Designing effective nutrition communications in local government

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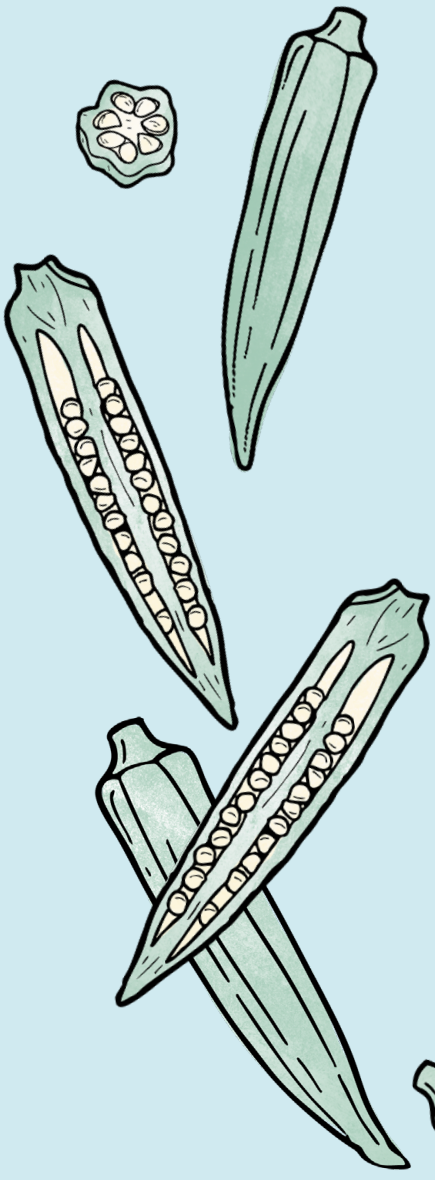
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Overview

What we eat is shaped by many factors, including taste, cost, community, culture, family, and advertising. How can local government use communications to support healthier food choices and improve health outcomes for communities? What makes an effective message?

This guide supports public health leads and communications teams in local councils to design and deliver effective nutrition messaging and communications campaigns. It details the evidence base behind effective communications about food, and provides the tools for implementation. It prioritises low-cost and resource methods, recognising that there is often scarce resourcing for big campaigns, and that integrated or partnership approaches may be best.

Campaigns and nutrition messaging are more effective when integrated into whole-systems approaches to obesity. This guide should complement ongoing work rather than add entirely new projects. For example, messaging and campaigns can be used as part of, and to promote, ongoing programmes or weight management services.

The modules within this guide can be used individually or as a whole. All research that has informed this toolkit is provided in hyperlinks embedded throughout the document.



Health inequalities checklist

Nutrition communications should consider the context of health inequalities throughout their design. For every campaign you can ask:

— Who benefits?

— Who might be excluded?

— Who cannot act on this advice?

— Are we increasing inequality?

— Are structural barriers being addressed?

Top recommendations from this guide



1. **Develop and test content with the people you're targeting**
2. **Culturally adapt your messages as necessary**
3. **Understand and use the channel(s) your audience use**
4. **Recipes work best!**
5. **Tell stories rather than giving instruction**
6. **Build evaluation in from the start**

What you could produce using this guide

Example 1

A couple of short videos featuring a resident or community leader from your borough talking about one simple food swap or adapted recipe from their own food culture. This can be with a community you're already working with or are targeting for weight management services. Film it vertically on a phone with a decent mic and tripod and share on Instagram and in local WhatsApp groups. Poll the community afterwards asking if they tried the swap.

— Total cost: £0–£500 depending if your team have capacity to produce short videos in house.

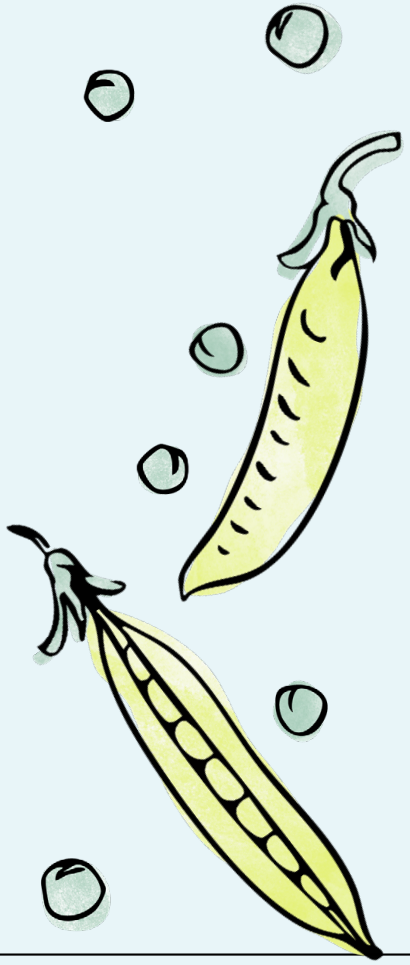
Example 2

Working with a community who you're already targeting through a programme, ask them a common myth about food that they've heard online. Create a carousel for Instagram or Facebook (depending on age range) using vibrant images from a health professional debunking the myth, offering for them to find out more through your programme. If you have resourcing, pay for targeted advertising on the platform, and track the change in sign up to the services before and after. Remember to use a unique tracking module so you can directly attribute sign-ups to the campaign.

— Total cost: £0–£1000 depending on level of targeted advertising. Paid for advertising is not essential but will help it reach the right audience.



Do campaigns work? Making the case



Campaigns can be effective at raising **awareness and knowledge** of healthy lifestyles. For example when asked to recall healthy eating campaigns, the UK Change4Life campaign achieved population-level awareness. We also know that the UK population are aware of the 5-a-day message, although there is a gap in knowledge of portion size and the benefits of higher fruit and veg consumption.

Evidence for **behavioural change** from communications campaigns is more modest but significant. One systematic review found that a campaign can increase the percentage of people undertaking a behaviour by up to 5%, and it is suggested that well-designed campaigns may increase this effect. Recent research has also shown that social media campaigns can change behaviour through engagement with content.

However, campaigns can fail if not implemented correctly.

Effective campaigns need to:

— Follow good campaign principles, highlighted throughout this guide.

— Involve the target audience in design and testing.

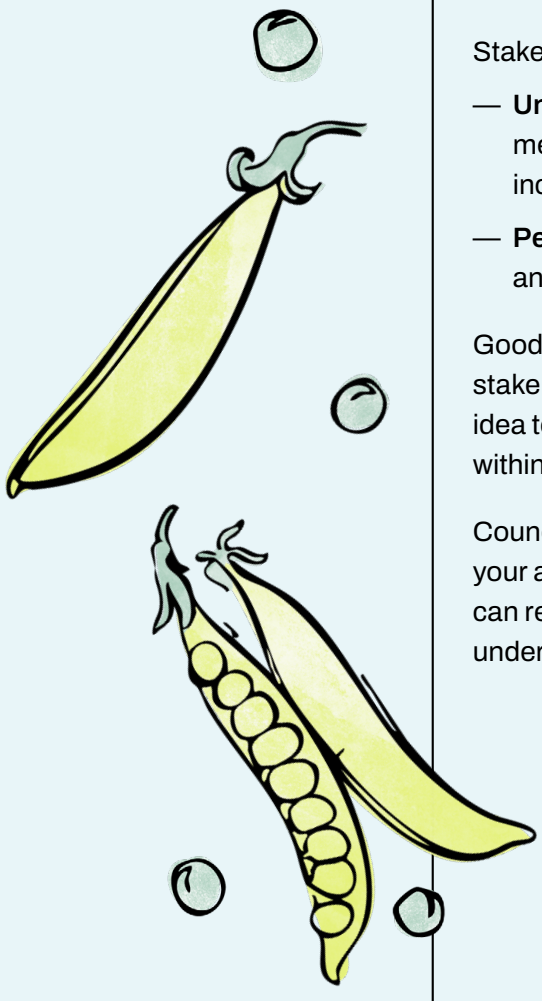
— Avoid focusing on weight, aesthetics, and BMI.

— Be run as part of broader whole systems approaches. Messages must be consistent and align with other policies in the food environment and consider barriers that prevent healthy diet behaviours.

Are campaigns expensive?

Local authority digital campaigns have achieved engagement and behavioural change with relatively low cost – ranging from £400–£1,500, which covered social media and advertising costs.

Getting buy-in for nutrition campaigns



Campaigns need buy-in from across the council to be effective, especially with competition for space on strategic agendas and on council communications channels. It is important to ensure buy-in from elected members, cabinet leads and senior leadership teams to get their support for campaigns, especially as many local authorities feature their cabinet leads as spokespeople for local campaigns.

Stakeholder engagement can be improved by increasing:

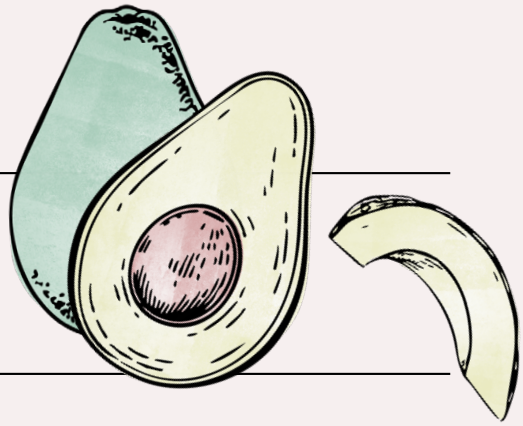
— **Understanding:** ensure that stakeholders understand the messaging, rationale, and campaign design. Pre-tested messages increases confidence in using them.

— **Perceived fit:** ensure the campaign is relevant to current activities and audiences, and there is overlap with other organisational goals.

Good communication is also needed between the different stakeholders designing and implementing the campaign. It's a good idea to have regular meetings between public health and comms within a council team.

Council communications channels are of course only one route to your audience – there are other channels like WhatsApp groups that can reach communities more directly. It is worth taking the time to understand which communities use which channels (see module 5).

Campaign design



This guide recommends two frameworks for campaign design, one for behavioural change, COM-B, and one for structuring your campaign, ACME. Before using both, set the objectives of your campaign.

Step 1:
Setting objectives



A good campaign is founded upon strong and specific objectives. These should state what effect the campaign is trying to achieve and be derived from policy need. It should identify a primary audience for the campaign or messages.

Behavioural change model

The Government Science Communication Service recommends the COM-B model for behavioural change. The model proposes that behaviour change requires an individual to have the Capability, Opportunity, and Motivation to change their Behaviour.

COM-B	What it means	What communications can do
Capability	Knowledge and skills.	Build understanding, confidence and skills. Comms is particularly suited to this.
Opportunity	Time, money, resources, access.	Address indirectly, embed campaigns within wider systems approaches.
Motivation	Beliefs, attitudes, desires.	Shape attitudes, reinforce benefits, support habits.



Step 2:
Using COM-B

See also:
Diet and Physical Activity Interventions for People from Minority Ethnic Backgrounds in the UK: A Scoping Review Exploring Barriers, Enablers and Cultural Adaptations







The COM-B model can be used to identify the enablers and barriers to the desired behaviour. These might first be assumptions based upon yours and colleagues' knowledge of your target audiences, which can then be tested directly with audiences.

Capability enablers and barriers from the evidence for ethnic minority communities:

— Understanding type 2 diabetes and the role of diets in reducing effects was an important enabler for healthy behaviour changes for UK ethnic minorities especially for older Sikh and Hindu communities.

— A lack of culturally appropriate dietary advice and exclusion of traditional foods from content was perceived by UK ethnic minorities as a barrier to healthy dietary choices.

— Providing information in appropriate languages is perceived by UK ethnic minority communities as an enabler to healthy food choices.

Opportunity enablers and barriers from the evidence:

— Financial insecurity and poverty act as barriers to healthy food choices.

— Racism and prejudice can prevent healthy behaviours.

— Gender roles can be barriers. In South Asian communities, men feel like they cannot make decisions over food choices because of gendered expectations of women shopping and cooking.

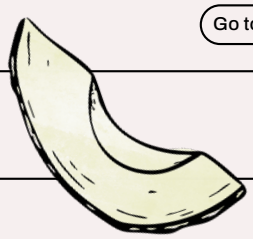
— Religious and cultural norms for South Asian, African, and African Caribbean communities can enable healthy diets such as alcohol consumption being forbidden and the norm of moderate food consumption.

Motivation enablers and barriers from the evidence:

— Barriers include the perception that being healthy is time-consuming and that the western diet is promoted as healthier than the African Caribbean.

— Interventions with emphasis on spoken communication and multilingual content using personal stories are seen as an enabler.

— A focus on small behavioural changes incrementally over time is seen as an enabler.



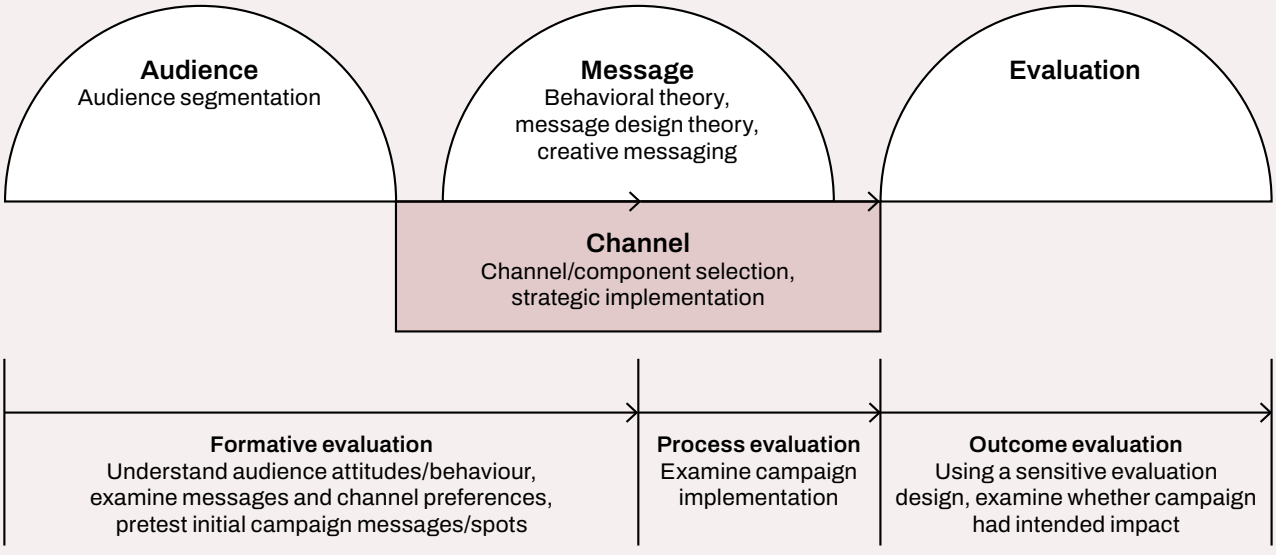
Step 3:
Structuring a campaign

The Audience-Channel-Message-Evaluation Framework for campaigns identifies four elements which need to work together to structure your campaign after identifying your objectives and COM-B elements.

Framework part	What this means	In this guide
Audience	Who are you trying to reach and what do you know about them?	Module 3 and module 4
Channel	How will you reach your audience?	Module 5
Message	What will you say to them?	Module 6 and module 7
Evaluation	How will you know your messaging and campaign worked?	Module 8

Figure 1: Adapted from the Audience–Channel–Message–Evaluation (ACME) Framework for Health Communication Campaigns

The strength of this framework is the alignment between the different elements. A well-designed message delivered through the wrong channel will miss the audience and therefore won't be effective. Campaign failures can often be traced back to a mismatch between these elements.



Audiences

Nutrition messaging and campaigns are most effective when delivered to a specific audience.

Audiences should be segmented so reach can be targeted and messages resonate. The audience can be segmented in numerous ways for example ethnicity, age, gender, etc.

Demographic and geographic segmentation is a useful starting point, but it is not enough alone to understand and predict behaviours effectively.

You also need to understand your audiences:

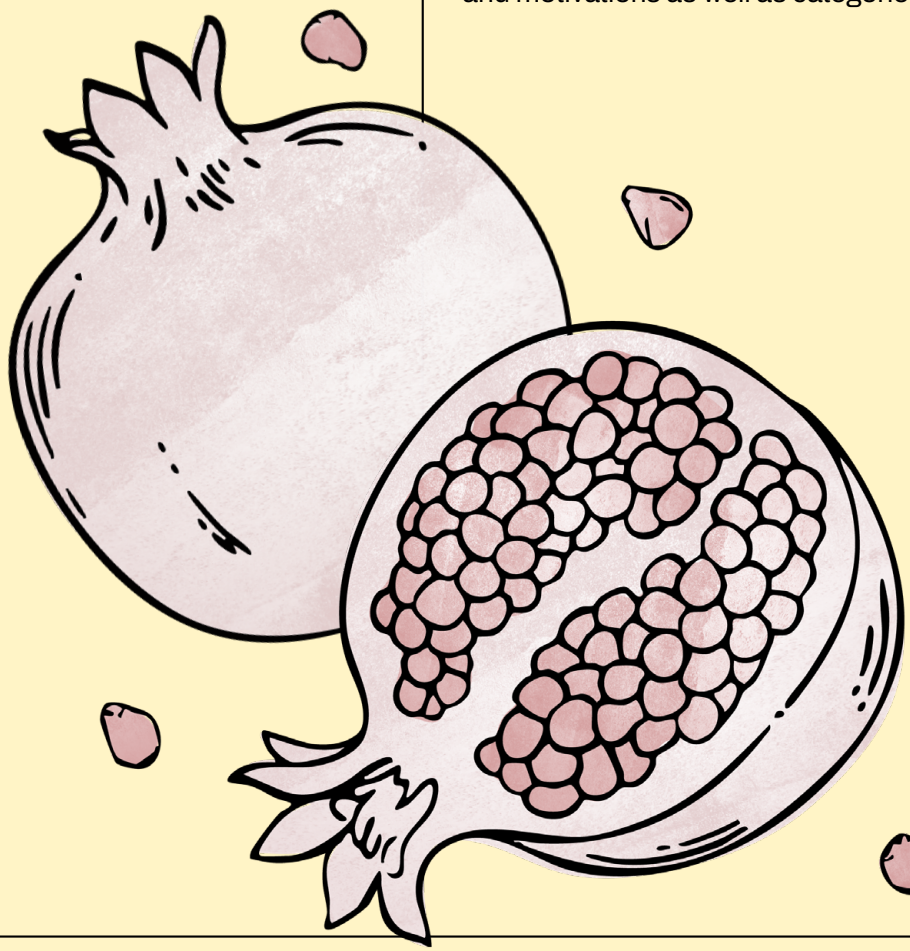
— current knowledges, attitudes, beliefs

— readiness for change

— communication habits and preferences

— socio-political and policy environments that would help or hinder behavioural change.

It's more effective to group people by values, attitudes and motivations as well as categories like gender and age.



How to segment an audience

Your local data will tell you who you want to target. However, it won't tell you what motivates people to eat more healthily or what barriers communities face. You should have at least one additional source of information – for example a conversation with a community champion or a voluntary sector partner who works with the intended audience. A focus group would also be a powerful tool in this context.

Use the following questions to define your audience:

— Who are they?

— What are their food priorities?

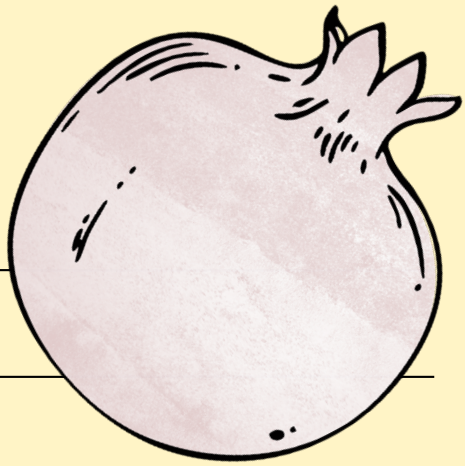
— Main barriers?

— Main enablers?

— Trusted messengers?

— Preferred channels?

— Desired behaviour?



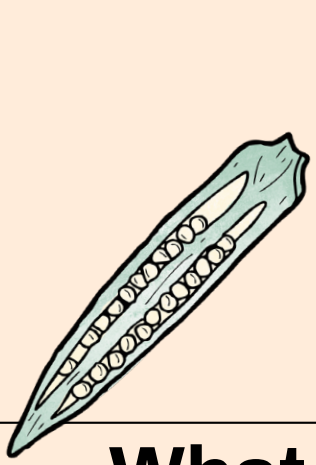
Involving your audience

Co-producing or co-designing content with your intended audience might take a bit more time, but it can increase the relevance and efficacy of a campaign or messages. It is part of formative evaluation for messages or campaigns (see module 8).

There are a variety of methods to involve your audience. These could include focus groups, surveys, brainstorming sessions, interviews, participatory techniques using photography, facilitated design workshops for content, and so on. Different methods can be used at different stages.

See a good example of co-design from the Healthy Eating and Active Lifestyles for Diabetes (HEAL-D) in African and Caribbean communities programme.

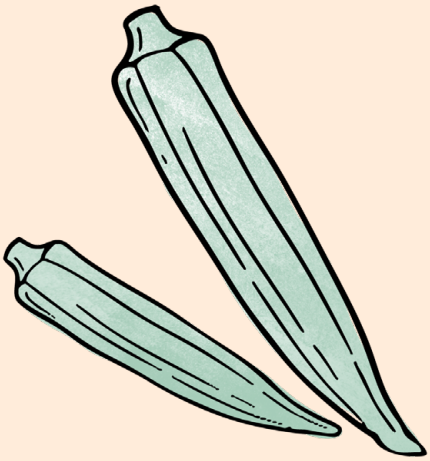
Cultural tailoring and adaptations



Cultural adaptations means tailoring interventions to align with the community's worldview and lifestyle. In the UK, evidence suggests that most ethnic minority individuals understand the connection between eating healthily and improved quality of life, and that eating fresh and unprocessed food is better for you.

However cultural barriers can prevent the adoption of healthier lifestyle practices. Barriers can be addressed by sensitive communications which consider differences in food practices, the importance of traditional recipes for communities, and creating tailored content.

What the evidence tells us



— Family and community negatively or positively influence dietary habits so should be centred.

— It's better to improve a diet rather than completely change it – people don't mind being shown adaptations to traditional recipes, but they do not want their diet completely changed.

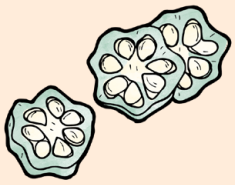
— Adaptations should fit into day-to-day lives without disrupting established routines and reflect the type of food families eat.

— Food practices shift across generations in immigrant communities so this must be considered in messaging.

What works in practice

— Adapting content like visuals, stories, scenarios, recipes. This could include adding traditional foods to, or removing culturally inappropriate foods from materials, or methods like photographing traditional dishes at home in different portion sizes to demonstrate portion control in a culturally familiar context.

— Making content accessible by translating it, using community language rather than clinical terminology, using audio and

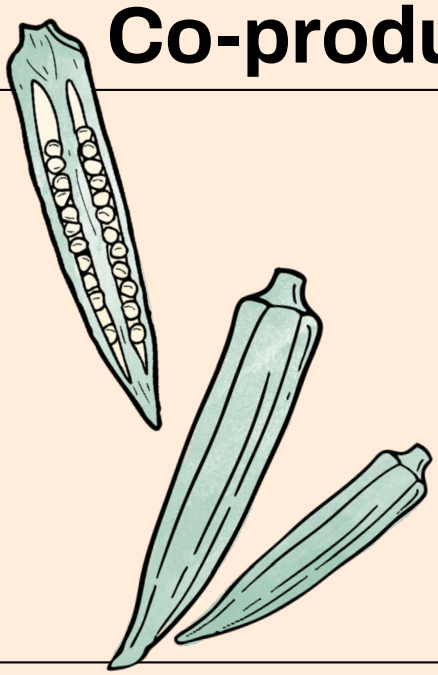


visual messaging for communities who have poor literacy or non-written languages.

— Using relatable messengers for the intended audience.

— Using familiar settings by delivering communications and interventions in venues that are familiar.

Co-produce instead of adapting



Culturally adapted messaging should be co-produced with your target audience. The three questions below are recommended to guide practice when developing healthy eating programmes and communications with ethnic minority communities in the UK.

— Does the project/policy align with the cultural, family, community, social life and health values of the target population?

— Does the project/policy support the target population to incorporate behaviour change activities into their personal routines?

— Has the project/policy identified how to mitigate the impact factors like racism and socioeconomic or geographic access may have on the target population?

Culturally adapted Eatwell Guides and recipe resources

Eatwell Guides

— African-Caribbean Eatwell Guide

— Eastern European Guide

— South Asian Eatwell Guide

— Vegan Eatwell Guide

— Vegetarian Eatwell Guide

Recipe resources

— Co-produced modified traditional African and Caribbean Recipes

— Lambeth Together We Cook Healthy Recipe Book, food inspired by the diverse populations of Lambeth and Southwark, Caribbean, West African, Portuguese, India, and others

— Lambeth Thrive for Life Healthy Eating and Living Guide, including recipes inspired by East African and Middle Eastern Communities

— Healthy Heart recipe finder, BHF, can filter by different cultural recipes

Channels and formats

Choosing the right channel that your audience use regularly is crucial. Even a well-designed and tested message will fail if the right people do not see it.

Channels to consider:

— Social media and short form video channels including paid channels.

— Email channels e.g. newsletters.

— Community messaging channels e.g. closed WhatsApp or Facebook groups.

— Community organisations and settings e.g. Pharmacies, dentists and GP practices, faith organisations, events.

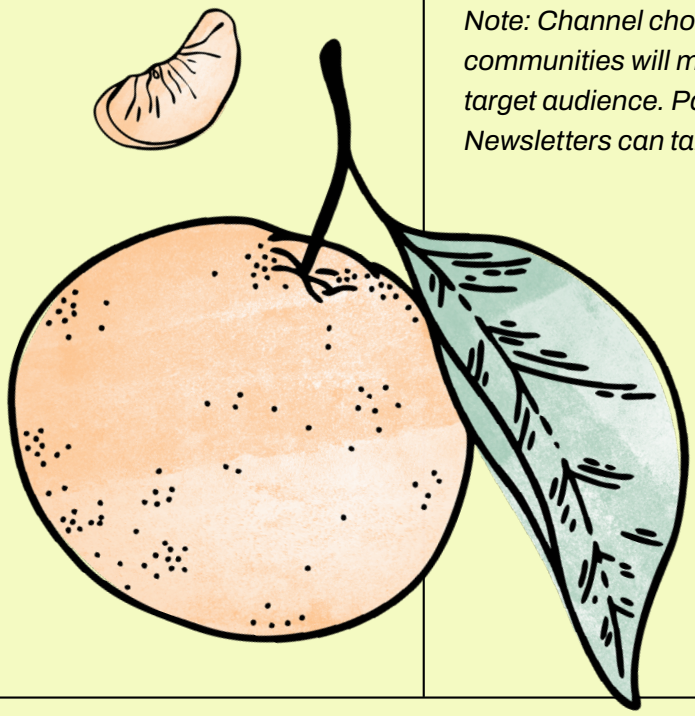
— Community specific media e.g. newspapers, magazines, radio and TV.

— Council channels.

— Print and out of home e.g. posters, flyers, bus stop adverts, billboards.

— Partner publications.

Note: Channel choice influences evaluation. Closed groups or communities will make it easier to confirm that you are reaching your target audience. Paid for advertising can target specific communities. Newsletters can target audiences based on previous engagement.



What works on which channel



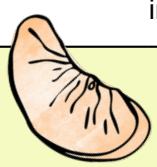
People use social media to meet different needs, from pleasure and enjoyment to convenience, affordability and health. Here, the guide highlights what works on two specific channels to which councils have access and shares the most up-to-date research on what works.

What works across channels

— Recipes consistently achieve the highest reach and engagement and are the strongest options for cross-channel content.

— Affordability framing outperforms pleasure framing. This is particularly resonant with food insecurity, the cost of living crisis and food access.

	Instagram	Facebook
Best for	Higher reach and engagement, younger adults.	Older adults.
Content	Recipes, information sharing.	Recipes, practical nutrition tips, national nutrition data and local food information perform well.
Approach	Practical framing focused on affordability, convenience and cost.	Emotionally engaging framing, including humour and motivational messaging.
Format	Videos have higher engagement and a pilot study showed they are more likely to change behaviour. If using images use high contrast and realistic images instead of icons.	Image-based posts. Video and highly practical or institutional content tend to be less effective.







What format to choose



Do videos, images, text, or infographics work better? Currently, the evidence shows little difference between formats in creating an intention to change behaviour, and no difference between talking heads or animated videos.

Choose your format based on what you can realistically produce, what your audience prefer, and what works better on the platform. Talking-heads videos are quick and cheap to film on a smartphone if you have a willing community member. Short animations, videos, or static images can be produced on Canva with the communications team's support.

Tips for videos

Watch Tower Hamlets 'Healthy eating is in our hands' video series:

- Portion sizes
- Cooking oil
- Healthy swaps

- Film vertically (works across multiple platforms) and use a phone to reduce cost.
- Consider reels / shorts dependent on channels.
- Structure the video clearly to reduce cognitive overload by presenting information in a clear, logical sequence with a beginning, middle and end.
- There is currently no evidence that shorter videos outperform longer ones. Consider if a 1-minute video is easier to produce or can share the necessary information as well as a 5 minute one.
- Use a lapel mic and tripod to improve sound and stability. Both are relatively inexpensive, and will significantly improve content quality.
- Add subtitles as many people watch social content without sound.

Tips for images



- Use a carousel to tell a story over several images or show a step-by-step recipe.
- Think about the first image and caption you will use to engage people.
- Use a clear structure and visual simplicity.
- Use high contrast colours.
- Link image choice to content (not decorative).
- Ensure images have alt text concisely describing what the image is for accessibility.

Timing messages and campaigns



Higher engagement can be encouraged by aligning messaging and campaigns with global campaigns or with cultural and religious holidays. For example, Fibre February (British Dietetic Association) National Heart Month (February, BHF) National Cholesterol Month (October, Heart UK), Diabetes Prevention Week (May, Diabetes UK).

Combatting misinformation online



Nutritional misinformation is rife online, with some myths promoting harmful dietary practices. Social media can also increase health inequalities, and it is suggested that those from lower socioeconomic backgrounds are less able to determine if information is credible, increasing disparities in health outcomes.

Communications can help to combat misinformation by providing evidence-based nutrition information through channels such as websites, social media and print. Content includes debunking myths, answering common questions or providing healthy eating tips.

This might be a good starting point for focus groups with audiences to understand what beliefs around food they hold. Messages could directly aim to support with health literacy.

A recent narrative review found seven myths are common across digital channels:

— Detox diets are necessary.

— Food allergy and intolerance promote weight gain.

— Coloured salt is healthier than white salt.

— Pineapple contributes to the reduction of fatty tissue.

— A gluten free diet is healthier for the general population.

— Brown sugar is better for you than white sugar.

— Lactose free and dairy free products are better for you than dairy.





Messaging

Writing your messages





Research has synthesised the extensive literature on nutrition messaging into a set of core recommendations. Messages should:

— Be short, simple, and easy to understand. Evidence shows terms like plant-based, wholegrains, legume, balance and dietary variety are not well understood.

— Give 2–3 recommendations maximum. Complex messages should be broken down into smaller messages.

— Be actionable.

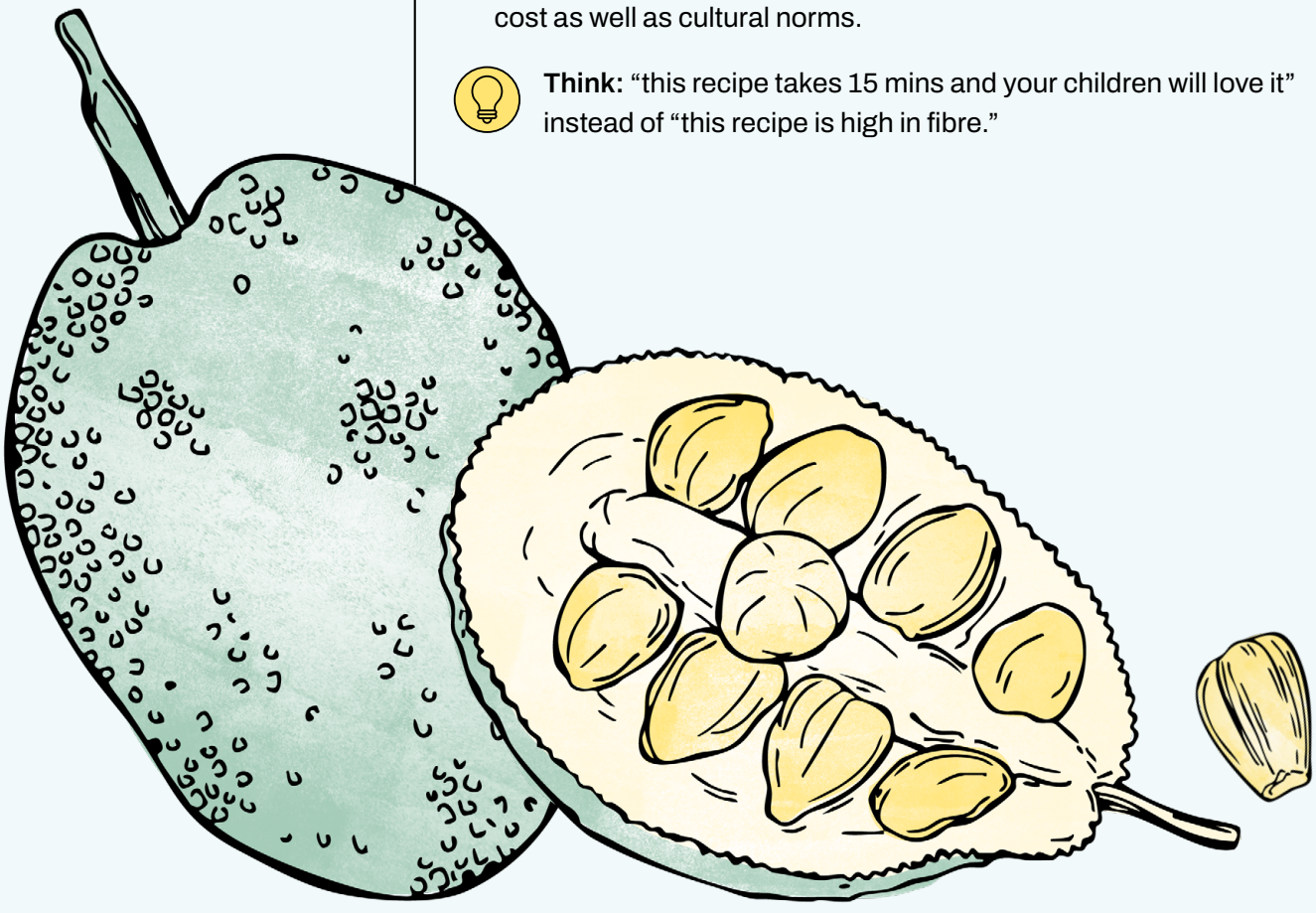
— Use present-oriented and gain-framed messages, ie. promotion of a positive outcome by undertaking the healthy behaviour. For example, “Eating your 5 a day can make you feel healthier today.”

— Have a positive and empathetic tone.

— Use humour or emotions.

— Align with non-health drivers of food choice, such as taste and cost as well as cultural norms.

Think: “this recipe takes 15 mins and your children will love it” instead of “this recipe is high in fibre.”



Examples of effective messaging



“Eat them to defeat them.”
Why it works: light-hearted humour, use of storytelling.

“5 a day.”
Why it works: simple, easy to remember.
Issues: secondary messaging was complex in terms of portion size.

“Smart swaps.”
Why it works: simple, not removing choice.

In the UK, 51% of people say that taste is the most important factor when choosing food.

Who should deliver your messages



Messages should be delivered by credible sources. Trust in the communicator is critical, especially given the amount of misinformation online. You could use:

— Someone trusted from the community you’re targeting.

— A community health champion.

— A community micro-influencer: a regular social media user with a small following (typically 1,000–100,000) who has deep trust and high engagement with a specific community.

— A nutrition or healthcare professional.

What to avoid

See also: British Dietetic Association, Eliminating Weight Stigma – Guidelines for BDA Communications

Avoid talking about weight, BMI, and body image as a way of framing messages. Campaigns that focus on weight can create stigma and are triggering for people with disordered eating.

Avoid messages on swapping bigger meals for smaller in particular.



Beyond individual behaviour



Nutrition messaging does not have to focus on individual behaviour. You can also communicate policies that your council is putting in place for healthier food environments. Messages like this can directly respond to barriers that communities face as identified by the COM-B model.

For example; “We’ve been investing in our local markets to provide you with access to healthy foods”, “We’re supporting access to healthy affordable food choices”.

Testing your messaging

Testing your messages with your target audience is part of formative campaign evaluation and is critical. It helps you assess which messages work before investing in a campaign.

Draft 3–5 messages, storyboard, scripts, images or posts, and test them with your intended audience. Having multiple concepts makes it easier for audiences to understand their preferences. It is also effective to co-design the messages first with the target audience, and ask what they’d like the campaign to address and how. Common ways to test messages is using focus groups or surveys.



You should assess:

1. **Message perceptions:** is it believable and easy to understand?
2. **Effect perceptions:** will it change behaviour?
3. **Translations:** check they are accurate, sometimes translations use more formal language which may change the original message.
4. **Messengers:** who would they trust to share this message?
5. **Accessibility:** how accessible is the material you’re proposing?



Perceived effectiveness of nutrition messages scale



The Perceived Effectiveness of Nutrition Messages Scale is a validated example of an evaluative method. This can be delivered online or in person as a survey to test messaging with your target audience – either on a small or large scale. While these measures are proven to predict intentions, remember that intention is only a proxy for behavioural change.

Perceived effectiveness survey

Please indicate the extent to which you agree/disagree that this healthy diet message:

Factor 1: effect perceptions

— makes me stop and think about my diet.

— makes me feel concerned about my diet.

— motivates me to improve my diet.

— is personally relevant.

Factor 2: message perceptions

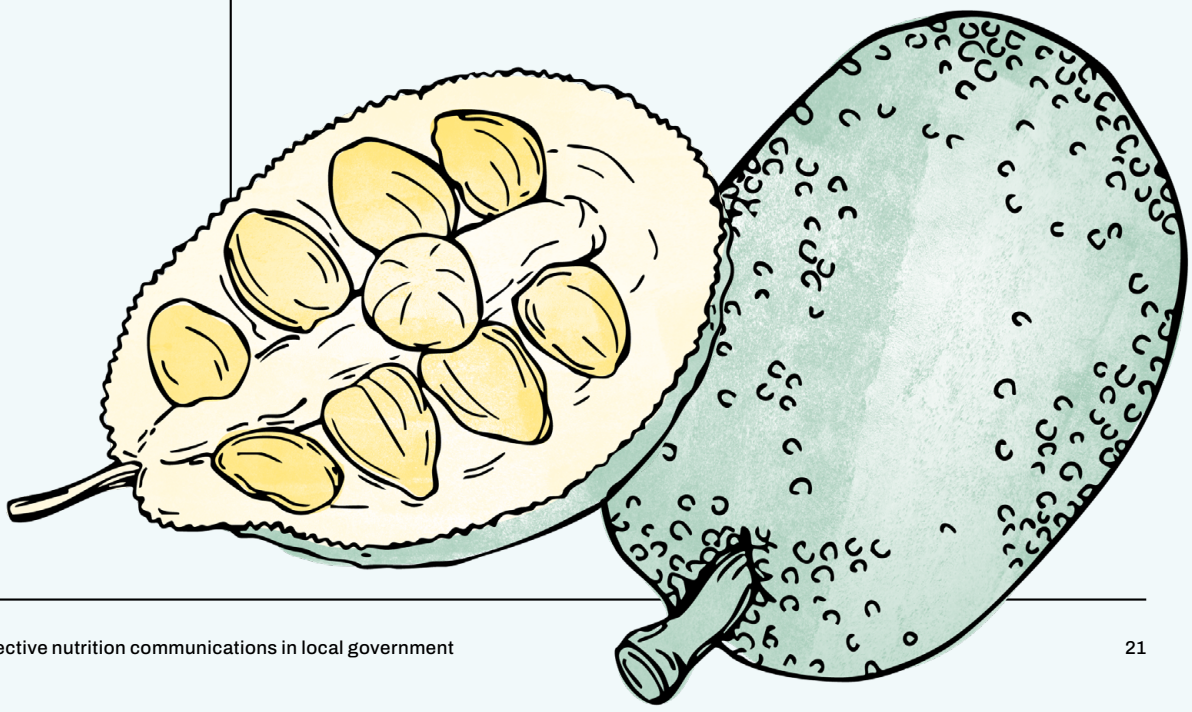
— is easy to understand.

— is believable.

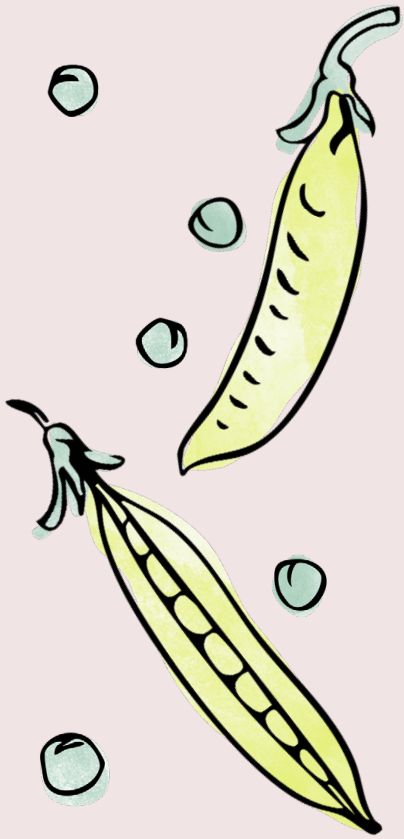
Test each of these statements using a Likert scale of 1 (strongly disagree) to 5 (strongly agree).







Using narrative and storytelling



Storytelling can make messages more effective. For communities with strong oral traditions or people with lower science or health literacy in particular, stories will resonate and be more effective than didactic messaging. However, both have their place within nutrition messages and campaigns. Didactic messages might work better for combatting misinformation.

— **Didactic messages:** stronger effect on attitude and beliefs.

— **Narrative messages:** stronger effect on intention and emotion.

Best practices in narrative storytelling:

— Use first-person perspective with a trusted storyteller.

— Get input from the intended audience so the story can be tailored.

— Tell a good story! Have a compelling plot and cast, engaging content, hero's journey (for example, someone overcoming a health challenge).

— Messages should be added "plausibly and subtly". Audiences react negatively if the persuasive intent is too obvious as they can feel like they're being manipulated.

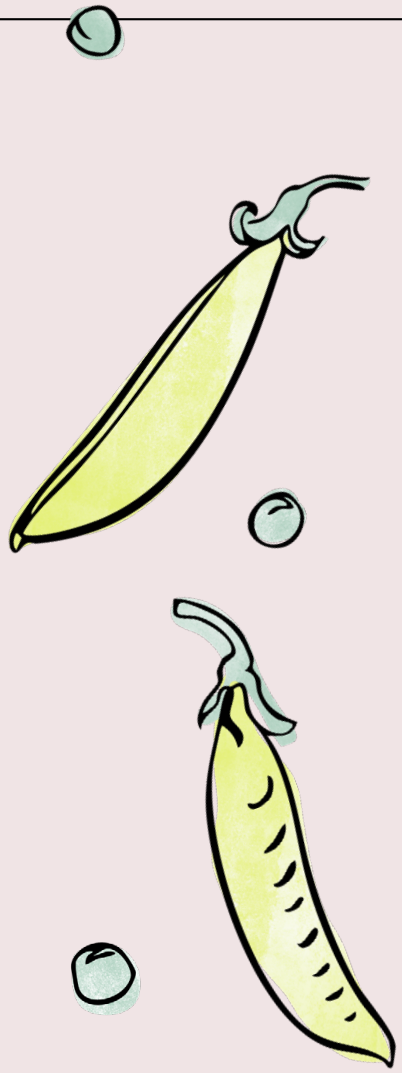
How do you tell a story?

Adapted from: Using Written Narratives in Public Health Practice: A Creative Writing Perspective

1 Choose a point of view

Your choice of messenger for your story can make a big difference. If they are trusted and seen as authentic the message in the story will be more likely to be accepted by the audience.

While some evidence suggests that the protagonist should be the same as the intended audience, communities also have shared that being targeted by messaging that only reflects their community can make them feel targeted and judged, and expressed preference for being part of a campaign with multiple communities.



2 Establish the conflict

Conflict can be internal or external / low or high stakes; the conflict has to be resolved for example a narrator enjoying their family's traditional recipes wanting to eat more healthily. Be careful to ensure that this isn't portrayed as judgemental or changing cultures from the outside.

3 Shape the story

Try starting in the middle. Incorporate details. Show, don't tell; let the audience experience what the protagonist feels and experiences.

4 Evoke emotion

Emotion should be used carefully in health narratives, and you should be conscious not to scaremonger people or trigger disordered eating by associating food with fear, shame, or guilt.

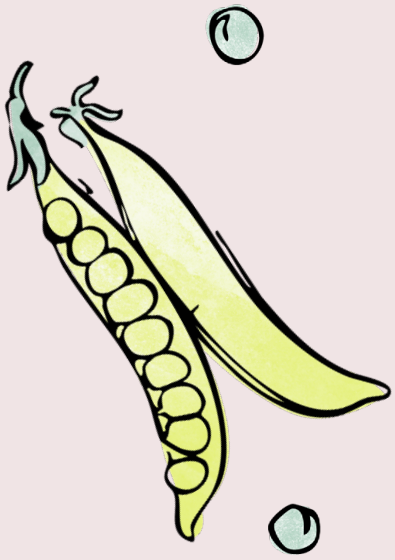
5 Use a natural voice

Use lay language and conversational tone, active voice.

6 Get feedback, revise

What this means in practice: You do not need to create a standalone storytelling campaign. A community member could feature in a short council video, recipe post, newsletter article or partner organisation's social media content. The same story can be adapted across channels.

The ethics of storytelling



If you're using community members for storytelling, ensure that you consider ethics:

— Building trust with community members before using for content

— Gathering informed consent

— Avoiding tokenism

— Avoiding community spokesperson fatigue

— Providing fair reimbursement

— Managing online abuse

Anyone involved should be given a briefing beforehand. If they have their own social media presence, you should remind them to be mindful of what they post after participating so that trust in their message isn't jeopardised.

Evaluation



Evaluation should be built into the whole process of a campaign and can be thought of as three distinct elements:

— **Formative:** who is the target audience and are the messages aligned with them?
— **Process:** was the campaign carried out as intended?
— **Outcome:** did the campaign create the desired results, either raising awareness and knowledge, creating engagement, stimulating a conversion event, or create behavioural change?

Formative evaluation



Formative evaluation is covered in module 3 and module 6 in audience understanding and message design and testing. Formative evaluation is critical to the success of campaigns and is cited as one of the reasons for campaign failure.

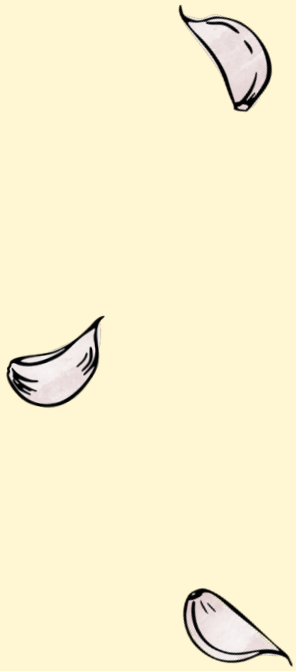
Process evaluation

Table adapted from Process Evaluation in Health Communication Media Campaigns

Process evaluation is underused in public health campaigns but important for two reasons. First, it contextualises and explains the outcomes. It tells you if the campaign was poor or whether it was poorly implemented. Secondly, it identifies improvements for next time.

Measurement	Question	How to measure
Fidelity	Was the campaign delivered as planned?	Observation, programme logs, media tracking, comms calendars.
Reach	How many people were exposed to the campaign?	Platform analytics e.g. impressions on social media, open and click through rates on newsletters, website traffic, unique QR codes on printed media (proxy).
Engagement	What interactions with the content were there?	Likes, shares, reposts, website actions, comments, unique tracking module clicks.
Dose delivered	What was the frequency and intensity of message content across channels?	Number of posts over how many days.
Dose received	Did it reach the audience?	Platform analytics, clicks on a tracking links, poll on whether the audience saw the message, ask members of the target community.

Outcome evaluation



Outcome evaluation is more complex and can be tricky with fewer resources. This guide focuses on some easy methods taking into account limited resources.

On social media, you can assess engagement with content, rather than seeking to measure awareness of the campaign, across three levels:

— **Low:** indication of agreement e.g. likes.

— **Medium:** interaction with content e.g. clicks / comments / shares / reposts.

— **High:** adoption of a promoted behaviour e.g. offline engagement (sign-ups for a service, attendance of an event etc) looking at the data before and after a campaign.

There is encouraging evidence that local authority health promotion campaigns can lead to 'high' engagement. For example, four campaigns run by London councils showed adoption of the promoted behaviours with interventions that cost between £400–£1500. These interventions were advertising local authority programmes such as weight management services or vaccinations. The costs covered paid for advertising to target specific users of social media.

Measuring behavioural change



If the campaign does not promote 'conversion' behaviour, such as signing up to a service, then you can measure behaviour change. Be realistic about this – it is difficult to do with limited resources.

One simple way to measure behavioural change is to ask a small sample of your target community a simple survey of whether they saw the content and whether they have or intend to change their dietary habits. Self-reported behaviour can be unreliable, but it will give you more data than engagement metrics alone.

Resources

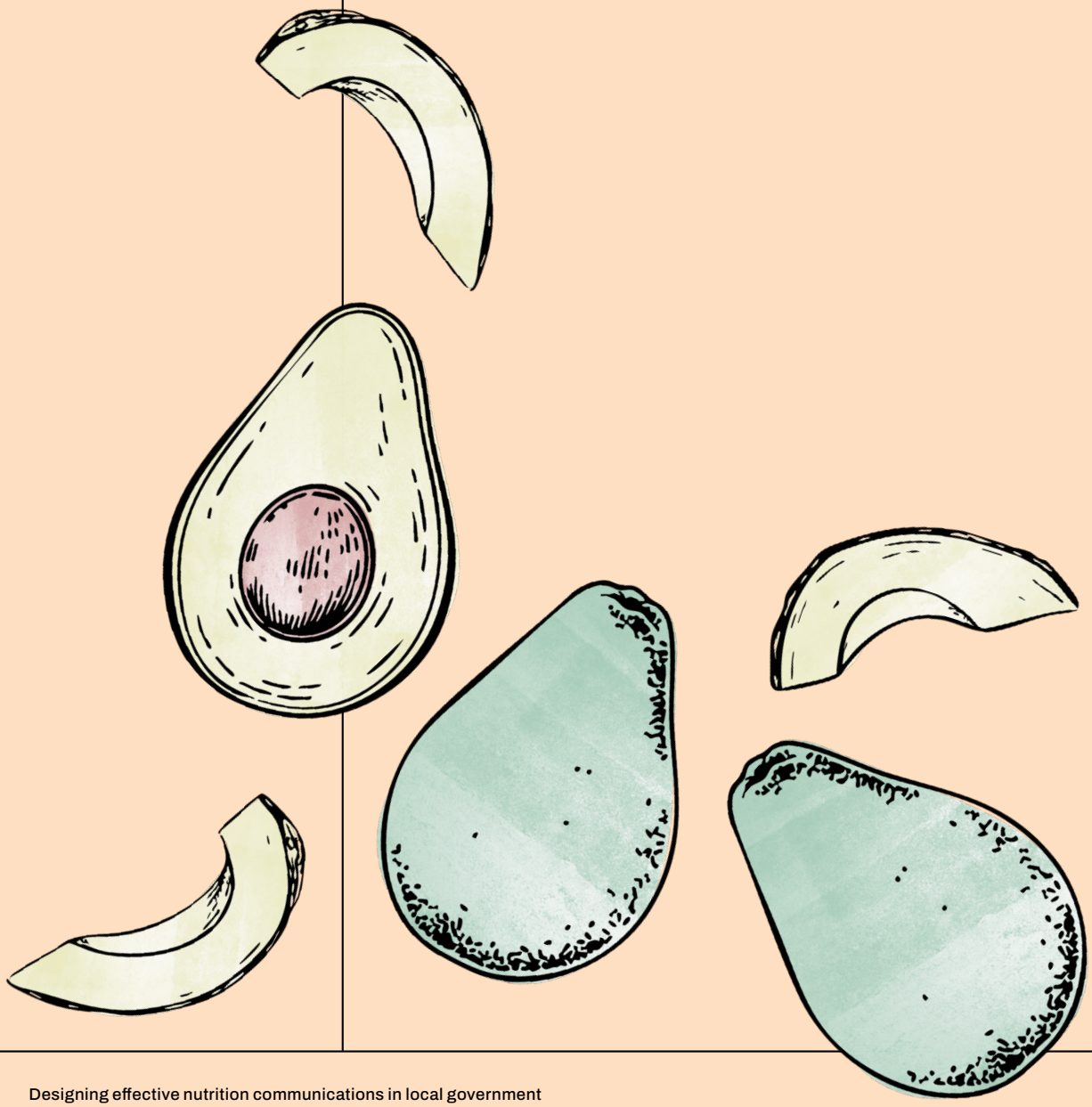


Alongside the culturally adapted resources in module 4, the following resources are good reference points for campaign creation.

The Principles of Behaviour Change Communications,
Government Communication Service

Guide to Communication Planning (OASIS),
Government Communication Service

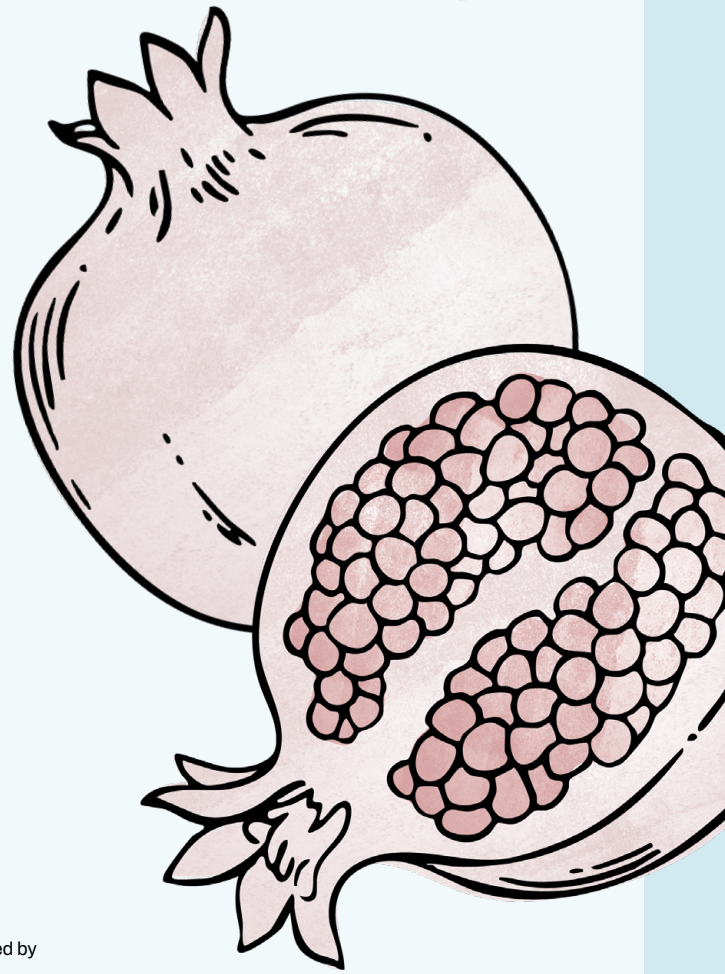
Communication for Behavioural Impact Toolkit,
World Health Organisation



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