CHAMPS

HPI Hasso Plattner Institut
Digital Engineering · Universität Potsdam

DIGITAL STORY LAB

THE STORY HELPER

A Practical Guide to Designing Digital Stories as Health Promotion Interventions

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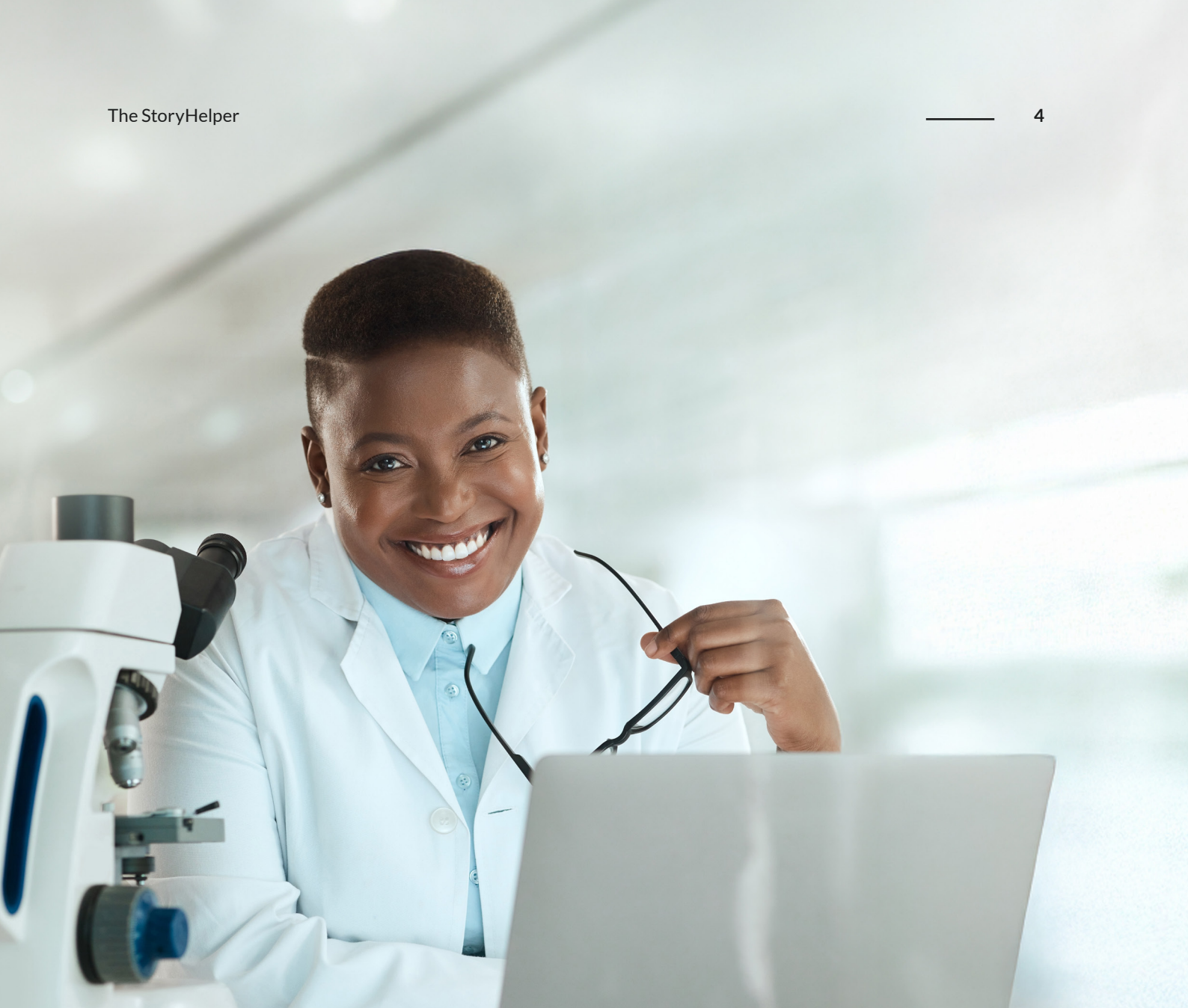
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Content

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What are digital stories for health promotion?

Digital stories for health promotion are short knowledge transfer interventions (2-5min) that combine health models and narrative theory with digital elements *(e.g., AI voice, audio-visuals and graphics)* via a digital medium to communicate health messages and facilitate behavior change.

In this context, we differentiate digital storytelling as a health promotion intervention from other approaches that focus on digital storytelling as a research method for health promotion (Gubrium, 2009), as an education method or therapeutic approach. We start from the assumption that health promotion digital stories will target either raising awareness on a health topic or facilitating behavior change. By behavior we mean actions taken by individuals from the target group as a reaction to internal *(e.g., beliefs, emotions)* or external factors *(e.g., social norms, social support etc.).*

This guide is for anyone who wants to design digital stories for health promotion using the StoryHelper, a digital tool designed and developed by our digital storytelling lab with input from CHAMPS to facilitate the creative process behind evidence-based storytelling for health promotion.

Why are digital stories effective health communication tools?

Digital stories are effective interventions for health promotion because they can inform *(e.g., illustrate how to perform health behaviors, explain what a vaccine is)*, motivate *(e.g., provide reasons for initiating behavior change)* and empower *(e.g., increase self-efficacy)* individuals and communities towards adopting healthier lifestyles.Digital stories have been shown to be especially relevant when designing health communication campaigns for vulnerable groups *(e.g., immigrants, people with low social-economic status, individuals with low health literacy)*.

Digital stories are effective communication tools because they combine images and audio elements to increase engagement with the health content. This makes it more likely that people will pay attention to the digital story, remember its content when trying to implement lifestyle changes and get motivated to adopt or maintain healthy behaviors. When working in health promotion and illness prevention, we focus on changing behavior, namely reducing risk behaviors *(e.g., sitting for long periods of time, reducing alcohol consumption etc.)* and increasing and maintaining health behaviors *(e.g., being active for longer periods of time, getting vaccinated)*. In this context, digital stories can help by explaining the connection between a certain health or risk behavior and a medical or psychological condition.

Also, digital stories can illustrate how to perform a certain behavior *(e.g., how to eat healthy during a day)*, how to deal with barriers *(e.g., how to avoid unhealthy food)* and how to identify and multiply the resources that help facilitate health behavior *(e.g., cooking healthy meals with your partner, loved ones and friends)*. Findings from systematic reviews have pointed out that storytelling can help in behavior change interventions as stories help identify with other individuals, help picture oneself behaving differently and reduce resistance towards change *(Brooks et al., 2022)*.

Digital stories have been shown to be especially relevant when designing health communication campaigns for vulnerable groups *(e.g., immigrants, people with low social-economic status, individuals with low health literacy)*.

The quality of digital stories for health promotion

Stories act as bridges across multiple generations. Stories have been used from ancient times to teach us about right and wrong and to pass on knowledge about health, illness and treatments to the next generations. Stories are a great way to convey information, motivate people and build a community feeling.

Digitalization has made it possible to disseminate stories quickly to reach large audiences and to design digital stories fast and with fewer resources. Nevertheless, digitalization has also facilitated the quick spread of incorrect information (*misinformation as we have seen during the COVID-19 pandemic)* and increase in risk behaviors. Thus, it has become crucial to design digital stories that are effective, verified, and of good quality.

We have conducted a scoping review to understand what makes a good story *(Craciun, Ahmed & Wieler, 2025)*. Quality in the context of digital storytelling for health means designing evidence based, engaging messages, tailored to the needs of the target audience and respecting ethical principles regarding design and dissemination of digital stories. The present guide will help you design good quality digital stories for health promotion.

How to design digital stories for health promotion?

Designing digital stories for health promotion includes several steps such as planning, designing, editing, sharing the story and evaluating it. Some authors have delimitated certain stages for designing digital stories for health promotion *(Brooks et al., 2022).*

The planning stage includes defining an aim, identifying working mechanisms and behavior change strategies that would work *(Brooks et al., 2022).* During this stage, health communicators would identify which behavior to target, what are the determinants of the desired behavior and the strategies to use to achieve the behavioral change. The behavior change strategies will be chosen in accordance to the characteristics of the target population.

According to Brooks and colleagues *(2022)* these characteristics include internal *(e.g., beliefs about vaccination, level of trust in vaccines etc.)* and external factors *(e.g., how easy it is to get vaccinated, if the vaccine is recommended by the general practitioner, social norms about vaccination that exist in a community etc.).* Authors recommend applying a behavioral diagnosis to identify the barriers towards adopting the desired behavior as well as the resources that can facilitate behavior change *(Michie et al. 2013; Cline & Gould, 2022).*

When selecting behavior change techniques to apply, health communicators should take the APEASE criteria *(Michie et al., 2014)* into consideration, namely affordability, practicality, effectiveness, acceptability, safety and equity. In their review, Brooks and colleagues *(2022)* list several behavior change techniques that have been often included in storytelling interventions, such as presenting health and social consequences of performing a certain behavior, using prompts and cues, demonstrating the behavior, using a credible source of information, using problem solving and action planning *(i.e., stating when, where and how to perform a certain behavior).* The modelling stage is the most relevant for storytelling interventions.

This stage includes crafting the story script, thinking about the best modes of delivery, and testing the intervention feasibility *(Brooks et al., 2022).* At this stage during the story development, health communicators need to tailor the story content to the needs of the target audience. In order to achieve this, several qualitative methods are employed, namely interviews, focus groups and story circles to involve the target audience in the story development process *(Gubrium, 2009).*

Ethical issues need to be tackled at this stage such as consent for participation and story release (Gubrium et al., 2014). It is less challenging and time consuming to develop stories only based on theory and evidence.

However, by doing so, one would also miss relevant contextual details that make the story relatable and authentic for the target population. The delivery medium is also relevant at this stage. Health communicators need to decide what format they want for their story (*e.g., cartoon, video, audio message etc.*), who should deliver the message (*e.g., a person representative of the target audience, an expert in the field, a popular influencer etc.*), where (*i.e., what communication channel to use*) and when (*e.g., before a new vaccination campaign, during the holiday season, at the beginning of the year when people tend to make new year's resolutions*).

The mindset of the target audience is important as early adopters will react differently compared to laggards. One particular challenge for this stage is to find the best form for the story script. Although there is no magic formula for doing this, usually stories follow a general structure from setting the scene and providing context information, some complication and a resolution (*Brooks et al., 2022*). The form of the story depends on the theory and behavior change techniques that are employed. It is also recommended to test the scripts with representatives of the intended audience.

Messages need to be tailored to the needs of the target audience. For example, beliefs of the target audience are relevant, their likelihood of accepting certain information, their reactions to different message frames (*e.g., negative framing around fear or positive framing around hope and support*). When writing a script, health promoters need to tackle the challenge of writing compelling stories (*addressing memory, attention and raising emotions*) but still keeping the evidence-based content accurate (*e.g., not exaggerating the information or presenting information just to trigger emotions*). Before the story is disseminated, it is important to pilot test the story design and content with the target audience to see whether it is feasible (*i.e., usability testing*). Sometimes it is difficult to measure health outcomes or behavior change directly after viewing a digital story.

Thus, researchers have developed surrogate measures, like recall, transportation (*i.e., level of use engagement with the message*), homophily (*i.e., to what extent does the audience perceive similarities with the characters*) and realism (*i.e., is the story perceived as authentic*) that capture the extent that the target audience is inclined to adopt behavior change (*Brooks et al., 2022*).The last stage of the digital story development process implies the evaluation of the digital story, finding the best evaluation methods and goals based on the intervention aims (*Brooks et al., 2022*).

Evaluation implies measuring effectiveness, understanding the change process and assessing cost-effectiveness. The chosen evaluation outcomes depend on the aims (*e.g., raise awareness, increase knowledge, change attitudes, actual behavior change and health outcomes*). One also needs to differentiate between distal outcomes like behavior change and health improvement that can become visible in time and proximal outcomes include attitude change or increase in knowledge that can be measured after the intervention. To understand the change process, authors recommend the use of both quantitative and qualitative methods (*Brooks et al., 2022*). Also, economic measures can provide insight into the cost-effectiveness of the intervention.

# Working with the StoryHelper to develop digital stories for health promotion

How to design digital stories using the StoryHelper

Advantages of a tool to help design digital stories

Although we can design digital stories without the use of digital tools, certainly using digital tools can guide and speed up the creative process as well as the editing procedure. The StoryHelper will guide you through the whole course of planning, designing and evaluating your digital story for health promotion. In the planning stage, you will reflect on your story aim, identify your target audience and characteristics relevant for the message design and identify your target behavior. Next, you will be guided through the steps of performing a behavioral diagnosis for the relevant behavior using the COM-B model as a theoretical background *(Mitchie et al., 2011)*.

Responses about the characteristics of the target audience *(e.g., age, gender, preferences)* and the behavioral diagnosis will be then combined with responses regarding the story structure *(the 5 C's of storytelling, Jiwa, 2020)*. This information will be integrated as a mind map of the digital story that includes the story structure as well as relevant details such as the main message of the story.

The mind map contains all the information that you need in order to write your script and design your storyboard. After creating a storyboard, you can start designing, creating and editing the actual digital story for health promotion. The last step is disseminating the story *(e.g., showing it to the target audience)* and evaluating it. The StoryHelper contains questions for evaluating engagement and effectiveness of the created digital story.
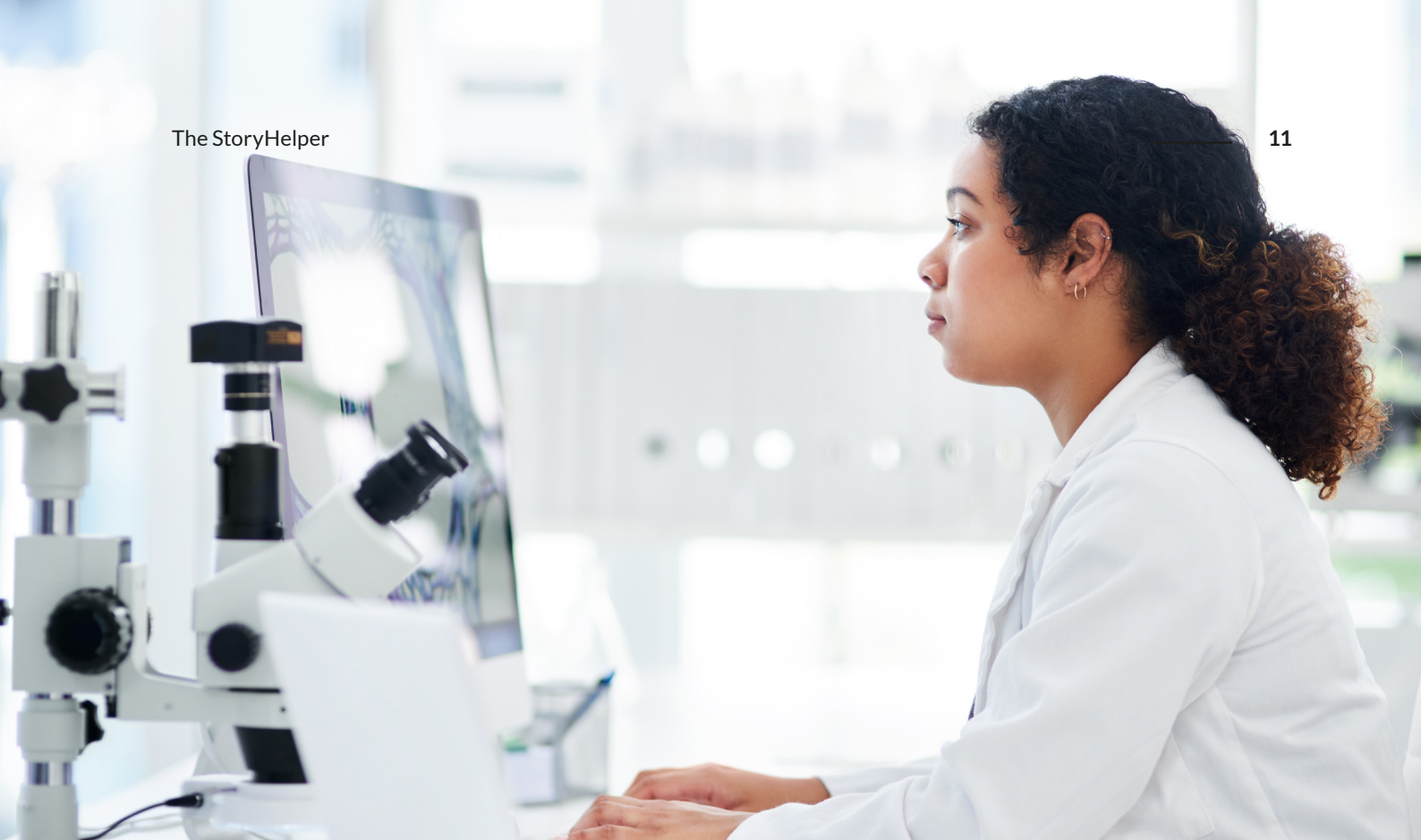
How the StoryHelper was created and how can it help you

In the following we will guide you through the process of designing digital stories for health promotion using the StoryHelper. If you are using the tool, mostly you only need to answer the questions and the tool will provide you with the mind map of your story. The mind map in this case is an organized collection of the information in a structured manner on the themes emerging from your responses to the questions in the tool. Hence, we explain below what lies behind every step of your digital storytelling for a health promotion journey.

In the following we will describe the process of designing digital stories for health promotion with the help of the tool that we developed at the digital storytelling lab. We will guide you through the process, by referring to the questions included in the StoryHelper tool. The tool we developed helps you plan your story by creating a mind map of the story content. This mind map you can use to design the storyboard and edit the digital story. The tool also includes questions that can help you evaluate your digital story with your target group.

Creating a mind map of the story is relevant for the planning and design stages of the digital storytelling creation process. A mind map of the story is a visual representation of the story content and structure, aim and message. The mind map is adapted to the target population needs and preferences, which ensures that the story you create is authentic and relatable. The mind map in the StoryHelper is based on behavior change theory and narrative theory elements. For example, for the behavior change theory, we have chosen the COM-B model *(Mitchie et al., 2011)* as it provides a clear and simple way to perform a behavioral diagnosis for the targeted behavior.

01   **Defining the issue and formulating aims**

When developing the story, we first have to come up with an idea for it. In this sense, it is helpful to think about the health or prevention issue that we want to tackle and come up with a general aim for our story. For example, a problem you would like to tackle would be decreased vaccination rates in the elderly population. Potential aims for the digital story you create, would be: to raise awareness about the relevance of vaccination among elderly, to increase vaccination confidence among the elderly and to facilitate behavior adoption among the elderly.

When deciding on an idea for the digital story, one golden rule is to keep it as simple and specific as possible. For instance, if we have three different aims, you should ideally create three different digital stories to promote these, namely one for raising awareness, one for increasing vaccine confidence and one for increasing vaccination uptake in the target group.

The first questions in the StoryHelper tool invites you to think about the general issue you want to tackle and guides you to formulate a general aim of the story. The StoryHelper then directs you to make your goal more specific by asking questions about your target audience and the behavior you need to change in order to reach the intervention goal. For instance, you will be asked what should the target audience know or do after watching the digital story (e.g., understand the relevance of adopting the healthy behavior, know when and where to perform the desired behavior)?

How should they feel (*e.g., confident about performing the behavior*)?
Such questions can help you formulate a clear, concrete aim for your digital story.

02 Identifying the target audience and relevant characteristics

When thinking about the issue and the story aim, you may already have identified several target audiences. For example, if you want to promote the use of a mental health service, you may want to address both the individuals who should use the service (*e.g., migrant workers who can access online mental health services in their country of origin*), but also their families and friends who need to know how to provide help without stigmatizing the person who experiences emotional distress.

Personalization and cultural embeddedness were shown to be important factors that are crucial for the success of a digital story. Thus, one needs to examine the target audience and identify the elements that would make the story more authentic (*e.g., cultural beliefs and norms about health, using the native language or a particular slang, values and social norms such as religious beliefs like the idea from Islam that "through hardship comes ease" that can convey the message that behavior change requires effort but provides benefits for health and wellbeing etc.*).

03   Choosing the target behavior and performing a behavioral diagnosis

After we have an aim for our health promotion digital story, it is important to identify the health or risk behavior that needs to be changed in order to reach the desired goal. For example, if the aim of the digital story is to promote self-management for diabetes type 2 patients, one would identify the behaviors that are linked with diabetes such as monitoring blood sugar, doing insulin, going to regular checkups, adopting healthy food habits and being physically active. Once the behaviors have been identified, you should choose on what behavior to focus first. Performing the behavioral diagnosis provides you with a set of relevant criteria that can help you. For example, you will ask yourself, what behavior would have more impact if we change it *(i.e., provides more benefits for the target audience)*, namely what behavior will determine a spillover effect *(i.e, will influence the change in other behaviors)*, and which behavior is easier to change.

The behavioral diagnosis using the COM-B model *(Mitchie et al., 2011)* involves asking a series of questions that help identify what are the most important elements for changing a certain behavior. From the perspective of the COM-B model, people need to have capability, motivation and opportunities to change behavior.

Capability refers to physical and psychological capacities *(e.g, having the physical ability to walk 30 minutes every day, understanding how to perform certain physical exercises)*. Motivation refers to understanding the benefits of performing a certain behavior *(e.g., being aware that walking 30 minutes every day can improve health and mobility)*. Opportunity refers to having the external support factors that facilitate performing a certain behavior *(e.g., having a safe beautiful park where to go jogging or a friend that can accompany you will increase the probability to adopt this behavior)*.

Within the StoryHelper you will be asked what capabilities, motivation and opportunities are needed to perform the desired behavior. You can fill in this information based on your knowledge of the target audience *(e.g., your work experience or asking the members of the target audience themselves to provide this information)*. It is important to note that not all three components of the model are necessarily equally relevant for your story and message.

The behavioral diagnosis within the Story Helper tool helps you gain focus and identify the most relevant factors that determine the behavior you want to change in a specific target group. This step is crucial for tailoring the digital story to the needs of the target population

(question 5 that asks you to reformulate the aim taking into consideration the target audience and behavior and question 9 that invites you to reflect on the most crucial factors for facilitating behavior change in the target population). Question 10 invites you to formulate your message in a short impactful sentence. This should be easier now after knowing the aim, the target audience, the behavior and relevant determinants of behavior change. Question 11 refers to engagement with the message and helps you reflect on how to adapt your message to make it more attractive to the target audience. Question 12 invites you to reflect on the best channel to deliver your message to the target audience *(e.g., social media, radio, podcast, a song, a poem, WhatsApp group etc.).*

04 Identifying and describing the 5 C's of the story structure

For the success of the digital story, the structure of the storyline is as relevant as the content. The information from the behavioral diagnosis ensures that the story as intervention reaches its target, but the narrative theory elements (e.g., storyline, characters, story arc) help make the story engaging *(i.e., authentic, relatable, attractive to the target audience)*

That is why, we have integrated questions about the story characters, narrative and structure within the StoryHelper. Namely, we have worked with the 5 C's of storytelling as described by Bernadette Jiwa in her book on successful storytelling *(2020).* The five C's are context, catalyst, complication, change and consequence.

5 C's of Storytelling

- **Context**

Context refers to setting the scene, namely we get to know about the story background *(who is the hero of the story)*.

- **Catalyst**

Catalyst refers to the actions that happen and make the main character(s) of the story need to change *(e.g., the main character(s) of the story starts having symptoms and receives a diagnosis)*.

- **Complication**

Complication implies all the steps a main character(s) needs to take to achieve change and the challenges they have to deal with *(e.g., barriers towards behavior change such as old habits or lack of time)*.

- **Change**

Change refers to how the actual behaviorchange happens and the resources that can help *(e.g., support group, changing the mind set)*.

- **Consequence**

Consequence implies showing the positive consequences of adopting the change or negative consequences of failing to do so.
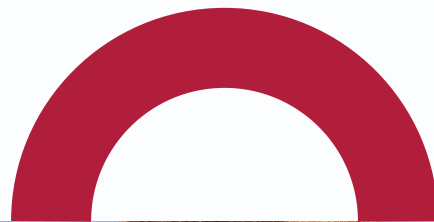
Question 13 in the StoryHelper asks about the character(s) of the story. Question 14 asks you to think about and describe the setting. Question 15 invites you to reflect on the barriers that hinder behavior change. Question 16 refers to the resources that facilitate change. Here you can think back to the behavioral diagnosis and the identified determinants of behavior change. Question 17 refers to the resolution of your story and the take home message.

05   Choosing a dissemination channel and format for your story

After answering the questions about the aim, target audience and message as well as performing the behavioral analysis and completing the 5 C's questions, the StoryHelper will generate a mind map of the story. The next important step before writing the actual script is deciding on how to best disseminate the story. Typically, you would want to align this to an existing or a new communication strategy or plan. This implies thinking about what is the best format for the story (i.e., visual, audio, cartoon) that would fit the preferences of the target audience.

Next, one would think about the concrete dissemination channel to use for promoting the story. This also has to be a good fit for the preferences of the target audience. The question 12 has already focused you in a direction, so making this decision with the generated mind map ready should be even easier.

06   Script and storyboard creation

Using the mind map of the story, you can now write down the script. Keep in mind that the ideal digital story should be between 2 and 5 minutes long, but even a shorter digital story can be impactful if it contains all the relevant elements *(i.e., behavior change aspects and narrative structure)*. The word count of the actual script for a 2-5 minutes long story should be between 250 and 750 words depending on the speaking pace/rate. The total number of scenes within the storyboard should not exceed 20 *(e.g., images that illustrate the ideas from the mind map of the story)*. In writing the script and designing the story board you will follow the structure of the mind map, namely context, circumstance, complication, change, consequence and take-home message.

There are several general tips that may be useful to follow when writing the script and designing the storyboard for your health promotion digital story. Perhaps the most useful tip is to know your

As authenticity is important for engagement it is better to use real human voices when possible. Even if imperfect, these are more authentic and relatable.

audience well. As we have seen also in the points above, the StoryHelper guides you through questions that help you know your target audience to adapt the story content and delivery format according to the target group needs.

Also, the StoryHelper guides you to write a human centered story, another relevant tip when working in health promotion. As authenticity is important for engagement it is better to use real human voices when possible. Even if imperfect, these are more authentic and relatable. Another tip refers to how you use emotions in your story. While presenting only facts would make the story less engaging, one needs to see where and when to use emotions strategically to convey the message. For instance, one can show the emotional impact of actions *(e.g., frustration, anger, joy, relief etc.)*.

However, one should avoid scary tactics as these can trigger denial. Instead, one should aim for empathy and empowerment. Also , it is crucial to keep your story short and focused. Aim for clear action messages such as *"walk at least 30 minutes daily"*, *"mental health is a human right for all"*. If possible, avoid information overload, you can always add a link or make reference to places to find further information.

More so , use simple and clear visuals showing concrete behaviors of the story characters *(e.g., the main character goes to a psychologist to talk about issues)*. Use text overlays to emphasize key points like main messages of the story or statistics describing the issue. A clear voiceover narration can help guide the story.

You can use music as background for the story to enhance the emotional element *(e.g., the mental state of the main character)*. Last but not least, it is important to end with a call to action. Make the next step actionable such as *"to access mental health help call this number"* or *"share this story to help someone else"*.

07   Editing the story

Editing a digital story doesn't come naturally to everyone. There are several tools and technologies available today to help you edit your stories. When editing your digital story based on the story script and story board, several programs can help. Some examples include Canva, CAPCUT, Google Video and Adobe Premier Pro. These softwares allow you to create stories in audio-visual formats such as short and long form videos, gifs, animations and it allows you to add music and voiceovers. There are other tools you could also use including just creating audio. Below are some examples of free resources for editing.
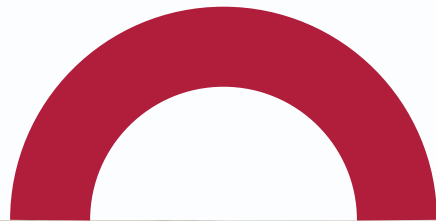
Video Editing

(Narrative, Interviews, Documentaries)

DaVinci Resolve (Free)

- **Best for:** Advanced video storytelling.
- **Pros:** Professional-level editing tools, color grading, and audio features.
- **Cons:** High system requirements.

Shotcut

- **Best for:** Simple to intermediate video projects.
- **Pros:** No watermark, open-source, decent filters/transitions.
- **Cons:** Interface can feel clunky at first.

CapCut (Desktop/Web/Mobile)

- **Best for:** Fast, social-style storytelling *(especially for TikTok, Reels, YouTube Shorts).*
- **Pros:** Templates, effects, auto-captions, very beginner-friendly.
- **Cons:** Cloud syncing can be a bit buggy.

OpenShot

- **Best for:** Beginners making short videos.
- **Pros:** Intuitive, cross-platform.
- **Cons:** Less stable with large projects.

Audio Editing

(Narration, Podcasts, Sound Effects)

Audacity

- **Best for:** Advanced video storytelling.
- **Pros:** Professional-level editing tools, color grading, and audio features.
- **Cons:** High system requirements.

Visual/Illustration Tools

(For Graphic Storytelling or Animation)

Krita

- **Best for:** Illustrated digital stories or comics.
- **Pros:** Brushes, layers, animation support, open-source.
- **Cons:** Animation timeline can be tricky to master.

Canva (Free Tier)

- **Best for:** Slides, simple animations, visual storytelling.
- **Pros:** Templates, drag-and-drop design, online collaboration.
- **Cons:** Some features locked behind paywall.

Blender

- **Best for:** 3D animation or animated digital stories.

- **Pros:** Professional-grade, huge community.

- **Cons:** Steeper learning curve.

For Assembling Multimedia Stories

(Interactive or Web-Based)

Adobe Express (Free Tier)

- **Best for:** Creating web-based digital stories or presentations.

- **Pros:** Easy to use, templates for storytelling, image + text layout.

- **Cons:** Some features are behind a paywall.

StoryMapJS / TimelineJS

- **Best for:** Interactive map or time-based stories.

- **Pros:** Free, web-based, great for educators and journalists.

- **Cons:** Limited visual customization.

Pro Tip: Combine Tools

- Write & record narration in **Audacity**
- Create visuals in Canva or **Krita**
- Edit the final video in **DaVinci Resolve** or **ShotCut**

Tools Specific for Health Promotion Use

- **Canva + CapCut**: quick combo for creating digestible reels or short videos.
- **DaVinci Resolve or Shotcut**: if you want more polish or subtitles.
- **StoryCenter Methodology**: A great resource for community-based participatory digital storytelling (often used in public health).

08 Test for engagement and ethics of the story content

When thinking about how and why your target audience would interact with your story, it is relevant to note what elements make your story unique? You can reflect and write down what details of the story content and design would make the target group consume your story?

Apart from thinking if your story attracts the attention of many individuals, you should also reflect if your story script and design is ethical (i.e., they do not cause any harm or violate privacy and ethical considerations such as encouraging risky behavior or providing incorrect information).


09 Evaluation of the story

When thinking about the evaluation of your story, it is relevant to reflect on what makes your story effective. This is actually decided when you think about the aims of the digital story since these should be reflected in the story outcomes. For example, if you target awareness of a certain issue, you will measure increase in knowledge in your target audience. If the digital story explains what endometriosis is and how to prevent it, you would measure the knowledge and awareness about this issue among a certain target group of women before and after watching the digital story, to evaluate the significant

increase in endometriosis awareness. If you want to change attitudes towards menstrual pain *(i.e., menstrual pain is not a given, it can represent a symptom of a gynecological problem and it is relevant to talk to a gynecologist about your symptoms)*, you should measure attitudes before and after consuming the digital story on menstrual pain.

If you aim to change behavior with your digital story, then you should measure behavior before and after consuming the digital story. For example, if you design a digital story to encourage women to seek gynecological help for menstrual pain, you would measure the number of consultations before and after viewing the story about menstrual pain being a manageable symptom
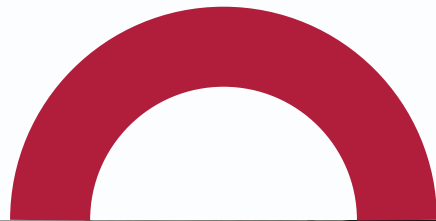
10 Check for potential ethical concerns and obtain consent

Before disseminating the digital story, it is important to check for potential ethical concerns. Stories often involve the experiences of real people, sensitive information and public platforms. For instance, if you use material from real stories (*e.g., information shared within a qualitative study*) you should always ask for written permission to disseminate the information. Get clear, written consent from anyone whose voice, face, or story is being shared. Ensure participants fully understand how the story will be used (*e.g., online, social media, classrooms, conferences*), who the audience is and that they can withdraw consent at any time. Use plain language formats, especially for participants with lower health literacy or from non-English-speaking backgrounds. Even if someone consents, double-check if personal details should be anonymized (*e.g., names, locations, medical diagnosis etc.*). When working with groups, establish group norms around confidentiality.

Overall, avoid stigmatizing certain groups (*e.g., people who need mental help*) and focus on empowering, strengths, recovery, resilience. Make sure that you represent different individuals from your target group (*e.g., use different experiences, backgrounds, bodies etc.*) to deliver the message. Consider the cultural, spiritual, or community context of the participants when designing the story. Be aware of power dynamics (*e.g., researcher, filmmaker and target audience*). Make space for feedback loops, namely let participants review and approve their story before publishing it, in case you use real stories from the community you are working with.

Avoid medical disinformation. Even the real stories you incorporate should use medically sound advice. Statistics you use in the digital story should be from reliable sources *(e.g. public health authorities, scientific journals).*

Take the emotional safety of participants and viewers into consideration. As some health stories can trigger trauma, it is important to build in some emotional support resources. For example, check-ins before, during and after story creation. Use content warnings for viewers when addressing sensitive issues (*e.g., death, trauma, suicide, depression etc.*). Provide resource links where appropriate (*e.g., number of a help line for suicide prevention*).

Quick Checklist

Quick checklist before you disseminate your digital story

Did I obtain informed consent?

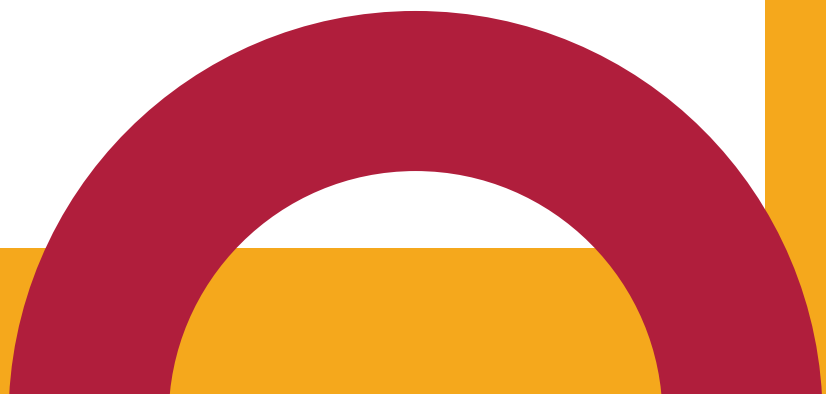**Did the Storyteller help shape the story?**

Are names/identifying details used and spelt appropriately?

Is the story accurate and responsible?

Are there supportive resources for viewers?

Is this story respectful and empowering?

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Sample Mind Map 1

Created by **CHAMPS Nigeria - Bauchi State**
Jamilu Yaya, Awwal Dahiru, and **Mohammad Kobi**

Context

What behavior do you want to change to promote health for individuals/community? Describe the action as specifically as possible and include measurable terms.

> Increase the proportion of pregnant women in CHAMPS-supported communities who attend at leastfour (4) antenatal care (ANC) visits at a health facility, from the current baseline to 80% within the next 12 months.
>
> <u>Specific Action:</u>
> Encourage pregnant women to begin antenatal care in the first trimester and complete at least fourvisits by:
> 1. Conducting targeted community sensitization through religious and traditional leaders
> 2. Using testimonials from local mothers who benefited from early ANC

Define and describe the target audience. Do you want to target a behavior change at individual level (e.g., help individuals change their habits to become more physically active) or at community level (e.g. change the way a specific community thinks about physical activity)?

> Community

Imagine a specific person that is representative of your target audience. Describe three relevant characteristics of the target audience in relation to the behavior you want to change.

> <u>Target Audience Persona: Amina</u>
> **1. Age and Socioeconomic Background:**
> Amina is a 28-year-old mother of three, currently pregnant with her fourth child. She lives in a rural area of Ganjuwa LGA, Bauchi State, and her family relies on small-scale farming. Health expenses are usually not planned for, and transportation to the nearest health facility is a challenge.

2. Health Beliefs and Practices:

Amina often prefers home-based care or traditional birth attendants (TBAs) over health facilities.

3. Information Exposure and Trust Sources:

Amina listens to local FM radio and regularly attends Friday mosque sermons and women's group meetings. She trusts religious leaders, community elders, and other mothers more than formal health workers, especially on matters of health and safety during pregnancy.

Character: Let's start by introducing the audience to the hero of the story. Who should perform the behavior change? Who will be the main character(s)?

The main characters of the story are the Community Stakeholders—including religious leaders, traditional rulers, women leaders, and local health influencers—who played a vital role in transforming perceptions and practices around maternal and child health in CHAMPS catchment areas in Bauchi State.

Their journey showcases how they moved from initial skepticism about interventions like MITS andinstitutional delivery, to becoming trusted advocates who help others understand the benefits of antenatal care, safe delivery, and child survival programs. Through meetings, house-to-house sensitization, and public endorsements, they helped demystify health procedures and built trust between the community and health system.

By highlighting their voices and efforts, the story aims to inspire other community leaders to become champions of maternal and child health, showing that lasting change often begins with trusted local figures who guide and support their people.

Setting: What is the timing of the action?

The story highlights how community stakeholders in CHAMPS catchment areas transitioned from skepticism to becoming advocates for maternal and child health. Through sensitization meetings and active involvement in outreach efforts, they promoted antenatal care and safe deliveries, demonstrating the vital role of local leadership in driving behavioral change and building trust in healthcare services.

Circumstance

Now let us recap, what would be the specific goal of your story after knowing your target behavior and target audience? Sum it up in a short sentence and indicate why it is important to change the behavior.

To encourage pregnant women in CHAMPS ATBU communities—like Amina—to attend at least four antenatal care (ANC) visits during pregnancy by showing how early and consistent ANC can

prevent complications and save lives.

<u>Why It's Important:</u>

Changing this behavior is vital because many maternal and child deaths are linked to delayed care,undetected complications, and poor pregnancy monitoring, all of which can be reduced through timely ANC visits.

Complication

Conflict: What are barriers that hinder behavior change?

<u>Several barriers hinder behavior change in the community:</u>

Cultural Beliefs and Norms: Many believe traditional birth attendants (TBAs) are safer or more convenient than hospitals, leading to home deliveries.

Misinformation and Fear: Some women fear hospitals, think delivery kits are a trap, or are unawareof their benefits.

Access and Financial Constraints: Long distances to health facilities, transportation issues, and theperceived cost of care discourage antenatal visits.

Low Male Involvement: Husbands, who often control household decisions, may not prioritize or support facility-based care.

Change

What capabilities (knowledge, skills, or understanding) does your target audience need to develop or strengthen in order to perform the desired behavior?

1. Understanding the importance of ANC: Knowing that early and regular ANC visits help
2. detectcomplications, ensure the baby's development, and provide essential supplements.
3. Awareness of timing and frequency: Recognizing that the first ANC visit should happen in the first trimester, and that at least four visits are needed throughout pregnancy.
4. Knowledge of available services: Being informed about free or affordable ANC services available at nearby health facilities.

What opportunities (social support, accessible resources, environmental factors) does your target audience require to carry out the desired behavior?

1. Social Support:
Spousal and family encouragement: Support from husbands, mothers-in-law, and other family members to allow and accompany women to ANC visits.

Community endorsement: Positive reinforcement from religious leaders, traditional rulers, and community influencers who promote ANC attendance as a healthy and accepted practice.

Peer influence: Encouragement from other women who have benefited from regular ANC visits (e.g., through support groups or community champions).

Effective communication: Use of local languages, visual aids, or community announcements to disseminate ANC-related information clearly.

What motivational factors (values, beliefs, emotions, personal relevance) do your target audience members need to feel inspired and driven to adopt the desired behavior?

1. Belief in Positive Outcomes
Healthy Baby, Healthy Mother: The strong desire to have a safe pregnancy and healthy child is a key motivator. When women believe that ANC can prevent complications and improve their chances of safe delivery, they are more likely to attend.

2. Religious and Cultural Alignment
Faith-Based Encouragement: When religious leaders endorse ANC and present it as a God-approved act of responsibility and care, women feel spiritually and morally supported in seeking care.
Hope and Joy: Promoting ANC as a path to joyful motherhood and celebrating each clinic visit as apositive step builds motivation and pride.

Reflect on what elements are most relevant for the message (capability, opportunity, motivation) and write them here

Motivation (Primary Driver)
Why it matters: Women are more likely to adopt a health behavior when they believe in its value, see personal relevance, and feel emotionally connected to the outcome.
Key motivational elements to focus on:

- Desire for a healthy pregnancy and safe delivery.
- Fear of losing a child due to preventable complications.
- Religious and cultural reinforcement from trusted leaders.

Capability (Secondary Driver)

Why it matters: Even if a woman is motivated, she may not act if she doesn't understand what ANC is or how to access it.

Change: What resources are associated with changing the target behavior. Here you can refer to capability, opportunities, motivation or another relevant factor for your target audience.

To support behavior change, the following key resources are essential:

Capability:

Health Education Sessions for pregnant women, families, and TBAs to increase knowledge about the importance of antenatal care, hospital delivery.

Opportunity:

Free or subsidized delivery kits (Mama Kits) distributed at health facilities to encourage facility-based delivery.

Resolution: Show positive consequences of behavior change and emphasize the resources that helped the change.

Community stakeholders in CHAMPS ATBU catchment areas, such as religious leaders, traditional rulers, women leaders, and TBAs, have played a key role in improving maternal health. Theiradvocacy has built trust, promoted antenatal care, and increased facility-based deliveries. Once hesitant, these leaders now champion maternal and child health, strengthening outreach and collaboration with families and healthcare providers. As a result, complications during childbirth have reduced, referrals are more timely, and awareness of high-risk pregnancies has grown. This community-driven approach, combining knowledge, access, and support, is enabling safer, more sustainable health choices.

Take Home Message

Having all the above information in mind, formulate your message in a short sentence

Attend antenatal care early and regularly, for your health, your baby's life, and your peace of mind,because a healthy pregnancy begins with informed care and community support.

Sample Mind Map 2

Created by **CHAMPS South Africa**
Simthandile Ntobela and **Dr. Sarah Leah Downs**

Context

What behavior do you want to change to promote health for individuals/community? Describe the action as specifically as possible and include measurable terms.

Non-attendance or late booking at ANC clinics during pregnancy. Women and their pregnancy partner realising the importance of attending their first antenatal visit within their first trimester, and attending the Basic Antenatal Care Plus (Banc+) visits recommended by the world health organisation to screen and manage any pregnancy complications. Barriers to attendance at ANC may include privacy concerns at ANC clinics, lack of understanding about risk of not attending and lack of support or means to attend such as time off work, or transport money. This may be measured through increased attendance at ANC clinics though the pregnancy register.

Define and describe the target audience. Do you want to target a behavior change at individual level (e.g., help individuals change their habits to become more physically active) or at community level (e.g. change the way a specific community thinks about physical activity)?

Individual

Imagine a specific person that is representative of your target audience. Describe three relevant characteristics of the target audience in relation to the behavior you want to change.

Pregnant woman or women of reproductive age, who may not understand the specific risks of complications that may lead to preterm labour and why attending ANC before 14 and 20 weeks of gestational age for adequate screening for pregnancy complications and management is important.

Character: Let's start by introducing the audience to the hero of the story. Who should perform the behavior change? Who will be the main character(s)?

A young pregnant women in her second trimester who is excited that she attended ANC early and has done all she can towards a healthy pregnancy and healthy baby.

Setting: What is the timing of the action?

In the afternoon, coming back from a ANC appointment after having attended ANC at <14 weeks of gestational age.

Circumstance

Now let us recap, what would be the specific goal of your story after knowing your target behavior and target audience? Sum it up in a short sentence and indicate why it is important to change the behavior.

Women are empowered with knowledge to make decisions surrounding attendance at ANC, realising that adverse birth outcomes can occur, yet they are sometimes preventable with adequate screening and management and enrolling in care even before they may be showing in their pregnancy.

Complication

Conflict: What are barriers that hinder behavior change?

Lack of resources: Support for time off of work, transport costs.
Lack of knowledge: The benefit of attending ANC; the risks of pregnancy complications, services available.
Concerns about privacy: If you attend in early pregnancy you risk others knowing before your pregnancy is showing.
Cultural norms and beliefs: Negative energy about the pregnancy from others knowing about it.
Attitudes: Busy healthcare workers or healthcare workers with beliefs about young pregnancy etc may result in lack of empathy.

Change

What capabilities (knowledge, skills, or understanding) does your target audience need to develop or strengthen in order to perform the desired behavior?

Knowledge of BANC+, Knowledge of timelines of ANC enrolment *(early as possible, even before external signs of pregnancy)*, Knowledge of pregnancy complications and screening available; knowledge of management of pregnancy complications and prevention of adverse birth outcomes.

What opportunities (social support, accessible resources, environmental factors) does your target audience require to carry out the desired behavior?

Support by pregnancy partner or family support in attending ANC. Change in community and healthcare workers attitudes towards pregnancy particularly in young women. Privacy at ANC centres; Balancing concerns about attendance at ANC vs pregnancy complications. Danger signs in pregnancy and where to find them; Knowledge of the resources in the MCR, resources to attend ANC. Clear communication from the ANC Clinics on availability and processes of care. Attending your nearest clinic to your home address; Knowledge of the MomConnect platform for support in pregnancy and requesting access at booking.

What motivational factors (values, beliefs, emotions, personal relevance) do your target audience members need to feel inspired and driven to adopt the desired behavior?

Belief that BANC+ is important, Support in privacy of their pregnancy, Excitement about their pregnancy; Knowledge about pregnancy, a healthy baby, knowledge they have taken steps towards a healthy pregnancy, not feeling overwhelmed by the process of seeking care, value structure of clearly defined processes for seeking care, value growing healthy families,

Reflect on what elements are most relevant for the message (capability, opportunity, motivation) and write them here

Capability: Attend ANC, Knowledge of booking early, Opportunity: Plan pregnancy, know your local clinic.
Motivation: If women know the risks of not managing pregnancy complications, they may be compelled to attend despite privacy concerns, or transport barriers.

Change: What resources are associated with changing the target behavior. Here you can refer to capability, opportunities, motivation or another relevant factor for your target audience.

Money, Transport systems, Privacy, knowing the system and what is available, knowing the benefits.

Consequence

Resolution: Show positive consequences of behavior change and emphasize the resources that helped the change.

> A mom has a healthy pregnancy and is looking forward to a healthy birthing event having managed her pregnancy through early booking and consistant ANC visits.

Take Home Message

Having all the above information in mind, formulate your message in a short sentence

> Adverse pregnancy outcomes are often preventable with screening and management, early identification available through booking the pregnancy early and attending ANC consistently.

Your dedication and contributions
are deeply appreciated. **Thank You**