



# Trials of Improved Practices: Engaging People, Enhancing Impact

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# What is TIPs?

- **A formative research method** that engages potential participants in the design of program strategies and activities focused on behavior change
- **A “pre-test” of concepts and behaviors** prior to launching them program-wide.
  - A sample of program participants **try** new practices as part of their routine and provide feedback.

# Why TIPs?

1. Reduce researcher bias
2. Recognition that understanding determinants of current behavior is not enough because

**determinants of current behaviors are not necessarily the determinants of new behaviors.**

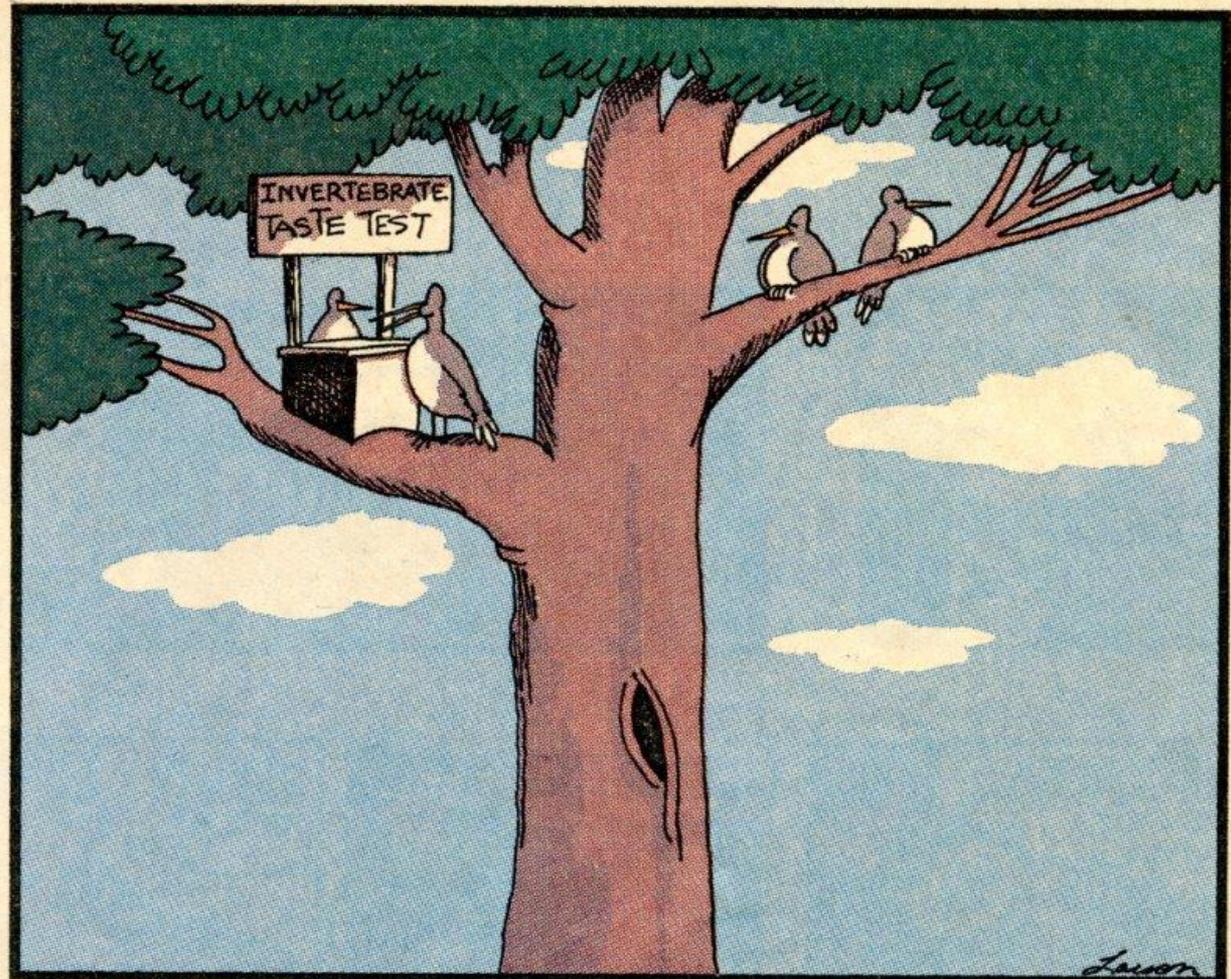
Difficult to anticipate resistances and motivators to new / modified practices without having experience with them

# What do TIPs tell us?

- What (sub)behaviors the project should promote
- The best motivations and the initial and most significant barriers to address for people to try, and to continue the practice
- The type of support people need to successfully implement the new practices: This is not limited to communication but includes enabling technologies, new policies...

# Where did TIPs come from?

- **Commercial marketing:** success of new ideas, behaviors and products is dependent on catering to consumers



"Mmmmmm . . . nope . . . nope . . . I don't like that at all . . .  
Too many legs."

# Where has TIPs been applied?

- TIPs is a well-established method
- First use in public health in 1979 by The Manoff Group in Indonesia's Nutrition Communication & Behavior Change Project
  - Project demonstrated “for the first time in a large operational setting that nutrition education alone can do much to improve nutritional status”.
- Used for 40 years in refining IYCF programming: called the best of 3 different methods for this purpose by WHO

# Where has TIPs been applied?

- Since applied in refining behavioral approach to increase in consumption of MN-rich foods, compliance with iron supplements & other meds, hygiene practices, HIV/AIDS, use of ITNs, indoor air pollution, FP and env. conservation.
- Can be applied to improving practices of caregivers, community agents, health care providers (esp. treatment of clients).

# How do TIPs work?

1. Based on an understanding of current behaviors
2. Trial begins with creation of a **menu of options** of improved practices, ie. more pro-health
  - ▣ Determine the key problems
  - ▣ Pose options to solving it; identify critical sub-behaviors
  - ▣ Pose options for resolving resistances, motivating the new practices

# How do TIPS work?

3. **Purposeful sample** of people are approached with the problem and asked about underlying concepts and for solutions;
4. Menu is presented and people asked if they will **try new behaviors, modifications are negotiated;**
5. People are left to try agreed upon behaviors or ways they can solve identified problem
6. Outcomes of trial assessed with participants—  
qualitative & quantitative

# How do TIPS Work?

Initial Visit (Day 1)	Counseling Visit (Day 2)	Follow-up Visit (Day 6-10)
<ul style="list-style-type: none"><li>• Background information</li><li>• Feeding practices</li><li>• 24-hour recall</li><li>• Food frequency (of other regularly consumed foods)</li></ul>	<ul style="list-style-type: none"><li>• Feedback on practices</li><li>• Recommendations and initial response</li><li>• Negotiation and motivation</li><li>• Discussion with others, if needed</li><li>• Agreement on specific practices to try</li></ul>	<ul style="list-style-type: none"><li>• Changes since last visit</li><li>• 24-hour recall</li><li>• Outcome and response to trial</li><li>• Modifications</li><li>• Adoption of practice</li><li>• How they would explain or recommend to others</li></ul>

# Added Benefit from TIPs

- Prevents “feedback shock” by learning about determinants of recommended practices before they are introduced widely
- Focuses planners on behaviors, not just knowledge.
- Demonstrates the people will try new practices when approached with correct rationale and supports
- Allows a straightforward (quasi-quantitative) analysis, eliminating researcher / programmer bias

# When TIPs are not TIPs

1. When the participants have not been selected purposefully so that the results of the trials can be interpreted in a meaningful way for the program
2. When there is no menu of options or room for participant modification of the trial
3. When the behavior being tried is too general—the sub-behavior choices have not been well defined to understand what made a difference

# Typical questions

- **Isn't this implementation?**
  - ▣ Participatory, consultative research
- **How big is the sample and can the results be extrapolated to large programs?**
  - ▣ Small, but purposeful sample; explore pop segments that might be different behaviorally
  - ▣ Extrapolation to similar pop segments, but if prog. areas are added, recommend a new TIP

# Typical questions

- **How long does the trial last?**
  - Typically 7 days, but time period depends on the problem and the practice.
- **Example: Iron tablet compliance**
  - At least 10 days to cover the period of the worst side effects and the time when anemic women will start to feel better.
  - At least 1 month to learn about women's willingness and ability to get a resupply

# Typical questions

## What behaviors are not amenable to TIPs?

- Behaviors that stretch over long time periods
  - ▣ Get your child fully immunized by age 1,
  - ▣ Breastfeed your child for at least 2 years
- Behaviors that are practiced only at rare or unpredictable times
  - ▣ Appropriate care-seeking for obstetrical emergencies
  - ▣ Communities helping with emergency transport during emergencies

# Want to know more about TIPs?

- *Designing by Dialogue (@manoffgroup.com)*
- IMCI country adaptation guidelines Annex D: The “Food Box” Adaptation Guide
- *Improving Health Through Behavior Change. A Process Guide on Hygiene Promotion.*
- B. R. Barnes, A. Mathee, L. Krieger, L. Shafritz, M. Favin, and L. Sherburne. “Testing selected behaviors to reduce indoor air pollution exposure in young children.” *Health Education Research*, vol. 19 no. 5, 2004, pages 543-550.