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Behavior Integration Guidance

MANAGE YOUR ACTIVITY USING BEHAVIOR PROFILES AND BEHAVIOR SUMMARIES

http://www.acceleratorbehaviors.org

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THE MANOFF GROUP

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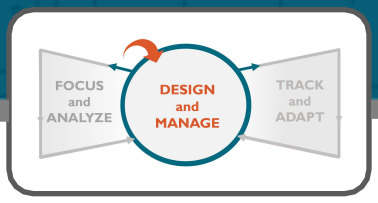

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OVERVIEW

PURPOSE

Behavior Profiles and Behavior Summaries provide a useful framework for managing behavior change activities.

INTENDED USERS

Anyone responsible for managing projects that seek behavior change and who is using Behavior Profiles, or a similar behavioral analysis can use this tool. Use this tool to review behavior change strategies andassess progress toward meeting program goals and objectives.

HOW THIS FITS INTO THINK | BIG

Manage Your Activity Using Behavior Profiles and a Behavior Summary is part of Step 2 of Think | BIG – "Design and Manage". You will have already completed Step 1 "Focus and Analyze". The figure to the right illustrates where this step fits into Think | BIG.

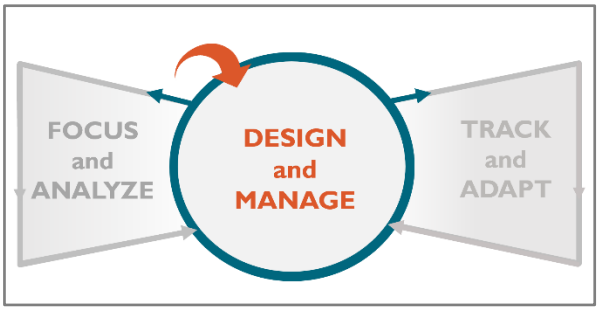


Figure: How "Manage Your Activity" Fits into Think | BIG

ESTIMATED TIME NEEDED

The initial review of Behavior Profiles and a Behavior Summary with your partners should take up to two hours, depending on the number of Behavior Profiles. Reviewing a behavior change strategy and progress with your partners should take another one to two hours.

TEMPLATES INCLUDED

- Appendix A: Behavior Change Strategy Review Checklist and Discussion Questions

SAMPLES INCLUDED

- Appendix B: Urban Immunization Behavior Profile
- Appendix C: Urban Immunization Social and Behavior Change Strategy
- Appendix D: Sample Health Behavior Summary

OTHER MATERIALS NEEDED

- Behavior Profiles or equivalent analyses of the behaviors the program seeks to enable
- Behavior Summary associated with the program being managed
- Monitoring data, if available

BEFORE YOU START

- Gather your Behavior Profiles and Behavior Summary used to design the program. Use of the checklist requires behavioral analysis that includes:
    - Clearly defined Priority Behaviors that will help achieve the goal
    - Clear pathways to change

- High-quality behavioral outcome and factor-level indicators

Note: If you do not have these, use the online or offline **Prioritize**, **Create a Behavior Profile**, and **Establish Behavioral Indicators** tools at https://thinkbigonline.org/tools to generate them.

- Download Appendix A: Behavior Change Strategy Review Checklist and Discussion Questions.
- Review the relevant Behavior Profiles and Behavior Summary.
- Convene any team members and partners who will participate. Consider sharing the checklist with partners before the meeting to help set expectations and allow everyone to prepare.
- Assemble current monitoring data, if available.

INSTRUCTIONS

PART 1: HOLD AN INITIAL MEETING WITH YOUR TEAM, INCLUDING PARTNERS IF APPROPRIATE

1. Review the relevant Behavior Profiles and any Behavior Summaries. If the Behavior Profiles were used to develop the proposal or strategy, this can be a discussion about how well they reflect the current reality on the ground.
2. Discuss the overall goal and how its achievement will be assessed.
3. Review how the behaviors were prioritized and defined, especially if not everyone at the meeting was involved in the process or if several months have passed since then. For example:
   - "We looked at the goal we were trying to reach and developed a list of things that were preventing its attainment. We identified behaviors that needed to change to address the things preventing attainment of the goal. We then narrowed down that list to the 5-8 behaviors that were important to change, were within our mandate, and were amenable to change. These became our priority behaviors."
   - "Priority behaviors are defined by **who** (primary actor) must practice them, exactly **what** this primary actor must do, and when appropriate, other clarifying information such as the region of interest."
4. Discuss the behavioral outcome indicators, the thinking behind them, and how and how often they are or will be measured.
5. Review the steps required to perform each behavior, updating as needed based on anything learned since the Behavior Profile was developed.
6. Review the critical factors, reiterating that research and experience identified many factors inhibiting or enabling the behavior, and that critical factors to address were then chosen. Review why those factors were deemed critical. Note how the factors impede or enable the steps required to perform the behavior. Explain what has been or will be done to validate the critical factors. Confirm or adjust the critical factors.
7. Discuss the essential factor-level indicators corresponding to the expected results of the activity that were established (please note that, generally, critical factors will have been selected and interpreted as expected results).

8. Discuss the supporting actors and their actions, as well as the possible program strategies (or interventions) outlined in the Behavior Profiles and Behavior Summary, emphasizing the logical pathways to the behaviors.
9. If the behavior change strategy has not yet been developed, explain that if the possible program strategies or interventions in the Behavior Profiles or summary are broad or illustrative, the behavior change strategy should detail proven, innovative, and promising approaches to achieving the desired behavior change. As appropriate, discuss what some of these might be, as well as specific activities needed to carry out each strategy or intervention.
10. Discuss any research gaps already identified and how they will be filled. This is especially relevant if the Behavior Profiles are not based on detailed knowledge about the local context, but rather on more generic global findings. Examples include details about current practices related to the priority behaviors, clarification of known factors, identification of other critical factors, the order in which factors should be addressed, specific roles of supporting actors, and testing of proposed strategies.
    Determine:
    - What research methods will be used;
    - How soon the research will take place; and
    - How research will affect the timeline for finalizing the behavior change strategy and implementing the activities.
11. Discuss participants' questions and concerns.
12. End by agreeing on next steps and the timeline for them, including refinement of the technical proposal's behavior change strategy.

PART 2: REVIEW THE BEHAVIOR CHANGE STRATEGY

Use Appendix A: Behavior Change Strategy Review Checklist and Discussion Questions to review the behavior change strategy.

1. Compare the strategy to the relevant Behavior Profiles or Behavior Summary and ensure that the strategy responds appropriately.
    a. The behavior change strategy contains the same behaviors as the Behavior Profiles, or it has improved behaviors.
    b. The behavior change strategy combines, includes, or refines all the critical factors for each behavior.
    c. The behavior change strategy combines, includes, or refines upon the supporting actors and actions required.
    d. If the behavior change strategy omits any critical factors or supporting actors and actions, discuss the reason for the omission and, as appropriate, indicate how the program will advocate or collaborate with others to ensure omitted factors and supporting actors are addressed and engaged.
    e. The behavior change strategy specifies interventions needed to carry out the program strategies.
    f. The pathways between the interventions and behaviors are clear and logical.
    g. The behavior change strategy and monitoring, evaluation, and learning plan enumerate appropriate behavioral outcome, factor-level, and process indicators and how they will be measured.

Note: Appendix B: Urban Immunization Behavior Profile and Appendix C: Urban Immunization Social and Behavior Change Strategy provide examples of a behavior change strategy and the one Behavior Profile on which it was based.

2. Use the discussion questions in Appendix A to engage participants and guide any needed refinement.
3. Develop a follow-up action plan as needed.
4. Maintain regular communication on progress, challenges, and successes.
5. Create or participate in forums that foster collaboration among any other entities (e.g., government agencies, implementing partners, community-based organizations) working on related goals and topics.

APPENDICES

The following appendices are included with this document:

Appendix A: Behavior Change Strategy Review Checklist and Discussion Questions

Appendix B: Sample Urban Immunization Behavior Profile

Appendix C: Urban Immunization Social and Behavior Change Strategy

Appendix D: Sample Health Behavior Summary

APPENDIX A: BEHAVIOR CHANGE STRATEGY REVIEW CHECKLIST AND DISCUSSION QUESTIONS

To use the checklist, you must have at least one Behavior Profile for the behavior the program seeks to help enable. If you have multiple behaviors, you will need the Behavior Profiles and the corresponding Behavior Summary to use with this checklist. Use the Focus and Analyze tools at https://thinkbigonline.org/tools#content1 to develop Behavior Profiles and Behavior Summaries.

PART 1: CHECKLIST			
A. BEHAVIOR CHANGE STRATEGY REVIEW: Compare the behavior change strategy to your relevant Behavior Profile(s) and Behavior Summary. Walk through each of the following components, discussing each.			
BEHAVIOR CHANGE STRATEGY COMPONENT	**YES**	**NO**	**NOTES** (including variance from Behavior Profile)
1. The strategy states the program goal.			
2. The strategy clearly defines the behaviors that must change to reach the program goal.			
3. Each behavior specifies the primary actor who must practice it.			
4. The strategy clearly describes current practices that must change.			
5. If there's only one behavior, the strategy includes or reflects the steps primary actors must take to practice the desired behaviors.			
6. The strategy identifies critical factors enabling or impeding each behavior.			
7. The strategy identifies the supporting actors needed to enable, encourage, or support the behaviors by overcoming and/or leveraging the factors.			
8. The strategy includes activities designed to enable the behaviors.			
9. The activities designed are those that the program intends to carry out to change the behavior.			
10. The strategy clearly shows the pathways between each intervention and the desired behaviors, i.e., the linking of each activity to the behavior, factors, and supporting actor it addresses or involves.			

B. BASIS FOR MONITORING AND EVALUATION: Ensure that the behavior change strategy, workplan, or monitoring, evaluation, and learning plan (MELP) contains appropriate indicators and intervals for measuring progress on the behavioral outcomes and critical factors. The Track and Adapt tab at https://thinkbigonline.org/resources contains guidance and tools on establishing and assessing behavioral outcome indicators.			
INDICATORS AND PLANS TO MEASURE THEM	**YES**	**NO**	**NOTES**
11. Each behavior has an appropriate behavioral outcome indicator that directly measures uptake of the behavior.			
12. The behavioral outcome indicators are the same as the indicators in the Behavior Profiles.			
13. The use of any proxy indicators (indicators that do not directly measure uptake of the behavior) is adequately justified.			
14. The means of measuring the behavioral outcome indicators are appropriate.			
15. The measurement intervals for the behavioral outcome indicators are specified.			
16. If specified, the measurement intervals for the behavioral outcome indicators are appropriate.			
17. Each critical factor has an appropriate indicator.			
18. That factor-level indicators are in line with those in or attached to the Behavior Profiles (if the Behavior Profiles include any).			
19. If included, the means of measuring the factor-level indicators are appropriate.			
20. The measurement intervals for the factor-level indicators are appropriate.			
21. The process indicators selected will provide useful information on the planned activities.			

PART 2: DISCUSSION QUESTIONS

A. Progress Toward the Goal

1. Has a baseline for the behavioral outcome indicators been established? If not, how are we measuring progress?

2. Has a baseline for the factor-level indicators been established? If not, how are we measuring change?

3. If progress on the behavioral outcome indicator has been measured, what is the result telling you?
   - How is practice of the behavior changing?
   - Is the pace of change adequate?
   - If not, what actions should be taken?

4. Walk through the factors, assessing whether positive change is occurring.
   - How and how often are measurements taken?
   - What are the measurements telling us?
   - Are they providing the kind of information we need to assess and adapt?
   - Are there any unintended consequences?

5. Discuss how the program is engaging each supporting actor or influencing audience.
   - Is each taking the required actions?
   - What are we doing to stimulate the required action?
   - What effect is this effort having?
   - What should we do differently?

6. Review the progress on activities.
   - How and how often are we taking measurements?
   - What are the measurements telling us?
   - To what extent are process indicator targets being met?
   - What effect have the activities had on the factors?
   - What issues have arisen?
   - How have we or others addressed them?

- What have we learned?
- What course corrections do we need to make?

7. Looking at overall progress, are the primary actors aware of, able to take, and taking the steps needed to practice the behavior? Are they practicing the behavior? If not, what more or different needs to happen?

B. Shared Accountability and Learning

1. How well are we collaborating, i.e.:
   - In what ways are we collaborating with other entities including other implementing partners, to achieve the desired behavior change?
   - How are established collaboration and coordination mechanisms working?
   - To what extent have other entities effectively and in a timely fashion carried out activities on which we depend?
   - How are your activities and pace impacting other entities?

2. What information should we share with other implementing partners with a role in impacting these behaviors in the country?

3. What information should we share with the broader development community?

4. What information are we sharing/should we share with host government actors (local, regional, national)?

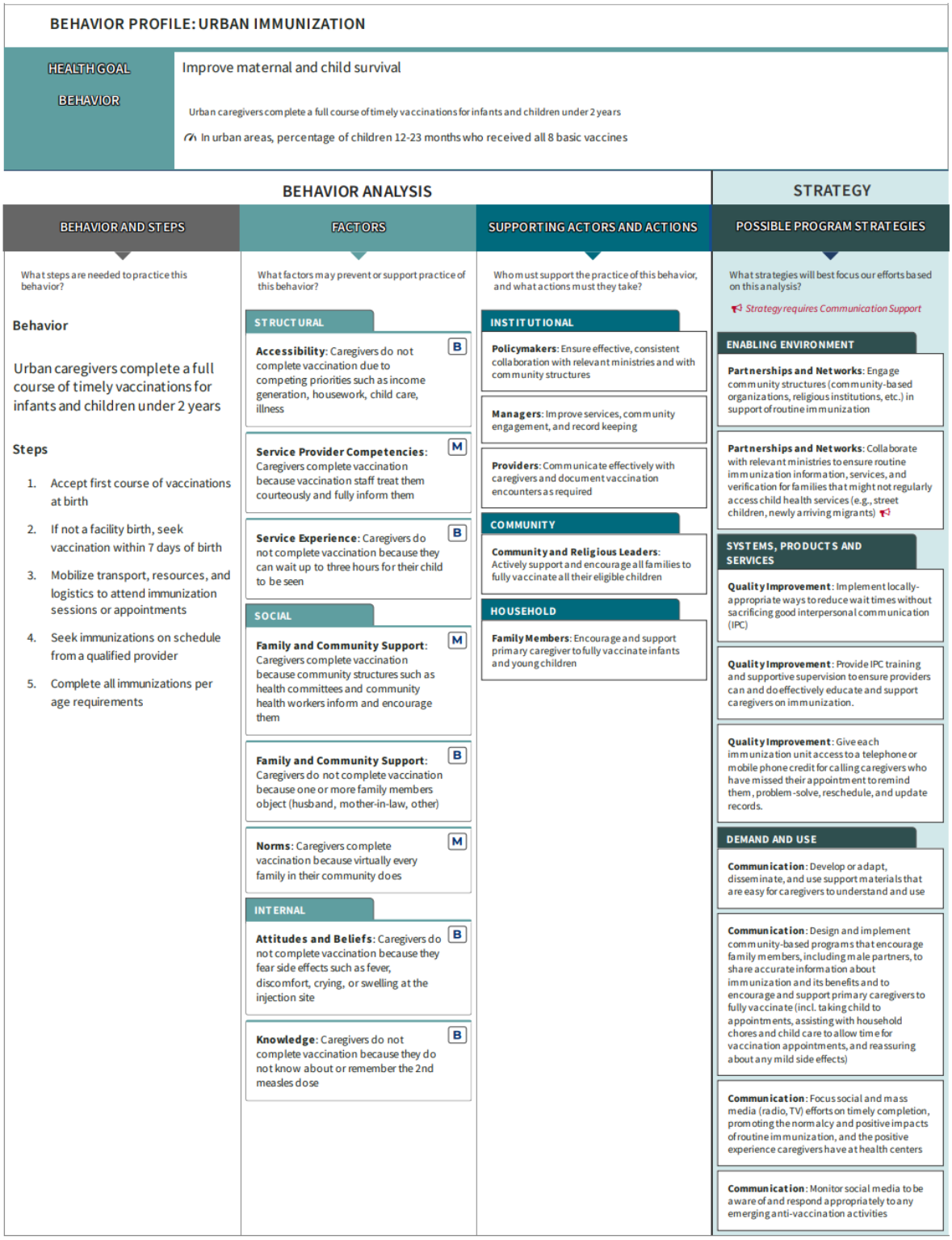
5. What are appropriate mechanisms and timelines for sharing information with other implementing partners, host government actors, and the broader development community?

C. Next Steps

Discuss and agree on the next steps. Examples include Behavior Profile, strategy, or workplan revision, start of the next implementation phase; meetings; special monitoring; or assessments.

The Design and Manage and Track and Adapt tabs at https://thinkbigonline.org/resources provide a full suite of resources to assist you in managing for maximum impact.

APPENDIX B: SAMPLE URBAN IMMUNIZATION BEHAVIOR PROFILE



BEHAVIOR PROFILE: URBAN IMMUNIZATION

HEALTH GOAL: Improve maternal and child survival

BEHAVIOR: Urban caregivers complete a full course of timely vaccinations for infants and children under 2 years

In urban areas, percentage of children 12-23 months who received all 8 basic vaccines

BEHAVIOR ANALYSIS

BEHAVIOR AND STEPS

What steps are needed to practice this behavior?

Behavior

Urban caregivers complete a full course of timely vaccinations for infants and children under 2 years

Steps

1. Accept first course of vaccinations at birth
2. If not a facility birth, seek vaccination within 7 days of birth
3. Mobilize transport, resources, and logistics to attend immunization sessions or appointments
4. Seek immunizations on schedule from a qualified provider
5. Complete all immunizations per age requirements

FACTORS

What factors may prevent or support practice of this behavior?

STRUCTURAL

- **Accessibility**: Caregivers do not complete vaccination due to competing priorities such as income generation, housework, child care, illness — B
- **Service Provider Competencies**: Caregivers complete vaccination because vaccination staff treat them courteously and fully inform them — M
- **Service Experience**: Caregivers do not complete vaccination because they can wait up to three hours for their child to be seen — B

SOCIAL

- **Family and Community Support**: Caregivers complete vaccination because community structures such as health committees and community health workers inform and encourage them — M
- **Family and Community Support**: Caregivers do not complete vaccination because one or more family members object (husband, mother-in-law, other) — B
- **Norms**: Caregivers complete vaccination because virtually every family in their community does — M

INTERNAL

- **Attitudes and Beliefs**: Caregivers do not complete vaccination because they fear side effects such as fever, discomfort, crying, or swelling at the injection site — B
- **Knowledge**: Caregivers do not complete vaccination because they do not know about or remember the 2nd measles dose — B

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior, and what actions must they take?

INSTITUTIONAL

- **Policymakers**: Ensure effective, consistent collaboration with relevant ministries and with community structures
- **Managers**: Improve services, community engagement, and record keeping
- **Providers**: Communicate effectively with caregivers and document vaccination encounters as required

COMMUNITY

- **Community and Religious Leaders**: Actively support and encourage all families to fully vaccinate all their eligible children

HOUSEHOLD

- **Family Members**: Encourage and support primary caregiver to fully vaccinate infants and young children

STRATEGY

POSSIBLE PROGRAM STRATEGIES

What strategies will best focus our efforts based on this analysis?

Strategy requires Communication Support

ENABLING ENVIRONMENT

- **Partnerships and Networks**: Engage community structures (community-based organizations, religious institutions, etc.) in support of routine immunization
- **Partnerships and Networks**: Collaborate with relevant ministries to ensure routine immunization information, services, and verification for families that might not regularly access child health services (e.g., street children, newly arriving migrants)

SYSTEMS, PRODUCTS AND SERVICES

- **Quality Improvement**: Implement locally-appropriate ways to reduce wait times without sacrificing good interpersonal communication (IPC)
- **Quality Improvement**: Provide IPC training and supportive supervision to ensure providers can and do effectively educate and support caregivers on immunization.
- **Quality Improvement**: Give each immunization unit access to a telephone or mobile phone credit for calling caregivers who have missed their appointment to remind them, problem-solve, reschedule, and update records.

DEMAND AND USE

- **Communication**: Develop or adapt, disseminate, and use support materials that are easy for caregivers to understand and use
- **Communication**: Design and implement community-based programs that encourage family members, including male partners, to share accurate information about immunization and its benefits and to encourage and support primary caregivers to fully vaccinate (incl. taking child to appointments, assisting with household chores and child care to allow time for vaccination appointments, and reassuring about any mild side effects)
- **Communication**: Focus social and mass media (radio, TV) efforts on timely completion, promoting the normalcy and positive impacts of routine immunization, and the positive experience caregivers have at health centers
- **Communication**: Monitor social media to be aware of and respond appropriately to any emerging anti-vaccination activities

APPENDIX C: URBAN IMMUNIZATION SOCIAL AND BEHAVIOR CHANGE STRATEGY

Here is an example of an SBC strategy developed from one Behavior Profile. The numbers on the behavior change strategy correspond to the items in the Behavior Change Strategy Review Checklist. The yellow highlighting indicates an example of a logical pathway.

Immunization Pr **1 State Goal**	Contribute to reduced child and maternal morbidity and mortality from vaccine-preventable disease by providing high-quality immunization services nationwide
Program Objective to which SBC Strategy Contributes	Increase childhood immunization rates in urban areas from 69% to at least 85% within 5 years
Desired Behavior	Urban caregivers **3 Specify Primary Actor** of timely vaccinations for infants and children under 2 **2 Define Behavior**
Behavioral Outcome Indicator	In urban areas, 23 months who have received all 8 basic vaccinations **11, 12 Include Behavioral Outcome Indicators**
Current Situation and Practices	Sixty-nine percent of urban caregivers adhere to the childhood immunization schedule. Of tho adhere to the schedule: • Caregivers return late to vaccination appointm **4 Describe Current Situation and Practices** • Caregivers stop bringing child for vaccination. • Caregivers do not bring child born outside the urban area for vaccination.
Steps Primary Actor Must Take to Practice Desired Behavior	1. Accept first course of vaccinations at birth. 2. If not a facility birth, seek vaccination within 7 days of birth. 3. Mobilize transport, resources, and logistics to attend immunization sessions. 4. Seek immunizations on schedule from a qualified provider. 5. Complete all immunizations per age requirements. **5 List Steps**

Key Factors[1] and Factor-Level Indicators	Intervention Areas and Activities		
	Enabling Environment	**Systems, Products, and Services**	**Demand and Use**
STRUCTURAL **Accessibility**: Caregivers do not complete vaccination d priorities such as inco housework, childcare, **6 Identify Critical Factors**	**Partnerships and Networks**: Engage community structures ommunity-based organizations, ligious institutions, etc.) in pport of routine immunization	**Quality Improvement**: Advocate for and assist immunization program to identify ways to reduce wait times to less than one hour per visit.	**Communication**: Design and implement community-based programs that encourage family members, including male partners, to actively support timely vaccination

[1] B = Barrier and M = Motivator

Key Factors[1] and Factor-Level Indicators	Intervention Areas and Activities		
	Enabling Environment	**Systems, Products, and Services**	**Demand and Use**
% of urban women who report lack of time as a reason for late or incomplete vaccination of their youngest child (survey) **Service Provider Competencies**: Caregivers comple[illegible] vaccination staff tr[illegible] and fully inform th[illegible] % of clients who report having two or more elements of respectful care during their last immunization visit at a health facility (survey) **Service Experience**: Caregivers do not complete vaccination because they do not want to wait up to three hours for their child to be seen (B) % of immunization visits in urban areas that take less than 1 hour to complete from time of arrival (facility records) **SOCIAL** **Family and Community Support**: Caregivers complete vaccination because community structures such as health committees and community health workers inform and encourage them (M) % of urban caregivers who report that a community actor positively influenced their decision to immunize (survey) **Family and Community Support**: Caregivers do not complete vaccination because one or more family members object (e.g., husband, mother-in-law) (B) % of urban mothers who report that a close family member objects to childhood immunization (survey)	• Recruit and support nongovernmental organizations (NGOs) and community-based organizations (CBOs) to (1) promote routine immunization in their areas throu[illegible] to-house visits, cor[illegible] meetings, and speci[illegible] (2) call or visit appa[illegible] defaulters to discover why they missed the appointment and encourage them to return for vaccination; and (3) refer difficult cases to the vaccination unit or chief medical officer for higher level problem-solving • Recruit and support religious institutions/leaders to promote immunization through sermons and marital/pre-marital counseling **Partnerships and Networks**: Encourage and support MOH to collaborate with relevant ministries to ensure immunization of families seldom using health services • Through memoranda of understanding with Ministries such as Interior, Women, and Children and Youth to institute mechanisms for assessing young children's immunization status, providing immunization information, referring migrant and "street"	https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)70137-3.pdf **Quality Improvement**: Provide interpersonal communication (IPC) supportive supervision training to [illegible]rs support caregivers [illegible]raining for attention to effectively communicating key messages (e.g., vaccines given and diseases prevented, managing side effects, when to return, immunization card), respect for client, tailored counseling, and problem-solving to reduce defaulting • Provide updated IPC training to vaccinators, community health workers, and others who come into contact with caregivers • Include critical IPC indicators in supervision and monitoring protocols **Quality Improvement**: Encourage and support immunization program to give each immunization unit access to a telephone or mobile phone credit for calling caregivers who have missed an appointment • Assess the current system for identifying and contacting defaulters • Review immunization register for caregiver contact numbers • If a facility telephone is not available, explore the feasibility of providing phone credits to staff	• Develop programs to engage fathers in routine immunization • Work with barbers or other non-health service providers to improve uptake and completion https://www.mcsprogram.org/in-northern-nigeria-barbers-trim-newborn-mortality-one-haircut-at-a-time/ • Prepare statements for religious leaders to read during weekly services **Communication**: Use social (FaceBook, Twitter, WhatsApp) and mass media (radio, TV) to promote timely completion • Promote the normalcy and positive impacts of routine immunization, and the positive experience caregivers have at health facilities • Monitor social media to be aware of and respond to any emerging anti-vaccination activities • Develop a social media campaign aimed at young parents • Extend the agreement with the national radio and television station to reinforce the benefits of completing the immunization schedule, promote the successes and impact of the national immunization program, and

7 Include Factor Level Indicators

8 Include Enabling Activities

Key Factors[1] and Factor-Level Indicators	Intervention Areas and Activities		
	Enabling Environment	**Systems, Products, and Services**	**Demand and Use**
Norms: Caregivers complete vaccination because virtually every family in their community does (M) % of urban mothers of children 0-24 months who say most mothers vaccinate their children (survey) **INTERNAL** **Attitudes and Beliefs**: Caregivers do not complete vaccination because they fear side effects such as fever, discomfort, crying, swelling (B) % of urban mothers of children 0-24 months who report fear of side effects as a reason for incomplete vaccination (survey) **Knowledge**: Caregivers do not complete vaccination because they do not know about/remember the 2nd measles dose (B) % of urban mothers of children 0-24 months who know that their child should have a 2nd measles vaccine at age 15 months (survey)	children for immunization services, and including childhood immunization in conditional cash transfer programs	http://www.panafrican-med-journal.com/content/article/28/24/pdf/24.pdf • Support establishment of a schedule for telephoning defaulters and ensuring call-backs at times convenient for caregivers	highlight the quality of services • Hold television and radio discussions featuring health care providers, religious and community leaders, and parents **Communication**: Provide support materials for use with low- and non-literate caregivers • Update current immunization flip chart to include new vaccines • Develop or adapt audio and visual materials for migrant and immigrant populations who do not speak the local languages • Develop a waiting room immunization video • Consider a celebration card to encourage complete vaccination https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-016-0497-9
Supporting Actors	MOH and EPI Decision-makers, Decision-makers at Ministries of Interior/Children/Wome Managers; Vaccinators, Community Health Workers; Religious Leaders, NGO Managers a and Members, Community Relays; Grandmothers, Fathers, Other Household Members		

10 Ensure Pathways from Steps to Factors, to Supporting Actors, and Activities

9 Identify Supporting Actors

ACCELERATE Urban Immunization Behavior Profile
Campaign Focuses on Promoting Value of Immunizations, https://www.aafp.org/news/family-medicine-americas-health/20160812hip-immunizations.html
How Social Media, Tech Influences Vaccination Campaigns in Kenya, https://redcrosschat.org/2016/08/04/social-media-tech-influences-vaccination-campaigns-kenya/
Communication strategies to promote the uptake of childhood vaccination in Nigeria: a systematic map, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4754015/
African Vaccination Week 2018 Toolkit, https://afro.who.int/sites/default/files/2018-04/REV_Engl_16_04_18_2018%20MEDIA%20TOOLKIT.pdf
Social Media Initiative in Ukraine: Analysis of Online Conversations on Polio, Vaccination, and Routine Immunization, http://www.comminit.com/polio/content/social-media-initiative-ukraine-analysis-online-conversations-polio-vaccination-and-rout
WHO vaccine-preventable diseases: monitoring system. 2019 global summary, http://apps.who.int/immunization_monitoring/globalsummary/countries?countrycriteria%5Bcountry%5D%5B%5D=DJI
ACCELERATE Ideas Library, https://acceleratorbehaviors.org/ideas_librar

APPENDIX D: SAMPLE HEALTH BEHAVIOR SUMMARY