facilitator's guide for help on how the bar graphs are prepared.) Help participants to understand the data, pointing out the color that represents Doers and that of NonDoers. If text under each pair of bars is too small to read, have participants turn to page 6c to refer to the category names on the Exercise Coding Guide.

Facilitate a discussion among participants about the meaning of the data. You will want to have participants note if Doers and NonDoers are almost alike on knowledge and beliefs about the health benefits of exercise. If they are similar, then investing in activities to increase this knowledge will not be worthwhile. Look too for differences. Encourage participants to consider programmatic implications. Point out that the 6 questions may have generated overlapping information – for example, the issue of "time" may appear as responses to several of the questions. Help participants to consider these related responses together.

Through this discussion, have participants assess which key factors these data indicate are the ones that "really matter" to this group, and list these on a second newsprint headed "Key Factors That Matter." Have participants phrase these as key factors, that is, with detail from the research and indicating direction. For example:

- *Increasing opportunities to exercise with a friend*
- *Building opportunities for exercise into the work day (or family life)*
- *Decreasing the danger of exercising outdoors after dark.*

*Revisit the list of program ideas the group generated earlier. Ask if they want to reconsider any of their ideas. Help them see that working on factors that are the **same** for both groups will most likely **not** influence the behavior of the NonDoers.]*

Exercise data

[Insert Excel file with Exercise data]

Three Powerful Types of Key Factors

- Perceived consequences
- Self-efficacy, skills
- Perceived social norms

In the mid-1990s, the leaders in the field of behavioral science who had been working in the field of HIV prevention, met to see what their behavior change theories had in common. Looking across their various theories, they were encouraged to identify the “top” determinants, those that were common to their theories. They came up with a short list. If you are interested in learning more about how they arrived at a short list, consult the article in the reference section of your binder, [GIVE CITATION]. From that list, we have formed an even shorter list of determinants that are often powerful motivators for all kinds of health-related behaviors.

The questions in the Doer/Non Doer analysis are designed to explore these areas. Questions about advantages/good things and disadvantages/bad things are assessing **perceived consequences** – or what people believe will happen as a result of the behavior. “What makes it easier or more difficult” looks at **skills, self-efficacy** and **barriers**. The questions “Who approves?” And “Who disapproves?” measure people’s perceptions of the **social norms**.

Three Powerful Types of Key Factors

- Perceived consequences **FUN**
- Self-efficacy, skills **EASY**
- Perceived norms **POPULAR**

[This slide works best with Animation feature on so that the items are revealed one at a time.]

Bill Smith at the Academy for Educational Development summed these determinants up with the 3 words. I'm going to share these words with you as a simple way to remember the 3 most powerful determinants.

[Reveal "perceived consequences = FUN."] An easy way to remember "perceived consequences" is with the word fun. We don't mean by this that we always make the behavior seem like "fun"; but we do mean that you should always consider how you can link the behavior with a positive consequence that people care about, something they want. It may be a positive health benefit. More likely, it will be a "big benefit." You will always want to find a way to offer an "exchange," offering something that people really want in exchange for doing the behavior you're promoting.

[Reveal "Self-efficacy, skills = EASY."] You can remember that when people can do the behavior and believe that they can do it – skills & self-efficacy – you are making the behavior seem easy. Getting barriers out of the way or helping people find ways to overcome barriers also make the behavior easy.

[Reveal "Perceived norms = POPULAR."] And finally, when people believe that the promoted behavior is the "norm" or the "popular thing" or the way other people think it should be done, we can use the word "popular."

When you work in teams, you will come up with key factors that represent these 3 powerful determinants. We will ask how you have made the behavior seem fun, easy and popular.

Not just the way people think...

- Consider **structural, environmental or policy** factors that:
 - eliminate need for group members to adopt the behavior, or
 - Help them adopt the behavior

All of you are familiar with program activities that address structural, environmental or policy factors. When you change the hours that the clinic is open or bring piped water into a community or convince employers to offer immunization days at the workplace, you are changing the environment.

These factors can work 2 ways. They can eliminate the need for a particular behavior altogether. Who can give an example? *[Look for answers such as: When clean water is piped into a community, we may not need to ask people to boil the water they will drink.]*

If we can't eliminate the need for a behavior, we may at least make it easier for people to adopt the behavior. What are some examples of environmental changes or policies that make it easier to adopt a behavior? *[Look for responses such as: When the clinic hours are longer, employed parents can take their children for prevention or care without sacrificing income.]*

Many times, the factors that are identified through a Doer/NonDoer survey will suggest solutions that relate to structural, environmental or policy solutions.

Decision: Which key factors to address?

- Use research with group members
- Link the behavior to WANTS – “big benefits” that group members care about
- Look for *differences* between Doers and NonDoers of your behavior
- Don't waste resources on those factors that *don't* distinguish Doers from NonDoers
- Consider structural, environmental, policy

With a long list of possible determinants - or Key Factors - how will you decide which should be the focus of your program? Remember that the reason for setting priorities among possible factors is so that you can make every one of your program activities count. The most successful behavior change programs focus on a few key factors that have been demonstrated to influence behaviors.

The ideas listed on this slide will steer you toward the most powerful key factors so that you can focus your resources on those that really will influence behavior. You need not rely on guesswork. You can use research with your priority group members and others to make the decision about Key Factors.

Choosing most important key factors

- How likely is this key factor to influence the behavior?
- How effectively can your program activities influence this key factor?

Put simply, you really need to think about these 2 criteria:

- If you really could have an impact on the Key Factor, how likely is it that influencing that Key Factor will help the priority group to adopt the behavior?

Remember that the logic of the BEHAVE Framework is that your program's activities will have an impact on a few Key Factors that you have shown will influence the behavior; then if you can influence the Key Factors, the result should be a change in behavior for that group.

The second consideration is:

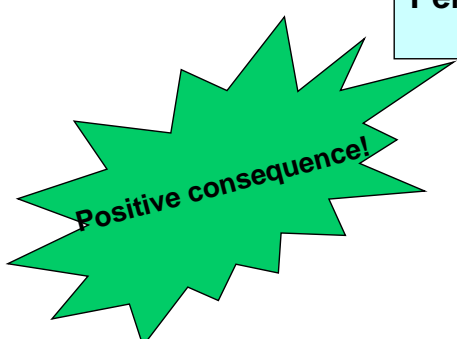
- How effectively can you address that Key Factor? Will you really be able to make a difference in it?

Often we can identify a factor or determinant of a behavior – but must recognize that we can NOT influence the factor. For example, one of the main determinants of the age at which a young woman has her first child is the age at which her mother had **her** first child. Can you do anything about that? I am certain that all of you have considered the fact that one of the greatest barriers to healthy behaviors is poverty – yet we cannot expect to rid the community of poverty during a 5-year project.



What is your “default” mode?

Knowledge?

Perception of risk?



Positive consequence!

[If you are using the Animation feature of the PowerPoint presentation, show only the title of this slide as you say:]

Think for a moment about which determinant or type of Key Factor you usually address in your programs. When you regularly fall back on the same solution, that solution is your “default mode” – just like when your word processing program “defaults” to Times New Roman. Consider the determinant or key factor that first comes to mind. Perhaps it is one that makes you most comfortable – or it is the only one that comes to mind. Write down your “default mode.”

[Using Animation, reveal the word “knowledge.”] For how many is it knowledge? That is, you usually assume that knowledge or information is what is needed to help people adopt a behavior.

[Reveal the next graphic, “Perception of risk.”] How about perception of risk?

[Reveal the final image, “Positive consequence.”] Positive consequences? We’d like to see more of you “default” to providing your group with positive consequences of the behaviors you promote – making the behaviors seem to be fun, easy and popular.

Two Starting Points for Considering Key Factors

- Learn what **priority group** members want and care about
 - Consider “big benefits”
- Learn about the **behavior**
 - Doer/NonDoer analysis can identify powerful factors
 - Grounded in behavioral science
 - Consider structural, environmental, policy factors

You have just seen 2 valuable ways of deciding the key factors for focus.

One way is to learn more about members of the priority group, to identify something – maybe a “big benefit” that goes well beyond the health benefit. Then your creative work is to figure out a way to link these 2. Linking a “big benefit” is the same as adding a positive consequence to the behavior – or making it “fun.”

The other way is to learn more about group members’ thoughts about the behavior itself. What do they see as good and bad things that happen when they do the behavior?; what makes it easier or more difficult to do the behavior?; and who approves and disapproves of the behavior? You can then use a Doer/NonDoer analysis to look for what makes the Doers of the behavior different from the NonDoers. This method will reveal – of all the possible benefits and barriers that are related to the behavior – which are powerful motivators, turning NonDoers into Doers.

Ways of Thinking about Key Factors

- Determinants
- Predisposing, Reinforcing, Enabling
- Benefits, Barriers
- Motivators, Inhibitors

We've introduced several ways of talking about Key Factors. I hope I haven't confused you too much. We really just want you to think broadly about what might influence behavior. You may think of Key Factors in many ways.

- Behavioral scientists use the term “**determinants**” to describe the categories of factors that are proven to influence behaviors.
- In some models, theorists refer to three kinds of positive factors: **predisposing, reinforcing, and enabling.**
- Others use the simpler terms “**benefits and barriers.**”
- Still others use “**motivators and inhibitors**” to refer to the same positive and negative influences.

Whatever set of terms you use, we hope that you will give thought to this important decision – and not make the choice by “default.”

Summary: Key Factors

- *Start from Priority Group:* Link the behavior to something people WANT!
- *Start from Behavior:* Doer/NonDoer analysis can pinpoint the most powerful Key Factors
- Consider the three powerful key factors that influence many behaviors:
 - Positive consequences or benefits (FUN)
 - Skills, self-efficacy (EASY)
 - Perceived social norms (POPULAR)

Now, to summarize this session:

- We've seen that you should look at key factors from two perspectives. The first is to understand the priority group and what they WANT and care about. You have seen the value of linking the behavior to something people WANT – even to desires that are “way beyond” the concrete health benefits of the behavior.
- The second perspective is to study the behavior. What do the people in the priority group think about the behavior? We've shown you one tool that can be useful in pinpointing the most important key factors – the Doer/NonDoer analysis (and we will revisit that tool in Session 20);
- You've learned that 3 of the categories of determinants are likely to be powerful influences on behavior – and that the “nicknames” for these 3 come down to:
 - Making the behavior seem like something “**fun**” – that is, doing the behavior gives the person something he or she WANTS.
 - Showing how **easy** the behavior can be – and getting rid of barriers that make it hard
 - And making it seem that everyone thinks the behavior is the right thing – or even the “**popular**” thing – to do;

This step of the Framework is the program planning decision that we too often skip. Sometimes we're lucky and happen into the right factor. Sometimes, especially in participatory methods, our work with communities leads us naturally or intuitively to a clear understanding of the critical key factors. But we need not guess.

And you need not wait to start a whole new planning process if you want to incorporate these ideas into your program. In your ongoing programs, you can begin to shift the content so that you address the factors that really will help group members to adopt behaviors that will lead to better health - even if the health benefit is not the one you promote with them!