Original Article   OPEN ACCESS

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Effective communication for behavior change: Lessons from multicultural Hawai'i

Lisa Spencer [1]* 🆔 , Anita Tanner [2] 🆔 , Kristina Lu [3] 🆔

[1] University of Hawaii–West O'ahu, Kapolei, HI, USA
[2] University of Nevada, Las Vegas, Las Vegas, NV, USA
[3] University of Hawaii-West O'ahu, Kapolei, HI, USA
*Corresponding Author: lisaspen@hawaii.edu

ARTICLE INFO	ABSTRACT
	This article examines effective communication strategies professionals use to enact change in behavior in public and health care environments, using multi-cultural Hawai'i as a model. Discussions explore social and behavioral change communication theory, cultural competence, and culturally and linguistically appropriate services. Public health campaigns designed for Hawai´i's population are highlighted, with implications for practice, policy, and future research in other multi-cultural settings.

INTRODUCTION

Effective communication shapes how information is gathered, shared, and applied to problem-solving, as well as how behaviors are influenced. In public health and health care, it is essential for motivating change. Challenges include cultural differences, language barriers, and public distrust.

Communication is more than transmitting words, it requires ensuring the intended meaning is understood [1]. In health context, messages must be carefully framed. Too much information can overwhelm audiences, while miscommunication can obscure the need for change. The COVID-19 pandemic underscored the importance of timely, clear, and targeted messaging through public campaigns that informed, educated, and motivated action.

This article examines communication strategies used to promote behavior change in public and health care environments, using Hawai'i as a case study. Discussions focus on social and behavioral change communication theory, cultural competence, and culturally and linguistically appropriate services (CLAS) standards, with examples from public health campaigns tailored to Hawai'i's diverse population. Recommendations are offered for professionals in Hawai'i and other multi-cultural settings.

LITERATURE REVIEW

Communication Channels: Oral (Verbal), Videoconferencing, and Written

Oral communication is a less formal that allows for a personal touch. It is quick, direct, and enables the use of pitch

and tone to emphasize key points [2]. It also offers flexibility, saves time and cost, and can help build positive relationships that foster trust. When communicating changes, oral communication has several advantages as follows:

1. Feedback is immediate as it typically involves an exchange of message and response.

2. If the message is unclear, the receiver can ask for immediate clarification.

3. Videoconferencing platforms, such as through Zoom or Telemedicine, now makes it possible to communicate in real time without being in the same location.

Videoconferencing provides convenience but requires strategies to maintain engagement. Common barriers include background noise, which can distort messages. To improve clarity, mute participants who are not speaking, share an agenda and discussion questions beforehand, and address all questions before the meeting ends [1].

Written communication, through email, memos, letters, or digital messaging, can reinforce oral messages or serve as a standalone method. With the rise of text messaging and social media, written communication can be more immediate and concise, making messages easier to understand. The sender must ensure the message is clear, culturally appropriate, and in a language the receiver understands.

Effective Communication

Even though the COVID-19 pandemic required organizations to change communication methods overnight, regular face-to-face communication remains the most effective method for exchanging information with employees. When the receiver is uncertain about the message, timely feedback enables the sender to promptly clarify and correct

any misunderstandings. In a remote setting, such as videoconferencing, communication methods must be adapted to maintain clarity and engagement.

Communication is inherently complex. Words can have multiple meanings depending on context, and diverse audiences may have varying cultural backgrounds, languages, and values, all of which influence understanding. Communication can be defined as both the transfer of information and the understanding of its meaning [1]. To communicate effectively, one must first define the purpose: to inform or persuade.

Informational messages provide the facts needed to make decisions. Persuasive communication aims to change behavior, direction, or attitudes, which requires more than knowledge alone. Behavior is shaped by social norms, laws and policies, personal choice, and perceptions of benefits and barriers [3].

Effective communication is just as important in public health as it is in the workplace. Many people resist change because of fear of the unknown or do not fully understand its benefits. Public health agencies often use communication campaigns to motivate communities toward healthier behaviors. These campaigns work best when the audience is clearly identified, the appropriate communication channel is selected, and the message is tailored to their needs. Successful campaigns integrate behavior change theory, social marketing techniques, and effective delivery methods [3].

Social and Behavior Change Communication

Health behaviors are influenced by social, cultural, and economic factors, including family relationships, socioeconomic status, and geography [4]. Knowledge, attitudes, and motivations also play a role [4]. Public health programs that address these factors are more likely to succeed in promoting positive health outcomes [4].

Behavior change communication (BCC) is a strategic approach to encouraging individuals and communities to adopt healthy behaviors. BCC can

(1) increasing knowledge and change attitudes,

(2) reduce stigma and discrimination, and

(3) build skills for healthy decision-making [6].

BCC operates at multiple levels:

(1) individual–supporting learning, awareness, and personal motivation,

(2) community–encouraging collective ownership of healthy practices, and

(3) national–engaging governments and stakeholders in promoting supportive environments [5, 7].

The World Health Organization emphasizes that many global health risks are rooted in human behavior, requiring culturally specific, multidisciplinary approaches [8]. In public health, BCC encounters myths and misinformation and can be applied to issues ranging from infectious disease control to nutrition and tobacco prevention [7].

Behavior change is complex and may be hindered by psychological influences, social norms, and entrenched perceptions [8]. BCC should be linked to the overall goals and strategies of prevention, care, and support programs. BCC should be part of a coordinated prevention, care, and support strategy, functioning as an interactive process rather than a collection of isolated tactics [6]. When implemented quickly and appropriately, such as during the COVID-19 pandemic, BCC can drive meaningful and lasting change [8].

Cultural Competence

Culture shapes beliefs about the causes of disease, which illnesses carry stigma, how symptoms are expressed, and how individuals seek care [9]. It also influences interactions with providers, understanding of treatment recommendations, and perceptions of chronic disease and treatment options [9].

Effective cross-cultural communication requires attention to verbal, nonverbal communication, and written dimensions. Culture and communication are inseparable: culture is transmitted and preserved through communication, and communication reflects and shapes culture [10]. In healthcare, it is critical to confirm that the intended message is both received and understood [10].

Dr. Harry Stack Sullivan described consensual validation as the process of verifying the receiver's understanding of the sender's message [10]. Nonverbal elements, such as body language, facial expressions, gestures, tone, and physical distance, play an important role [10]. It was identified five types of nonverbal communication:

(1) emblems–symbols with a specific verbal translation (e.g., sign language),

(2) affect displays–facial expressions conveying emotion,

(3) illustrators–gestures to complement verbal communication,

(4) adapters–movements that modify or support verbal messages, and

(5) regulators–nonverbal cues that help manage interactions [10].

Culturally competent providers adapt their communication style to meet each patient's needs. While qualified interpreters and translators are essential for patients with limited English proficiency, language access alone is not enough. Providers must remain open to learning about cultural beliefs and attitudes embedded in language to ensure safety, quality, and trust in care [10].

CLAS

CLAS standards guide health care organizations in delivering services that respect cultural health, beliefs, and preferred languages, and health literacy levels [11]. These standards aim to reduce health inequities and improve outcomes by tailoring care to individual needs [11]. CLAS supports the development of messages and services that align with cultural values and language preferences [11]. Integrating CLAS standards with BCC strategies enhances the effectiveness of health communication, leading to more successful individual, community, and societal behavior change [11].

MATERIALS AND METHODS

Data was collected from books, peer-reviewed articles, and credible websites related to social and behavioral change theory, cultural competence, and CLAS standards. Searches of online databases and public health websites used terms such as "effective communication", "social and behavior change communication", "CLAS", and "public communication campaigns". The review identified strategies and

recommendations that health and public sector professionals can apply to promote successful behavior change.

RESULTS

Most public health behavioral change frameworks focus on modifying individual behaviors. However, for minority and indigenous populations, such as Pacific Island communities, effective interventions must also address cultural, spiritual, and environmental influences [12]. Understanding the cultural context is essential to designing programs that resonate with these populations. While some interventions share common cultural elements, each Pacific Island community requires its own contextualized approach [12]. Behavior change interventions are communicative acts involving four essential components: the channel, source, receiver, and message [13]. These interventions often target behavioral risk factors, promote protective behaviors, improve adaptation to illness, and encourage provider practices that enhance service quality and efficiency [14].

Programs are more successful when they actively involve target populations in design and evaluation [4]. Strategies that capture and maintain community interest, while aligning with cultural values, are more likely to achieve lasting results[4]. Advances in communication technology provide additional opportunities to engage communities in health improvement efforts [4].

Utilizing health workers from participants' own communities was a key feature of effective interventions [12]. These workers, though not always leading program components, collaborated within multidisciplinary teams that offered supervision and support [12]. Their involvement enhanced cultural adaptation, established trust, and connected academic expertise with community knowledge [12]. Bilingual delivery proved especially effective, as it addressed language barriers in programs that might otherwise be conducted predominantly in English [12]. Successful interventions also demonstrated cultural integrity, rigor, and respect for participant's worldviews and values. Understanding where individuals or groups are in the change process is critical for selecting the most appropriate strategies. Readiness to change should guide both the content of the intervention and the communication channel chosen, whether the goal is to initiate behavior change, encourage the adoption of new practices, or reinforce existing healthy behaviors [6].

Public Communication Campaigns

Public communication campaigns are a common strategy for encouraging behavior change, influencing policy, and raising public awareness. While the COVID-19 pandemic highlighted their critical role, such campaigns have long been used to address issues such as nutrition, tobacco use, and seat belt compliance.

During the pandemic, messaging focused on social distancing, masking, vaccination, and hygiene. These campaigns relied on clear, consistent communication delivered through multiple channels to ensure public understanding and compliance. However, knowledge alone rarely changes behavior. Campaigns must consider how behavior is shaped, by social norms, laws and policies, economic factors, personal choice, and perceptions of benefits and barriers [3]. Effective campaigns use one or more persuasive strategies:

(1) pathos–appeals to emotion, creating an empathetic connection,

(2) ethos–appeals to credibility, culture, and shared values, and

(3) logos–appeals to logic, using facts and evidence [3].

Selecting the right approach depends on the campaign's goals and the characteristics of the target audience.

Public Health Campaigns in Hawai'i

Since 2020, COVID-19 prevention had been the focus of many public campaigns in Hawai'i. The Hawai'i state department of health's "not taking chances" campaign aimed to shift social norms by modeling safe behaviors, such as mask-wearing and avoiding large gatherings [15]. According to health director Bruce Anderson, "Prevention is key to bringing the number of cases down … Social norm campaigns have proven effective in changing health behaviors relating to drunk driving, substance use, smoking, and wearing seat belts" [15].

Survey data revealed that the most persuasive messages for Hawai'i residents emphasized protecting kupuna (elders) and other vulnerable community members [15]. Effectiveness increased when prevention messages were:

(1) communicated in the primar languages of the target populations,

(2) delivered by trusted health professionals from those communities, and

(3) shared in community settings rather than requiring residents to seek out information [15].

Beyond COVID-19, the DOH has launched additional campaigns: the "sweet lies!" campaign exposing deceptive marketing of sweetened fruit drink to children, which often used terms like "juice", "natural", or "100% vitamin C" despite containing sugar levels comparable to soda [16]. The campaign highlighted links to tooth decay, weight gain, and chronic diseases such as diabetes, aiming to influence purchasing behavior among parents and grandparents [16].

"Stronger together" raised awareness of targeted marketing by the tobacco industry toward racial and ethnic minorities, LGBTW individuals, low-income populations, and those with mental health or submstance use conditions [17]. The campaign educated communities about these tactics and the associated health risks [17].

Both campaigns used television, radio, digital media, and social media platforms to maximize reach. Delivering messages in multiple languages, across diverse media channels, and directly within communities, increased the likelihood of adoption of healthier behaviors.

DISCUSSION

Effective interventions for minority and indigenous populations require a deep understanding of the cultural, social, and environmental contexts in which health behavior occur. For Pacific Island communities, integrating spiritual and cultural values into program design is essential for success [12]. While some interventions share common elements, approaches must be tailored to the unique characteristics of each community.

Communication technologies now provide multiple opportunities to engage communities in improving health outcomes. The use of health workers from participants' own communities, working within multidisciplinary teams, has been shown to enhance trust, cultural adaptation, and participant engagement. Bilingual delivery further increases accessibility, especially for populations where English is not the primary language. Interventions that combine cultural relevance, community participation, and credible messengers are more likely to achieve lasting behavior change. Meaningful partnerships between health professionals and communities help ensure programs have both cultural integrity and scientific rigor.

Implications, Recommendations, and Strategies

1. Prioritize direct, personal communication–Use face-to-face communication whenever possible and clearly define whether the goal is to inform or persuade.

2. Tailor messages to audience–Identify the intended audience, determine the most effective channel (oral or written), and adapt the message to their needs, values, and readiness for change.

3. Integrate cultural competence–Address verbal, nonverbal, and written aspect of cross-cultural communication. Ensure messages are both linguistically accurate and culturally meaningful.

4. Adapt services to language and culture–Incorporate CLAS standards and personalize services to reflect the cultural and linguistic preferences of the target population.

5. Use social norm campaigns strategically–Communicate prevention messages in the target population's primary languages, deliver them through trusted community messengers, and bring information directly to community spaces.

6. Leverage local health workers–Engage providers from within the community to support culturally adapted interventions and reinforce trust. Framing behavior change from the context of cultural values is an integral

7. Assess readiness and anticipate barriers–Evaluate where the audience is in the change process, conduct SWOT analysis, and anticipate potential misinterpretations of messages or symbols.

Study Limitations

This study focuses on Hawai'i and may not be generalizable to all populations or settings. Cultural, linguistic, and structural differences in other regions may require different approaches to communication and behavior change. Future research should examine strategies from other multicultural and Indigenous communities to identify additional best practices for public and healthcare professionals seeking to promote behavior change.

CONCLUSIONS

Communication is shaped by context and must be purpose-driven. Language is inherently open to interpretation, making it essential to frame messages clearly and provide adequate context for understanding. Effective communication strategies move beyond delivering information to foster trust,

addressing cultural and linguistic needs, and tailoring approaches to the audience's readiness for change.

Strategic planning should guide the choice of communication channels, message framing, and messengers. Public health and healthcare leaders must recognize that change is challenging and requires clear articulation of both the purpose and benefits of new behaviors. With culturally informed, well-planned communication, meaningful and lasting change is possible.

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