DESIGNING HEALTH MARKETING COMMUNICATIONS (HMC)

This document provides an overview of Manika and Gregory-Smith's (2017) integrated conceptual framework of key determinants of health behaviour across the stages-of-change (see next page) and its practical implications.

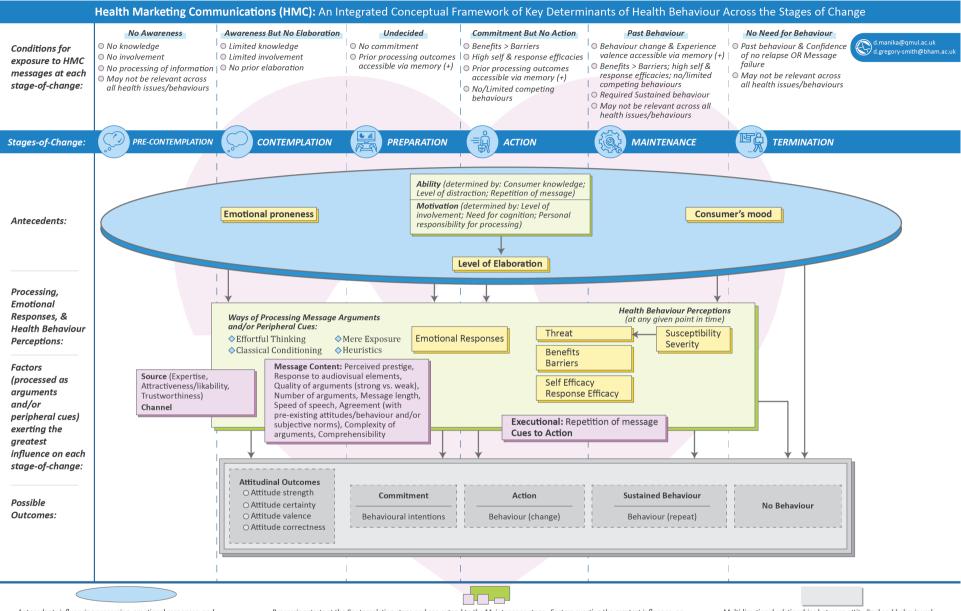
The proposed integrated framework uses the Trans-theoretical model (also called Stages-of-Change) as an integration platform for combining constructs of the Elaboration Likelihood Model, the Health Belief Model, and Extended Parallel Processing Model; adding to our understanding of how persuasion occurs at different stages-of-change.

Stages-of-Change:		PRE-CONTEMPLATION		CONTEMPLATION	불)	PREPARATION	- <u>ů</u>	ACTION	Q	MAINTENANCE		TERMINATION
	(1)		(2)	(3	۷١		(4)		(5)	((6)	

Practical Implications at each stage of change:

- (1) The channel and source of the message should be carefully selected for the specific target audience. The source of the message may be manipulated to grab the attention of consumers.
- (2) Messages should be designed to motivate processing of the HMC message, and the development of positive outcomes, such as positive emotional responses, and/or health behaviour perceptions, and/or attitudinal outcomes.
- (3) Messages should reinforce the benefits of taking action as well as increase self-efficacy and response efficacy under high motivation/ability/elaboration conditions.
- (4) Messages should increase the importance of taking action over other competing behaviours for the target audience.
- (5) Short messages should be used to remind consumers of positive prior experiences to avoid temptations and maintain behaviour.
- (6) Final stage: no need for additional HMC messages.





Antecedents influencing processing, emotional responses, and health behaviour perceptions across all stages of change. Ability and motivation to process the message determine the consumer's level of elaboration.

Processing starts at the Contemplation stage and can extend to the Maintenance stage. Factors exerting the greatest influence, on HMC message processing (O), across each stage-of-change (♦), are identified, which in turn may impact emotional responses; health behaviour perceptions; and outcomes. Emotional responses can also affect the ways of processing a message and can be influenced by health behaviour perceptions due to cognitive processing. Emotional responses and health behaviour perceptions can also influence attitudinal outcomes.

Multidirectional relationships between attitudinal and behavioural outcomes. Movement through the stages is not always linear, nor each outcome necessary to move from one stage-of-change to the another.





