SI uses social marketing to encourage target audiences to adopt and maintain healthy behaviors. PSI's primary metric for estimating the impact of social marketing interventions is the disability-adjusted life year (DALY) averted. A DALY is equivalent to one year of healthy life lost due to death or illness. The DALY combines two measures of health liabilities: years of life lost from premature death due to a disease (YLL) and the years of life spent with disability from a disease (YLD).

When PSI increases the use of non-PSI products or services, or increases the practice of healthy behaviors that are not tied to a product or service, the health impact is estimated in what PSI calls BCC DALYs. Examples of non-PSI products include Durex (or other brand) condoms. Examples of behaviors not tied to a product or service include abstinence and partner reduction. Currently, BCC DALY models are only available for HIV interventions, but others are under development.

Before health impact can be calculated for behavior change communications (BCC), the intervention must show effectiveness. BCC DALYs can only be calculated if the research shows a significant association between exposure to the intervention and the desired behavior change. If a BCC intervention does not show effectiveness, it had no measurable health impact – i.e. it did not avert any DALYs – no matter how much money was spent on the program. In order to calculate BCC DALYS, the relevant questions must be included in the research survey. For the specific questions, please contact your Regional Researcher or find them on KIX at http://kix.psi.org/display/research/BCC+DALYS.

- Size of the target population: the "universe of need" for the intervention
- Exposure ratio: the proportion of the target population that reports exposure to the BCC intervention measured through PSI research studies (e.g. a TRaC study or exit interviews)
- Probability of negative health outcome: For HIV, probability of infection is based on 1) the number of sexual partners during a given period of time; 2) the likelihood of having an HIV-positive partner; 3) the likelihood of transmission per partner, which is a function of the number of sexual acts and condom use while having sex with that partner.
- The level of behavior change demonstrated by the data collected is also factored in: as the health behavior of interest increases, the probability of negative health outcome decreases.

New infections averted * (YLL per infection + YLD per infection) = DALYs averted through BCC

- Select the right target populations. Targeting people whose behavior puts them at greater risk will result in communications that lead to more sizeable changes in behavior. For example, the health impact of behavior change is higher among commercial sex workers who have low rates of condom use than among those who already report high rates of condom use.
- Develop quality marketing plans. The DALY is simply a measure to quantify the health impact of behavior change interventions. To ensure that interventions are high quality, make evidence-based decisions and use the DELTA marketing planning process to target, position and develop appropriate messages.
- Increase the proportion of the risk population that is exposed to the intervention. Reaching more people at greater risk will increase the magnitude of behavior change.