“Evidence-Based Methods for Evaluating Health Communication Programs to Counter Infectious Disease Threats”

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What do we know about how well communication programs work?

- What **influences** do health communication programs have?
- Is anyone paying **attention** to these programs?
- How do diverse audiences **respond** to these programs?
- What is being **learned** from these programs?
- Are there any **unintended influences**, including boomerang and iatrogenic (negative) effects?
- **Why** do some health communication programs appear to work and what parts work best?
Do we know what communication programs are intended to do?

- What do we want to accomplish with specific health communication programs?
- Which audiences do we want to reach and influence?
- What do we want these audiences to do?
- Do we have measurable goals and outcomes in mind?
- Is there an established baseline for current activity?
- Is there a strategy for making our programs effective?
- Are programs sensitive to unique audiences, including their cultures, needs, literacy levels, and expectations?
Many programs are designed with good intentions, but limited data due to common misconceptions:

- “If you build it they will come”
- There is a rush to action – “just do it!”
- “This is the way this has always been done here”
- “I like our program; it works for me”
- “Evaluation research is not in our budget”
- Data gathering is too time consuming
- Data are difficult to translate and implement
- “Research is a waste of time and money”
The Need for Evaluation Research to Enhance Communication

- Good data are like turning on the lights – “I can see now!”
- It is difficult to get it right the first time – good data allows us to assess and refine programs over time
- “Different strokes for different folks” – data tells us how to design programs for different audiences
- Data gathering can help connect us to key audiences
- Data can tell us whether the outcomes achieved were worth the investment
- Good data can justify major investments!
Formative Evaluation of Health Communication

- Assesses the need for programs, through needs analysis
- Identifies and segments key audiences to reach the most homogenous groups
- Conducts extensive audience analysis research to understand target audience backgrounds, interests, communication orientations, and expectations
- Identifies the best channels to reach audiences and message strategies to influence audiences
Process Evaluation of Health Communication Programs

- Field tests program implementation in key settings to see how well they are accepted and utilized.
- Tracks initial user responses to programs to see how audience members interpret messages.
- Tests message/channel strategies & program usability to see how audiences respond to messages.
- Generates user recommendations for revisions to direct system refinements.
- Tracks responses to refined program features to guide continuing campaign improvements.
Summative Evaluation of Health Communication Programs

- Assesses patterns of program use
- Assesses overall user satisfaction with programs
- Evaluates message exposure and retention
- Tracks changes in key outcome variables – learning, health behaviors, service utilization, health status
- Economic analyses of program costs and benefits
- Identifies the best program strategies and features
- Identifies strategies for sustaining best programs
- Builds support for program institutionalization
Key Audience Analysis Data to Collect:

- **Demographics** (age, gender, race, ethnicity, education, income, etc.)
- Current and past related health behaviors
- **Communication characteristics** (e.g., media use patterns, media preferences, literacy levels, etc.)
- Knowledge, attitudes, values, and emotions
- Cultural habits and preferences
- Effective motivators (e.g., benefits of change, fear of consequences, etc.)
- Barriers to behavior change
Two Primary Approaches to Collecting Audience Analysis Data

- Review existing data about key audiences, such as federal, state, and local health statistics, extant research literature, conduct secondary analysis of previously collected data from target audiences. (This strategy can save time and money, but depends on the quality of available data sets)

- Collect new audience data, such as conducting focus group discussions, administering surveys, conducting interviews, or analyzing audience documents (such as letters, photos, Facebook posts, or online discussions).
Key Factors for Effective Collection and Use of Audience Analysis Data

- Audience analysis should guide program development
- Interviews, focus groups, surveys, textual analyses, & observations are all good tools for audience analysis
- Interviews and focus groups data can guide survey design and also elaborate on survey findings
- Surveys provide good audience characteristics info.
- Interviews/focus groups are best for generating new ideas for program design
Build Evaluation Research Evidence into Every Communication Program

- Examine available sources of audience analysis data
- Identify “natural” sources of key events (medical/billing records, public records, message transcripts)
- Implement built-in user response mechanisms
- Establish baseline benchmarks for later comparisons
- Conduct usability tests of interventions
- Work with audience members to design programs that meet their needs (user-centered design)
- Test and refine messages and programs
Concerns about the Effectiveness of Evaluation Research

- Depends on one-point-in-time cross-sectional data
- Limited validity of self-report data used alone
- Too much shallow data (i.e., number of web hits)
- Use of weak measures and tangential variables
- Poor data reduction leading to information overload
- Failure to apply data to improving programs
- Lack of hard outcome and economic data
- Unrepresentative samples used
- Lack of methodological rigor and control
Best Practices for Evaluation Research Employs:

- Scalable evaluation is better than no evaluation
- Longitudinal multi-point rich data collections
- Multi-methodological research designs (triangulation)
- Unobtrusive measures (built-in feedback systems)
- Communication and health outcomes variables
- Data to demonstrate progress and direct action
- Cost-benefit analysis
- Controlled field experimental designs
- User-centered design and collaborations