

# HOW TO IMPROVE COMMUNICATION DURING COVID-19

## A PRACTICAL GUIDE

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**Abstract**

This document offers a practical guide on how to design behaviorally-informed communications and interventions that help contain the spread of Covid-19. How and with what resources should you communicate to overcome the deep behavioral biases that we all have and that are heightened in situations of stress, fatigue, and uncertainty? How do you encourage people to heed health recommendations upon returning to their workplaces or schools? This guide helps answer these questions and offers clues and concrete examples of how communications can promote behavior change.

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# INTRODUCTION

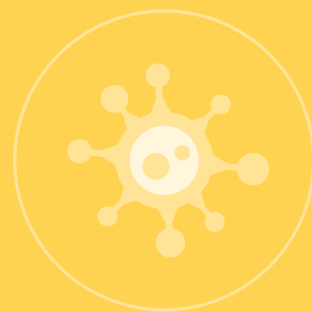
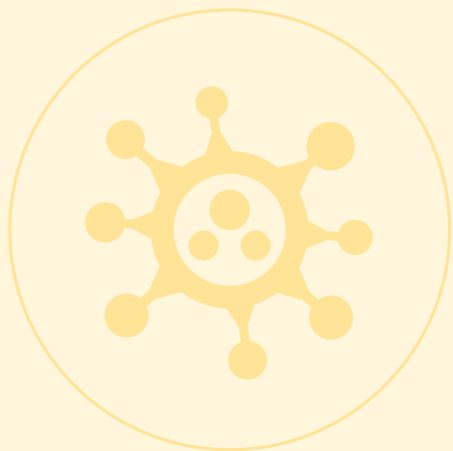
## SECTION 1

Methodology and Practical Guide

## SECTION 2

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## ANNEX



# INTRODUCTION

The world's population is in the process of adopting the recommendations and hygiene habits intended to slow the spread of Covid-19. However, adoption has not been universal, and the infection rate continues to rise in many countries of the region.

In order to fully follow these recommendations, citizens face the difficult task of overcoming the deep behavioral biases and barriers that prevent them from making the right decisions and which, unfortunately, are accentuated in times of stress, exhaustion, and uncertainty.

### We must therefore ask ourselves:

1. How can we most effectively encourage people to follow these recommendations using behaviorally informed communications materials to counteract these behavioral biases?
2. How can the right behaviors be maintained as people return to their jobs and children return to schools?

We have prepared this document to offer an array of communications materials we have designed within the Behavioral Economics Group of the Inter-American Development Bank's (IDB) and to help you as you design your own behaviorally informed communications and interventions to contain the spread of Covid-19.

To accomplish this, we will use key behaviors during the Covid-19 pandemic as case studies to provide examples of communications designs to support these communications and interventions. The first section of the document will offer a methodology and a practical guide for designing one's own communications and interventions to change behavior. The second section contains a portfolio of communications materials from the IDB Behavioral Economics Group designed to help stop the spread of Covid-19. It can be downloaded and shared on social media.

The last part of this document lays out the basic principles for preparing your own communications and the content needed to promote changes in behavior. You will also gain analytical tools to break down the policy challenge into actions, biases, and solutions.

We can do this, for example, by using communications materials like these:

1

Always have a mask with you



So you can protect yourself when you need to

2

Keep a bottle of hand sanitizer in your bag



Use it when entering and leaving any place

3

Make a list before you go to the store



This way you'll reduce your exposure time



DOWNLOAD

While we will not go into depth on the principles in the field of behavioral economics, we do recommend that in order to expand your knowledge on this issue, you take our [online course](#) and read our [practical guide](#) on how behavioral economics can help fight the coronavirus.

### WHAT ARE BEHAVIORAL BIASES?

**They are mental shortcuts that help us make daily decisions in a world full of complex situations. Hundreds of behavioral biases affect our daily decision-making.**

Behavioral biases can make it difficult for us to achieve our goals, because we forget or postpone them, or because we undervalue them or dismiss the importance of the future. Biases also cause us to instinctively draw excessive generalizations based on incomplete facts and spot patterns where none exist.

### EXAMPLES OF BEHAVIORAL BIASES DURING THE CORONAVIRUS PANDEMIC



#### Status Quo

Makes it difficult for people to change their habits and take measures like frequently disinfecting hands using alcohol-based products or wearing facemasks when leaving the house, as, for a long time, their habits used to differ from those recommended to stop the spread of the virus.



#### Optimism Bias and Availability Heuristic

Affect the calculations that young people make as to their probability of becoming ill and dying. They also increase the friction this population faces when it comes to declining to meet with friends in enclosed spaces or in restaurants.



#### Cognitive Overload and Decision Fatigue

Can lead parents trying to balance work, family, and leisure responsibilities to forget to do simple things during the pandemic like wash their hands and cough into the crook of their arms.



#### Loss Aversion

Can lead people to risk going to work during confinement periods or enter crowded places during the reopening process because loss of income or productivity feels more significant than the gain of staying healthy.

To read more about cognitive biases and how they are manifesting in people psychologically during the coronavirus pandemic, see our [practical guide](#).





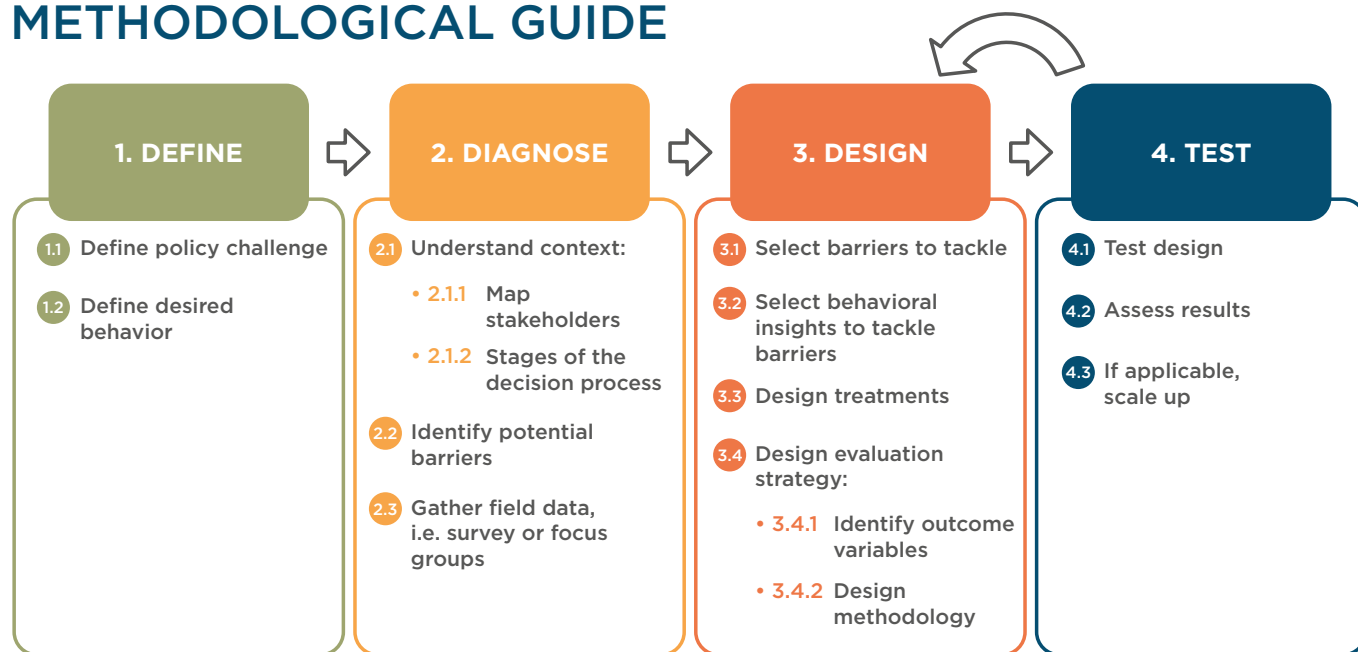
# SECTION 1

Methodology and Practical Guide

Although behavioral economics interventions are simple and easy to execute, designing them is not easy. In fact, to do so correctly, a rigorous design methodology must be followed to be able to evaluate them afterwards.

Here we will apply this methodology to behaviors that are key during the Covid-19 pandemic. This will provide us with case studies that offer examples of the process for designing communications to encourage the desired behaviors.

## METHODOLOGICAL GUIDE



### HYGIENE RECOMMENDATIONS OF THE WORLD HEALTH ORGANIZATION



Use a facemask in public and enclosed spaces



Wash your hands frequently, for 20 seconds at a time



Maintain physical distance between people



Keep the surfaces you touch clean



Cough into the crook of your arm



Quarantine individuals when there is a risk they have contracted the virus



## 1. DEFINE

### 1.1 Define policy challenge

### 1.2 Define desired behavior

To start with, it is important to properly define the problem or public policy challenge.

Defining the problem entails two essential components: a target population and an undesired behavior.

- **Problem:** Residents of a specific community do not wear facemasks in public places.
- **Desired behavior:** Facemasks always used when outside the home.

## 2. DIAGNOSE

### 2.1 Understand context:

- 2.1.1 Map stakeholders
- 2.1.2 Stages of the decision process

### 2.2 Identify potential barriers

### 2.3 Gather field data

Next, a proper diagnosis of the context and potential barriers must be conducted.

The target population can be divided into more specific subgroups, such as nationality, age, gender, income level, etc.

You can always go back to this point and pick another action for which to design another message.

- For this example, we chose all the residents of the selected community.
- To identify potential barriers, ask yourself: What is the series of actions that citizens must take in order to put on a facemask and why are they not taking them?

Diagnosis of the barriers [step 2.2] will include traditional obstacles like lack of money or infrastructure, as well as behavioral biases like the status quo bias, short-termism, etc.

**The Annex provides a list of the most common biases, but we recommend you take our [online course](#) to gain a fuller understanding.**

Ideally, the diagnosis will be based both on similar studies on the issue and on the collection of local data [step 2.3], both quantitative and qualitative.

- Going back to our example, citizens may in fact have access to facemasks and understand very well the importance of using them to reduce contagion, meaning they do not face income or informational barriers. In this case, it would be reasonable to conclude that there are behavioral barriers present in this context that prevent people from wearing their facemasks.



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The following is a list of potential behavioral barriers to facemask use:

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- People find it difficult to incorporate facemask usage into their daily routines and forget to wear them: cognitive overload or status quo bias.
- People do not think they will get Covid-19: optimism bias.
- People are not used to using facemasks when they meet with friends and family: inadequate social norms.
- Using facemasks bothers people or they become tired of using them: factors that cause discomfort.

There may be hundreds of other barriers that prevent the use of facemasks. What are some that you can think of and what are the associated biases?



Encourage placing checklists in key locations to remind people to take facemasks with them.



Disseminate communications in which the prescriptive norm is categorical, so the use of facemasks in public spaces becomes a new social norm.

### 3. DESIGN

- 3.1 Select barriers to tackle
- 3.2 Select behavioral insights to tackle barriers
- 3.3 Design treatments
- 3.4 Design evaluation strategy:
  - 3.4.1. Identify outcome variables
  - 3.4.2. Design methodology

And the list goes on.

Lastly, it is important to define an evaluation strategy [step 3.4].

First, this means identifying beforehand the key outcome variables that can be objectively evaluated [step 3.4.1]: for example, the number of infections or deaths.

Second, a strategy must be designed that enables the drawing of valid conclusions [step 3.4.2]: for example, setting up randomized groups to receive different treatments, including a control group.

Knowledge on how to rigorously evaluate the impact of programs and interventions is crucial for designing them properly.

Once the barrier has been selected [step 3.1], it is very useful to research which measures have been implemented in similar contexts, whether successfully or not.

Of course, there is no single solution, and communications must be adapted to the specifics of the context (culture, language, etc.) and the field of study.

Combined with the information learned during the diagnostic stage, the search will enable you to identify potential solutions [step 3.2] and design communications to be evaluated in the next stage [3.3].

**For example, you may have several potential solutions in mind:**



For people who find facemasks uncomfortable, create communications that show the variety of styles and ways of using them.



Offer clear rules that eliminate uncertainty as to where and when they must be used.



Add reference points to help people compare the benefits and costs of wearing facemasks.

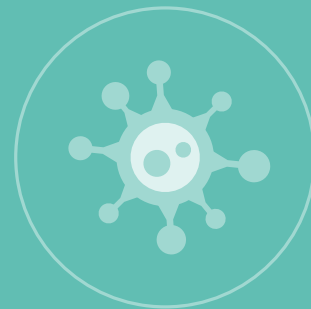


## 4. TEST

- 4.1 Test design
- 4.2 Assess results
- 4.3 If applicable, scale up

Lastly, once treatments and evaluation strategies have been designed, the interventions can be tested in the evaluation stage. During this stage, we can analyze the different variations of the proposed solution by conducting pilot tests [step 4.1]. The outcomes of these pilot tests will enable us to determine the most effective design if there is one. There is often iteration between this phase and the previous one, as the evaluation tends to produce new information enabling improvement of the original design. If the outcomes are satisfactory [step 4.2], policymakers can decide to use the intervention (the *nudge*) and scale it up into a permanent policy [step 4.3].

If you follow all of these steps, you will design behaviorally informed communications and interventions for behavior change and you will be able to draw conclusions from the intervention.



## SECTION 2

Communications Materials

## USE FACEMASKS (CORRECTLY) IN PUBLIC AND ENCLOSED SPACES

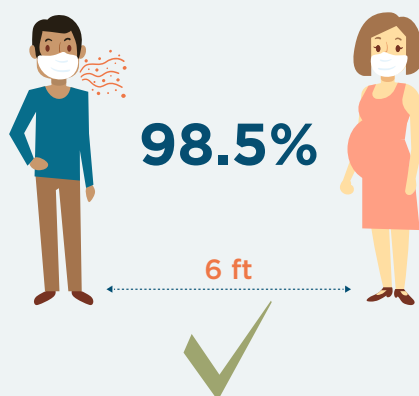
**Behavioral barriers.** People do not use facemasks correctly in public and enclosed spaces because:

- They are not used to using facemasks in public.
- Some of them think using a facemask looks bad.
- They believe or observe that using a facemask is not the norm within their social group.
- They easily forget the protection that facemasks provide.
- They need to make a greater mental effort during the pandemic, and therefore they easily forget to use facemasks.

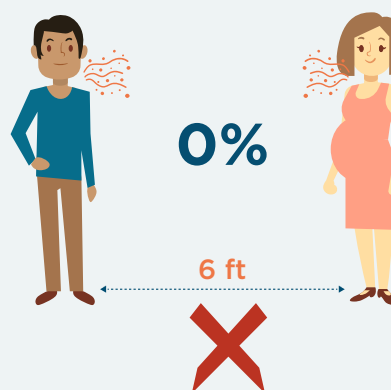
**Associated cognitive biases: status quo, social norms, optimism bias, and lack of salience.**

**Behavioral design:** This design uses the framing effect to rule out the positive or negative aspects of a decision to use facemasks, aiming to make the option of not using a facemask the least attractive. Percentages using protection are also included as a point of reference, in this case 98.5%. Lastly, green is used to signal approval and red to signal disapproval, so as to indicate the prescriptive social norm.

**WITH A FACEMASK,  
YOU'RE PROTECTED!**



**WITHOUT A FACEMASK?  
ZERO PROTECTION!**



DOWNLOAD

**Behavioral design:** This design activates people's identities and their desire to be good people (altruism and civic duty) to spur them to action.

It also visually presents the desired social norm of using facemasks and practicing physical distancing in public places.



## USE A FACEMASK

Show everyone that you're doing your part **to help fight the virus.**



DOWNLOAD

**Behavioral design:** This design uses a framing that emphasizes gains to highlight the benefits of everyone using facemasks. It also visually presents the

desired social norm of using facemasks and practicing social distancing in public places.



## USE A FACEMASK

The more people **use them**, the more they will be able to interact.



DOWNLOAD

**Behavioral design:** This design uses heuristics (mental shortcuts) in which an analogy that is easy to understand and remember illustrates the correct and incorrect use of facemasks.

Wearing your  
facemask like this...



is like wearing your  
glasses like this.



Cover your nose and  
mouth with your facemask.



DOWNLOAD

Wearing your  
facemask like this...



is like wearing your  
hat like this.



Cover your nose and  
mouth with your facemask.



DOWNLOAD

## MAINTAIN PHYSICAL DISTANCE BETWEEN PEOPLE

**Behavioral barriers.** People do not maintain six feet of social distancing because:

- They are not used to keeping six feet away from others in public places.
- Maintaining distances was not a social norm before the pandemic.
- They do not have a feel for what a six foot distance is.
- They believe and/or observe that their social group does not respect social distancing.

**Associated cognitive biases:** status quo, cognitive overload, social norms, optimism bias, and lack of salience.

**Behavioral design:** This design uses heuristics (mental shortcuts) to provide a point of reference that is simple and easy to remember and visualize when a person is walking down the street. Six feet can be an abstract distance, but everyone can picture the length of a bed.



### PHYSICAL DISTANCING

When you're out in public, **imagine a bed** between you and the nearest person.



DOWNLOAD



## WASH YOUR HANDS FREQUENTLY, FOR 20 SECONDS AT A TIME

**Behavioral barriers.** People do not wash their hands for 20 seconds because:

- While they understand they must wash their hands to avoid catching Covid-19, they do not realize all the times at which they could become infected.
- They forget, given that before the pandemic, it was not necessary to wash one's hands for so long or so frequently.
- The risk of contagion is erroneously perceived to be lower when individuals are aware they forget to wash their hands and the outcome is that they are not infected with symptomatic Covid-19.
- It is easy to forget to wash one's hands when juggling job, family, and leisure responsibilities during the pandemic.

**Associated cognitive biases:** status quo, availability, cognitive overload, overconfidence, and lack of salience.

**Behavioral design:** This design uses heuristics (mental shortcuts) to help individuals quickly and visually associate an action with handwashing immediately after the action. This design simplifies the mental labor needed every time to remember to wash one's hands.



DOWNLOAD

**Behavioral design:** This design uses a framing that emphasizes loss, highlighting the perceived risk of infection as a result of not washing one's hands.

It also visually associates specific actions with the need to wash one's hands, thus simplifying the cognitive process for people.



**Behavioral design:** This design seeks to motivate people to use planning prompts and reminders where most appropriate: at the moment of

washing one's hands. The aspect of the decision-action it aims to highlight is that hand-washing should last for 20 seconds.



## KEEP THE SURFACES PEOPLE TOUCH CLEAN

**Behavioral barriers.** People do not consistently keep the surfaces they touch clean because:

- They are not used to cleaning commonly used surfaces when they appear visually to be clean.
- They do not recognize those places that may be contaminated, especially because the virus that causes Covid-19 is invisible.
- They forget, given that before the pandemic, it was not necessary to clean surfaces for so long or so frequently.
- They believe that cleaning surfaces is not the norm within their social or work group.
- People must make a greater mental effort during the pandemic because they are worried about things they did not worry about before, so they could easily forget to clean surfaces.

**Associated cognitive biases:** status quo, availability, cognitive overload, social norms, overconfidence, and lack of salience.

**Behavioral design:** This design uses heuristics (mental shortcuts) to help individuals quickly and visually associate their workstations with cleaning surfaces. This practical rule may be very useful when offices reopen and more spaces are shared during the Covid-19 pandemic.



### CLEAN SURFACES

Keep wipes and disinfectant on your desk, and **clean shared spaces frequently.**



DOWNLOAD

## FOLLOW ALL HYGIENE RECOMMENDATIONS

**Behavioral barriers.** People are aware of the hygiene recommendations, but they do not follow them because:

➤ People must make a greater mental effort during the pandemic because they are worried about things they did not worry about before, so they could easily forget to follow all the hygiene recommendations.

➤ For a long time, their habits have been different than the ones recommended for preventing contagion, and it is easy to forget to follow the recommendations.



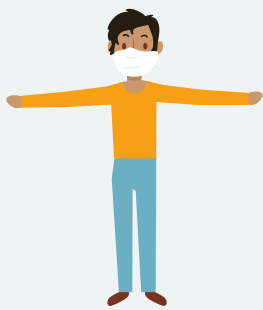
The risk of contagion is erroneously perceived to be lower when individuals are aware they forgot to follow a recommendation, yet they are not infected with symptomatic Covid-19 as a result.



They believe or observe that their social group does not follow the recommendations.

**Associated cognitive biases:** status quo, availability, overconfidence and optimism bias, cognitive overload, social norms, and lack of salience.

### During the pandemic, follow the **SMART** principles:



**Six feet apart**



**Mask on**



**AI fresco interactions**



**Report your symptoms**



**Take 20 seconds when handwashing**



DOWNLOAD

# Do it for **OTHERS**:



**O**utdoor  
spaces



**T**ell your  
doctor  
(if you feel  
symptoms)



**H**andwash



**E**lbow  
cough



**R**ight  
use of  
facemasks



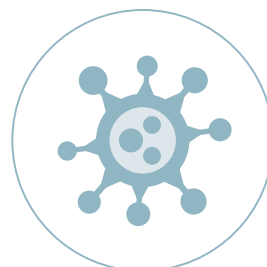
**S**ix feet  
apart

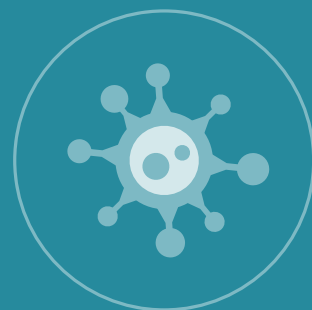


DOWNLOAD

**Behavioral design:** These designs use heuristics (mental shortcuts) in the form of an easy-to-remember acronym. The acronym serves as a shortcut and simplifies the cognitive process for people when they think of hygiene recommendations. The example in the first graphic is the acronym “SMART”, which uses the first letter of each of the five most important hygiene recommendations to help contain the spread of Covid-19: six feet apart, mask on, all fresco interactions (open spaces), report your symptoms, and take 20 seconds when handwashing. The second acronym, “OTHERS”, is formed using the first letters of the following terms: outdoor spaces, tell your doctor (if you have symptoms), handwashing, elbow cough, right use of facemasks, and six feet apart.

To continue reducing contagion, you can find more examples like these, ready to download and use, on the [website of the IDB Behavioral Economics Group](#). Also have a look at this [communications campaign](#) in which we collaborated to support the reopening of the Uruguayan economy.





**ANNEX**

## COGNITIVE BIASES

- **Status quo bias:** Refers to our tendency to maintain the current status of things. This current status, or *status quo*, is used as a reference point, and any change with regard to it is seen as a loss.
- **Cognitive overload:** The cognitive load is the amount of mental effort and memory used at a given moment in time. Overload is when the volume of information provided exceeds an individual's capacity to process it. Our attention and memory are limited, preventing us from being able to process all the available information.
- **Social norms:** These are the unwritten rules governing behavior within a society. A distinction is drawn between “descriptive norms” and “prescriptive norms,” with the former describing the way in which individuals tend to behave (for example, “most people arrive on time”), and the latter establishing what is considered acceptable or desired behavior, independent of how individuals actually behave (for example, “please arrive on time”).
- **Overconfidence:** This is the tendency to overestimate or exaggerate our own capacity to perform a certain task or thinking that we are better than the average.
- **Optimism bias:** Optimism bias makes us underestimate the probability of negative events and overestimate the probability of positive events.
- **Loss aversion:** Refers to the idea that a loss causes distress that is greater than the happiness caused by a gain of the same size.
- **Availability heuristic:** Individuals judge the probability of a future event occurring based on the ease with which they can imagine it.
- **Representativeness heuristic:** Individuals evaluate the probability of uncertain events based—often erroneously—on similarities between events or objects.



## BEHAVIORAL TOOLS

- **Framing:** There is a tendency to draw different conclusions depending on how information is presented. The desired options can be presented in such a way as to highlight the relevant part of the information or underscore positive—or negative— aspects of the decision. This makes it so the options are perceived as more or less attractive.
- **Heuristic (rules of thumb):** Simplifications or mental shortcuts that human beings invent as we think. These tools are typically recommended to help make it easier to make decisions when taking an action.
- **Salience:** Given our limited attention span, behavioral economics puts special focus on the moment when a message is delivered, the location in which it is delivered, and the content it emphasizes. Making key elements visible and prominent at the proper time and place are tools that are just as important as the content of the message itself.
- **Defaults:** Automatically preset courses of desired action that are effective when the individual making the decision does not change them. This tool is generally aimed at addressing cognitive overload or present bias, supported by people's tendency to maintain the *status quo*.
- **Commitment devices:** This is an option chosen in the present that restricts future alternatives to those reflecting long-term objectives. They thus serve as mechanisms for mitigating future impulsive behavior. Based on people's tendency toward inertia, it can help address time inconsistency and cognitive overload.
- **Reminders:** Could consist of an email, a text message, a letter, or a personal visit to alert someone who may have to decide on some aspect leading to the action. These are aimed at mitigating tendencies toward procrastination, forgetfulness, and cognitive overload for those who must make the decisions.
- **Micro-incentives:** Rewards or punishments offered to decision-makers with the aim of influencing their behavior or decision. They can be tangible (for example, food or money) or intangible (such as public recognition). In contrast to the incentives that form an integral part of policy design, these are small, low-cost, and easy-to-apply signals that complement the original design. This mechanism can be useful to mitigate loss aversion and present bias.
- **Planning prompts:** These are messages designed to invite individuals to formulate a specific plan of action. They urge people to divide the objective (for example, going to a medical appointment) into a series of smaller, concrete tasks (leave work early, find a babysitter, postpone a weekly meeting, etc.), and thereby anticipate unexpected developments. These often include a space for writing down crucial information such as the date, time, and place.
- **Descriptive norms:** Describe the behavior of a social group, regardless of whether it is good or bad. Presenting these norms can help change behavior. For example, one might think that nobody pays taxes, when in reality the majority of people do. In that case, presenting the descriptive norm that most people pay taxes can help improve individual behavior.
- **Prescriptive norms:** Refers to whether society approves or disapproves of certain behavior—that is, describes it as good or bad. This is independent of the behavior of its members. It can be useful for reaffirming or recognizing good individual behavior while discouraging unacceptable behavior.
- **Reciprocity:** This is a social norm of in-kind exchange among individuals, particularly when one person's action is met with an equivalent action from another person. It is generally associated with positive reactions—for example, returning a favor with an equivalent favor. However, it can also manifest in negative reactions, such as punishing another individual for negative action.



