



## Public Health

# Using behaviour change maintenance theory to sustain health protective behaviours during Covid-19: practical recommendations

### INTRODUCTION

Behavioural interventions such as social distancing, hand hygiene, and wearing face coverings are key to reducing and preventing the spread of the COVID-19 virus. Therefore, it is important to develop strategies and interventions that maximise the opportunity for people to maintain these behaviours over time.

People who successfully initiate a new pattern of behaviour often find it challenging to sustain that behaviour over time<sup>1</sup>. Behavioural interventions that have been shown to help people initiate changes in their behaviour are not always successful at helping people to maintain those changes<sup>2</sup>. This is because the mechanisms responsible for getting people to start a new behaviour are likely to be distinct from those responsible for maintaining it. This is particularly important to understand if local authority interventions to change behaviour are to bring about lasting and sustainable change.

This paper outlines a framework for thinking about designing interventions to bring about sustainable changes in behaviour. It uses the COM-B model<sup>3</sup> to describe **6 different types of influences on behaviour** that might encourage lasting change in health protective behaviours (e.g. social distancing, handwashing etc.). It is based on a rapid review of the literature on behavioural maintenance.<sup>4</sup>

## **CAPABILITY**

### **1. Self-regulation**

People are more likely to maintain a new behaviour if they have clear goals and are able to consistently monitor and adapt their behaviour to ensure it is consistent with these goals.

As the requirements for health protective behaviour change and evolve, individuals may find it difficult to keep track of what is required across time (e.g. differences in requirements at different tiers) and contexts (e.g. differences at work and at home), which may make it difficult to consistently perform a behaviour.

Strong self-regulatory skills will be required to help people keep focused on the goal of maintaining health-protective behaviours over time and in different contexts. In situations where it is difficult to perform the behaviour (i.e. motivation is low and costs are high), additional effort is required to overcome barriers and prevent relapse. This is known as self-regulatory capacity.

#### **Recommendation**

Local authorities can consider the ways in which they can support self-regulation to encourage sustained performance of health-protective behaviours. This could involve interventions which support residents to plan ahead, anticipate potential barriers to maintaining the desired behaviour and review these plans regularly. For example, when two or more households are planning to meet, individuals can be invited to manage expectations by communicating what the appropriate 'behavioural standards' are to meet in a COVID-secure way. This may include agreeing in advance how to greet each other, how to arrange the indoor/outdoor space to be able to sit or eat together in a socially distant manner etc. People can be encouraged to develop contingency plans on how to intervene in, or safely remove themselves from, situations where they observe these behavioural standards are not being met.

Self-regulation can also be facilitated by placing triggers in the environment to help people to remember to perform the behaviour, or to form intentions to perform the behaviour. Examples include:

- Placing a visual reminder (e.g. sticker of a face covering, or post-it note) near the front door, as a reminder to always leave home with a face covering.
- Storing laundered face coverings near wallet and keys or other items usually picked up when preparing to leave the house
- Encouraging people to form a contingency plan such as keeping spare face coverings in the car.

## **OPPORTUNITY**

### **2. Resources**

People are more likely to maintain a new behaviour if there are sufficient physical and social resources to do so. Performing a new behaviour requires effort. Exerting effort over an extended period can lead to fatigue, stress, and other negative feelings. This can make it increasingly difficult to be motivated to continue performing the new behaviour.

#### **Recommendation**

To prevent a state of burnout, enable people with support that is timely and meets their fundamental physical (e.g. income, employment rights, food etc.) and psychological needs (e.g. online access to social networks, communication, entertainment, education and parenting and mental health support etc.). Support needs to be available for as much time as it is needed and accessible to all, particularly aiming to maximise benefits for the most disadvantaged. For example, vulnerable residents shielding in Hertfordshire were offered 12-week support in the form of emergency food parcels, medication, and community hubs to access local services.

### **3. Contextual Influences**

Behaviour occurs within an environmental and social context. Therefore, a facilitative environment and social support will help people to maintain new behaviours. The more stable the contextual factors are, the easier it will be to sustain a behaviour, as less resources are needed to regulate it.

#### **Recommendation**

##### **Physical environment**

Design the environment to increase the likelihood that individuals will behave in ways that protect themselves and others (e.g. cues in the form of signage to encourage sanitising hands at the entrance/exits of buildings).

##### **Social environment**

The social environment can be influenced by communications that shape the general beliefs of the community (e.g. “We stand together”) but also specific beliefs around health protective behaviours (e.g. “please wear a mask to keep yourself, other customers and our staff safe”).

- ‘Protect each other’ messages should be used to stress how desired behaviours benefit the community and protect its most vulnerable members, including loved ones<sup>5</sup>.
  - Give concrete examples, use powerful images and voices of those who need protecting (e.g. loved ones, the vulnerable, health care systems and workers).
  - Seek to understand whether there are particular groups within the broader population whose behaviour needs to change and consider what values and motivations drive their behaviour. This information can then be used to segment communication and enablement strategies.

- ‘Stand together’ messages emphasise how our sense of self is rooted in proud membership of groups e.g. family, neighbourhood, community, nation; and these are linked to a sense of duty, solidarity and inclusion<sup>5</sup>.
  - Use voices representative of, and trusted by, the group (rather than those perceived as partisan or self-interested).
  - Tailor messages to appeal to specific sub-groups e.g. gender, age, region, ethnic or cultural affiliation (draw on faith/community leaders) to improve adherence.
  - Avoid stereotypical or divisive messages – messages will be undermined where policies are perceived unequitable.
  - Again, use inspiring concrete examples (e.g. community and healthcare workers).
- ‘This is who we are’ messages draw on social norms to reflect and affirm group culture and behaviour (‘this is what we are doing’)<sup>5</sup>.
  - Drawing attention to a behaviour, amplifies it; therefore, focus on highlighting desirable behaviours as opposed to implying people are performing undesirable behaviours (e.g. “Residents of Watford, please buy only what you need so that nobody in our community gets left behind. #dontshoptilyoudrop #buyoneleaveonefree”).

## **MOTIVATION**

### **4. Maintenance motives**

What people think about a behaviour and its consequences can have a strong influence on whether they continue to perform it. People tend to carry on performing a behaviour if they are happy with the outcome of doing it, or if the behaviour is in line with their actual or idealised identity, beliefs and values. This constellation of identity, beliefs and values surrounding a behaviour are known as ‘maintenance motives’.

#### **Recommendation**

Emphasise positive outcomes of a new health behaviour; provide behavioural options which are enjoyable, inspiring people to redefine themselves in line with new healthy lifestyle principles.

Engineer communications to include maintenance motives where appropriate. Think of ways in which the desired behaviour can be linked to valued aspects of the community members’ personal and social identities. For example:  
 Personal identity: “I wash my hands because I want to protect others.”  
 Social identity: “I wear a mask and keep my distance from others so I can continue to care for others.”

Beliefs about consequences: “I wear a mask because I know it will protect others / I stay at home because I know it is the quickest way to get out of lockdown / to protect the people I love.”

## 5. Habit

People maintain behaviours which have become habitual. When people repeat behaviours in the same environment, they become automatically triggered by that environment without the involvement of conscious decision making. Making health protective behaviours habitual will reduce the need for constant self-regulation, creating space for people to focus on other important aspects of their experience. Behaviours that become habitual are much more likely to be maintained.

### Recommendation

Reshape the environment so that it supports people to perform the new behaviour whilst restricting old habits. Place cues throughout the environment to continually prompt people to perform the desirable behaviour. Repeated performance will result in a new habit becoming automatic, and therefore maintained. For example, to introduce a one-way system in a building, you may restrict old habits by sectioning off certain floors, stairwells, walkways etc. and encourage desirable behaviour by placing prominent signage and using colour coding to help people navigate their way through the building.

Local authorities can use the interventions based on habit in spaces where they can influence the environment. Although local authorities have little or no direct influence in peoples' home environment, they can encourage community members to form health protective habits within the home. This could include interventions like producing leaflets that teach people how to form habits for desired behaviours (e.g. 'top ten tips for resilience' or a checklist to encourage healthy eating).

## 6. Beliefs about consequences

Perceived risk can influence how likely it is that people will adopt preventive health behaviours. Peoples' risk perception is influenced by public worry, socio-demographic characteristics, social context, individual values, rumours, and trust. Effective risk and crisis communication can increase trust and activate people's coping appraisal.

Coping appraisal is effectively the sum of how confident you are that preventive measures are effective in preventing the transmission of COVID-19 ("I believe handwashing and social distancing measures are effective in preventing the spread of COVID-19") and, how confident you are in your ability to perform the required health preventive behaviours ("I believe I can perform handwashing and social distancing correctly, when required").

## Recommendation

- Ensure any guidance released is clear and specific to prevent the spread of rumours or misinformation; detail exactly what behaviour is required to implement social distancing. Use professionally designed, mass social media campaigns and engage with media outlets to promote responsible coverage i.e. collective adherence not non-adherence or social division.
- Focus on promoting the collective identity of a community and highlight the effectiveness of prescribed health behaviour to prevent public worry. Avoid messages based on fear or disgust regarding other people's hygiene or infection status.
- To build trust, do not use coercive or authoritarian messages as these are harder to sustain long-term and can lead to civil disorder (particularly where people perceive inequities in how these are managed).
- Co-design and pilot interventions with relevant audience groups to minimise unintended consequences (e.g. inequity). Setting up a feedback loop and assessing impact can be an insightful way to monitor evolving perceptions of risk within the community, aiding early intervention.

## REFERENCES

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