THE LIFE OF HEALTH MESSAGES: ADAPTATION PROCESSES

MICHAEL HECHT & THE DRS TEAM
PENN STATE UNIVERSITY

PRESENTATION TO THE SOCIETY FOR BEHAVIORAL MEDICINE

APRIL 12, 2012

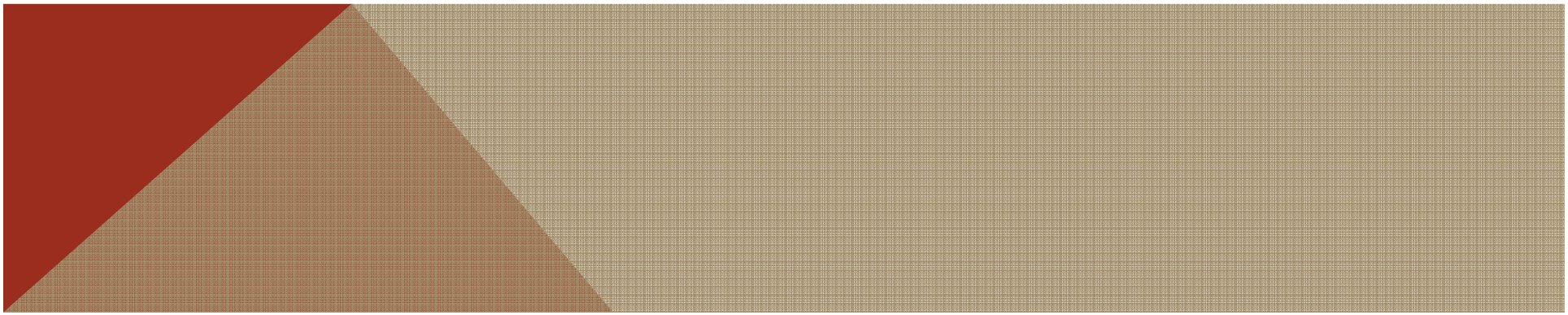
KEEPIN' IT REAL: SCHOOL-BASED, MULTICULTURAL SUBSTANCE USE PREVENTION INTERVENTIONS

- Over 25 years of research about kids experiences with drugs
- Community-based participatory research to develop a school-based substance abuse prevention intervention
- Implement and evaluate a culturally-grounded, narrative substance use prevention programs
  - RCT showed effects on use 14 months after intervention
- Listed as evidence-based program on NREPP
  - Dissemination processes

Funded by the National Institute on Drug Abuse (R01DA005629, R01 DA14825, R01DA021670, P50DA010075), D.A.R.E. America, Nemours Foundation

ADAPTATION PROCESSES

- Adaptation.1: deliberately or accidentally modifying a prevention program by adding or deleting program components, modifying the components, or changing the manner of delivering program components

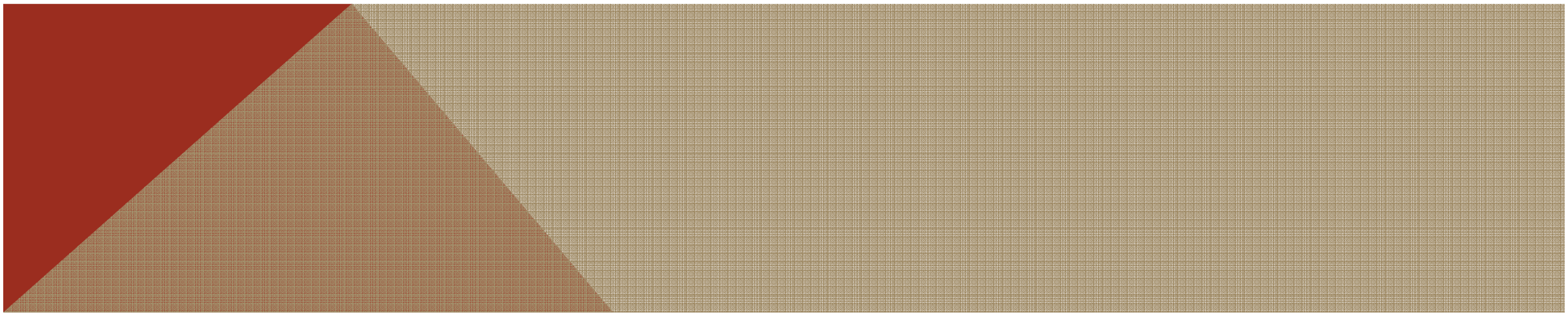


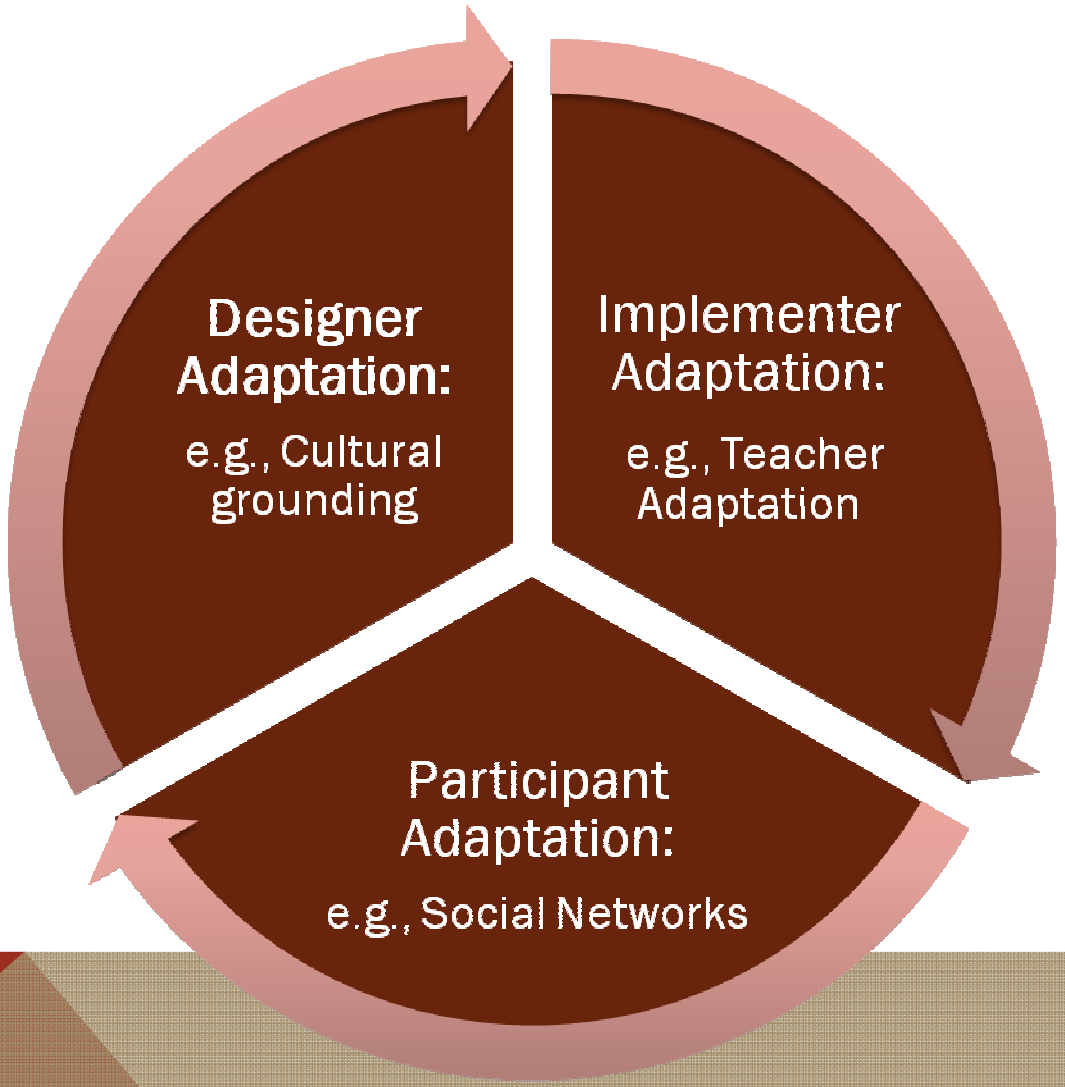
WHAT ACTUALLY HAPPENS?

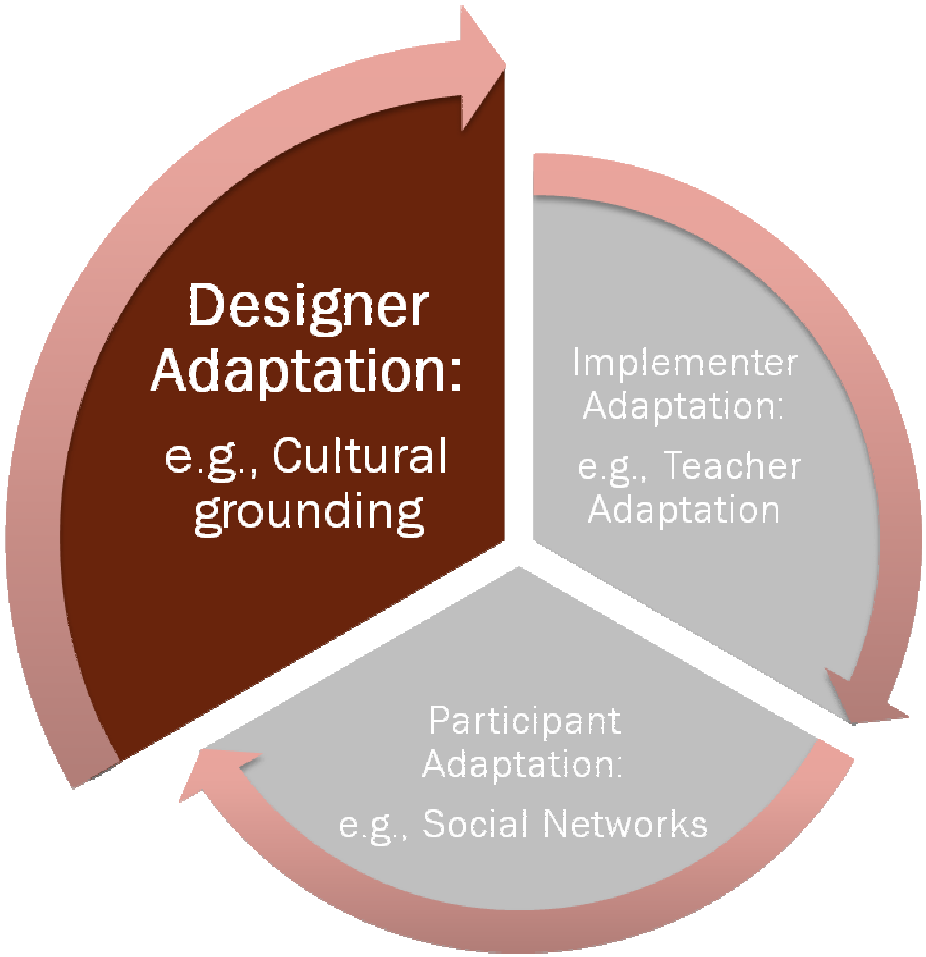
- Research shows implementers modify interventions

- Aligning prevention theory and research with practice
  - Designers *should* "reinvent" for new populations
  - Implementers *will* "adapt" when communicating health messages
  - Participants are *not passive* recipients

- Adaptation.2 – what happens when implementing prevention messages in new settings




Designer Adaptation:
e.g., Cultural grounding
Implementer Adaptation:
e.g., Teacher Adaptation
Participant Adaptation:
e.g., Social Networks


Designer Adaptation:
e.g., Cultural grounding
Implementer Adaptation:
e.g., Teacher Adaptation
Participant Adaptation:
e.g., Social Networks

PRINCIPLE OF CULTURAL (RE)GROUNDING FOR HEALTH MESSAGE DESIGN

- Start with culture and address its complexity
- Strongest influence when people see their group memberships reflected and acknowledged
- Active participation of cultural group members in message construction
  - Narratives

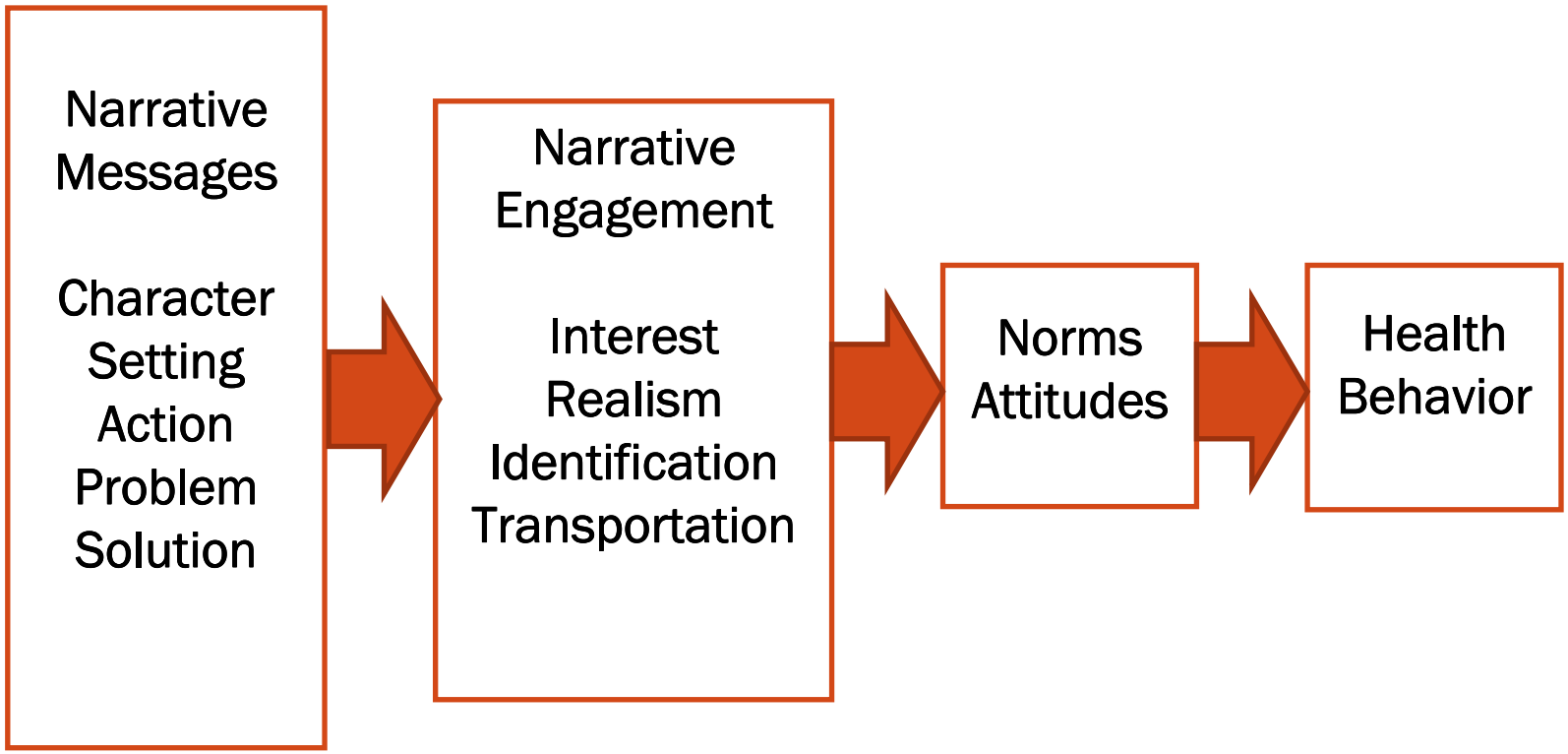
Hecht, M.L., & Krieger, J.K. (2006). The principle of cultural grounding in school-based substance use prevention: The Drug Resistance Strategies Project. *Journal of Language and Social Psychology*, *25*, 301-319.

WHY NARRATIVES?

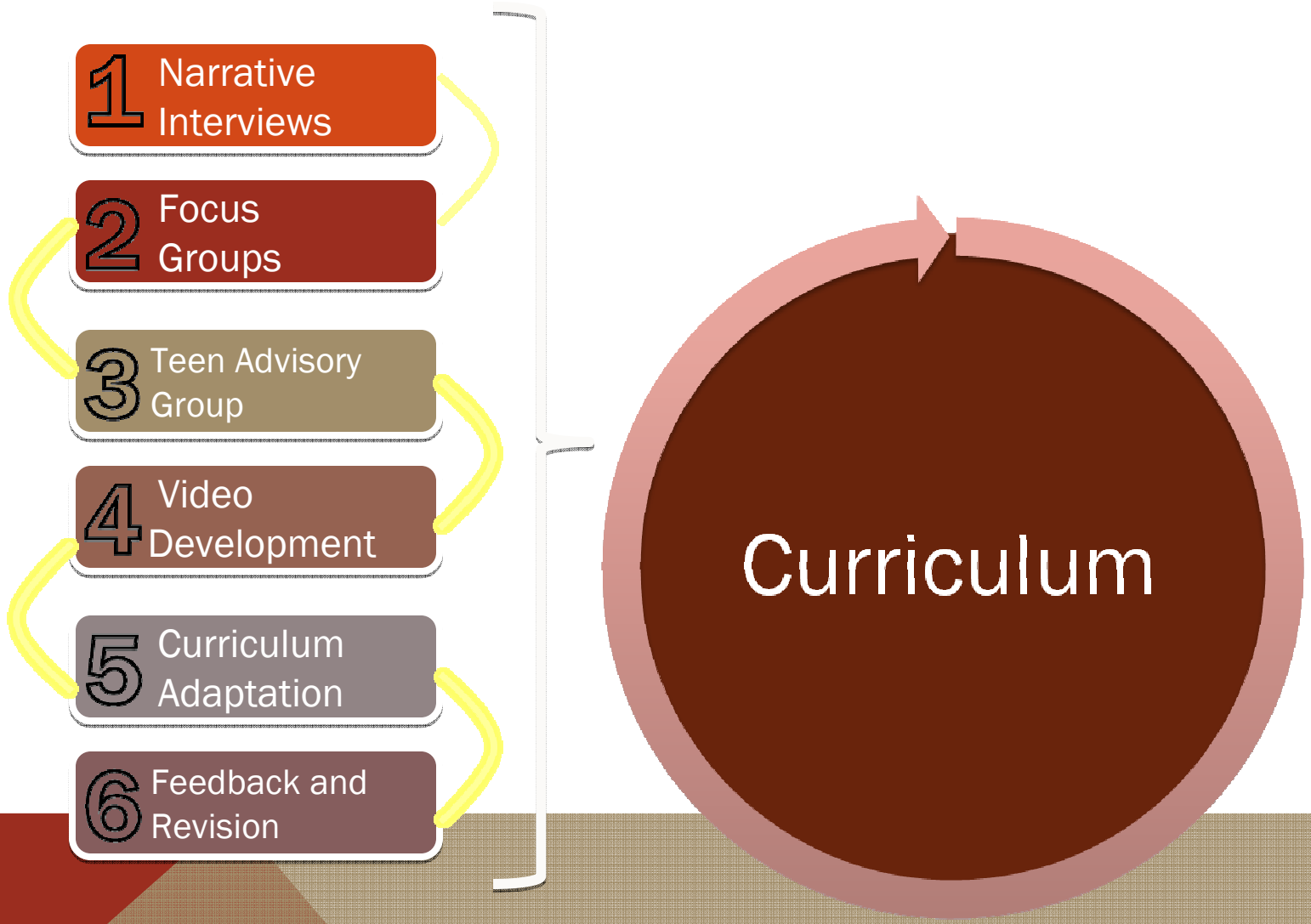
- Overcome resistance
- Engage less involved audiences
- Reach low knowledge audiences
- Render complex information comprehensible
- Culturally ground messages

Hopfer, S. & Clippard, J. (2011). College women's HPV vaccine decision narratives, Qualitative Health Research, 21, 262-277

NARRATIVE ENGAGEMENT THEORY

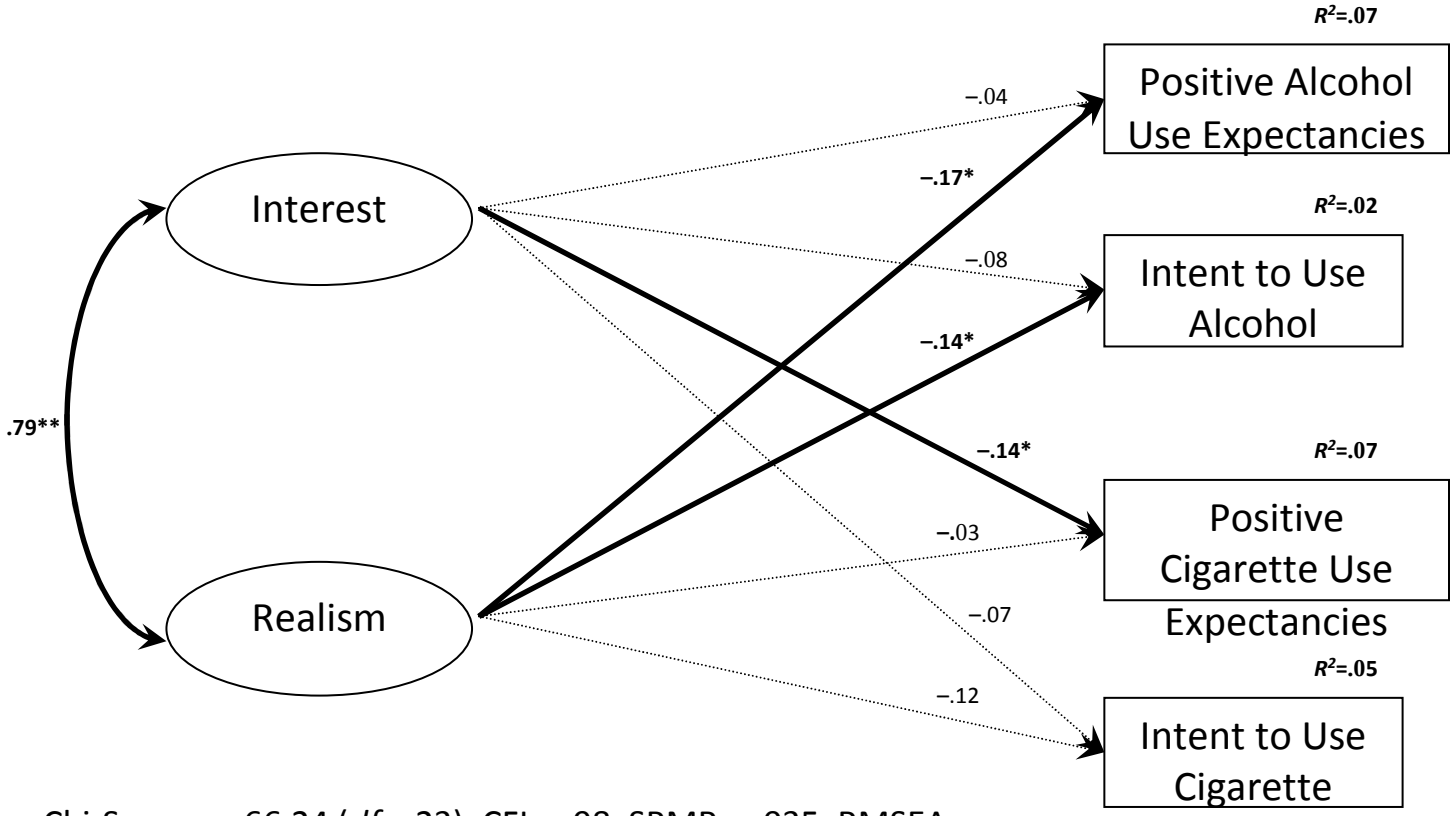


- Miller-Day, M. & Hecht, M.L. (in press). Narrative Means to Preventative Ends: A Narrative Engagement Approach to Adolescent Substance Use Prevention. *Health Communication.*
- Lee, J. K., Hecht, M. L., Miller-Day, M. A., & Elek, E. (2011). Evaluating mediated perception of narrative health messages: The perception of narrative performance scale. *Communication Methods and Measures, 5*, 126-145.



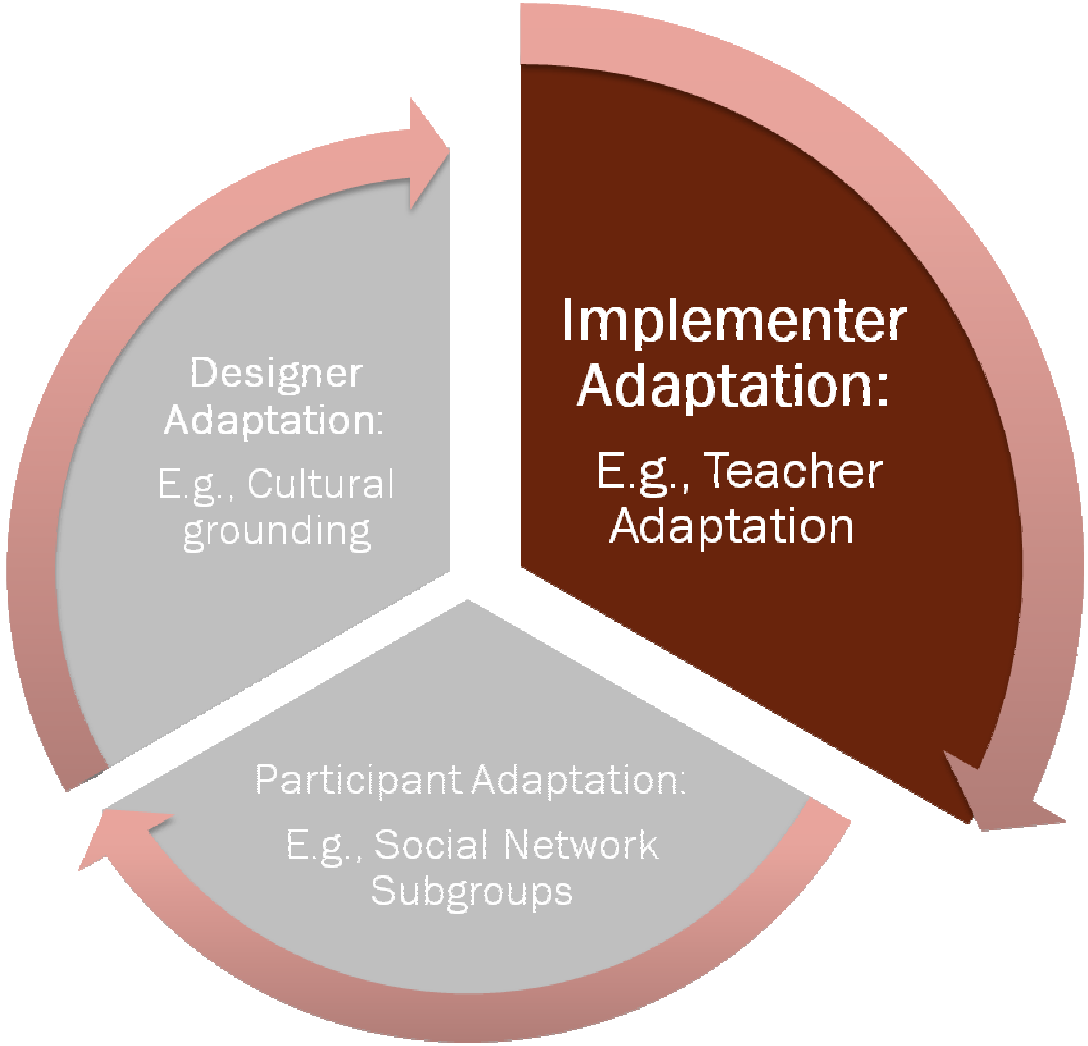
Colby, M., Hecht, M. L., Miller-Day, M., Krieger, J. L., Syvertsen, A. K., Graham, J. W., & Pettigrew, J. (in press). Adapting school-based substance use prevention curriculum through cultural grounding: A review and exemplar of adaptation processes for rural schools. *American Journal of Community Psychology*.

EFFECTS OF NARRATIVE ENGAGEMENT



Chi-Square = 66.24 (*df* = 23), CFI = .98, SRMR = .035, RMSEA = .042

Lee, J. K., Hecht, M. L., Miller-Day, M. A., & Elek, E. (2011). Evaluating mediated perception of narrative health messages: The perception of narrative performance scale. *Communication Methods and Measures,* 5, 126-145.


Designer Adaptation:
E.g., Cultural grounding
Implementer Adaptation:
E.g., Teacher Adaptation
Participant Adaptation:
E.g., Social Network Subgroups

IMPLEMENTER ADAPTATION

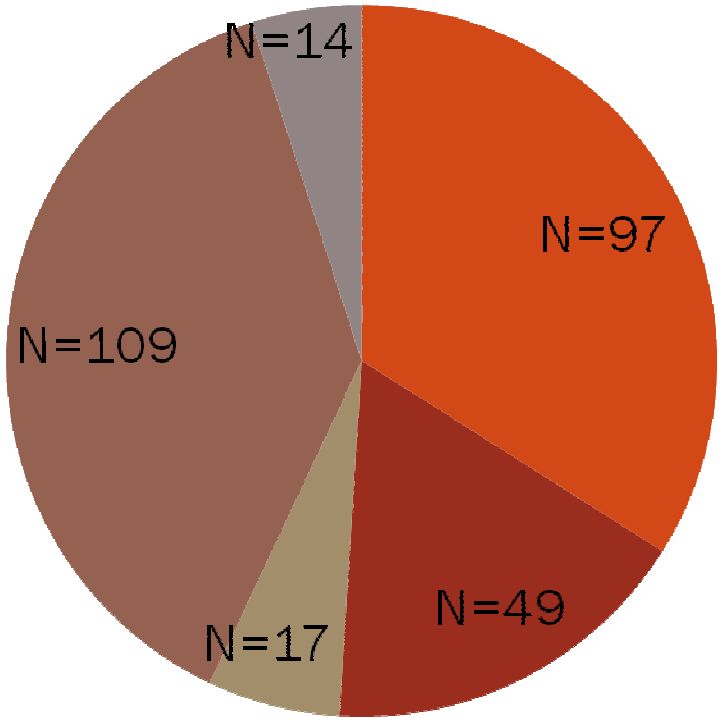
- To their own teaching style

- Why?
  - Based on practical considerations (time, competing events)
  - To more effectively reach students

- Research note – observers note more changes than teachers report.

Miller-Day, Pettigrew, J., Hecht, M. L., M., Shin, Y., Graham, J., & Krieger, J. L. (*in press*). How prevention curricula are taught under real-world conditions: Types of and reasons for teacher curriculum adaptations in 7th grade drug prevention curriculum. *Health Education.*

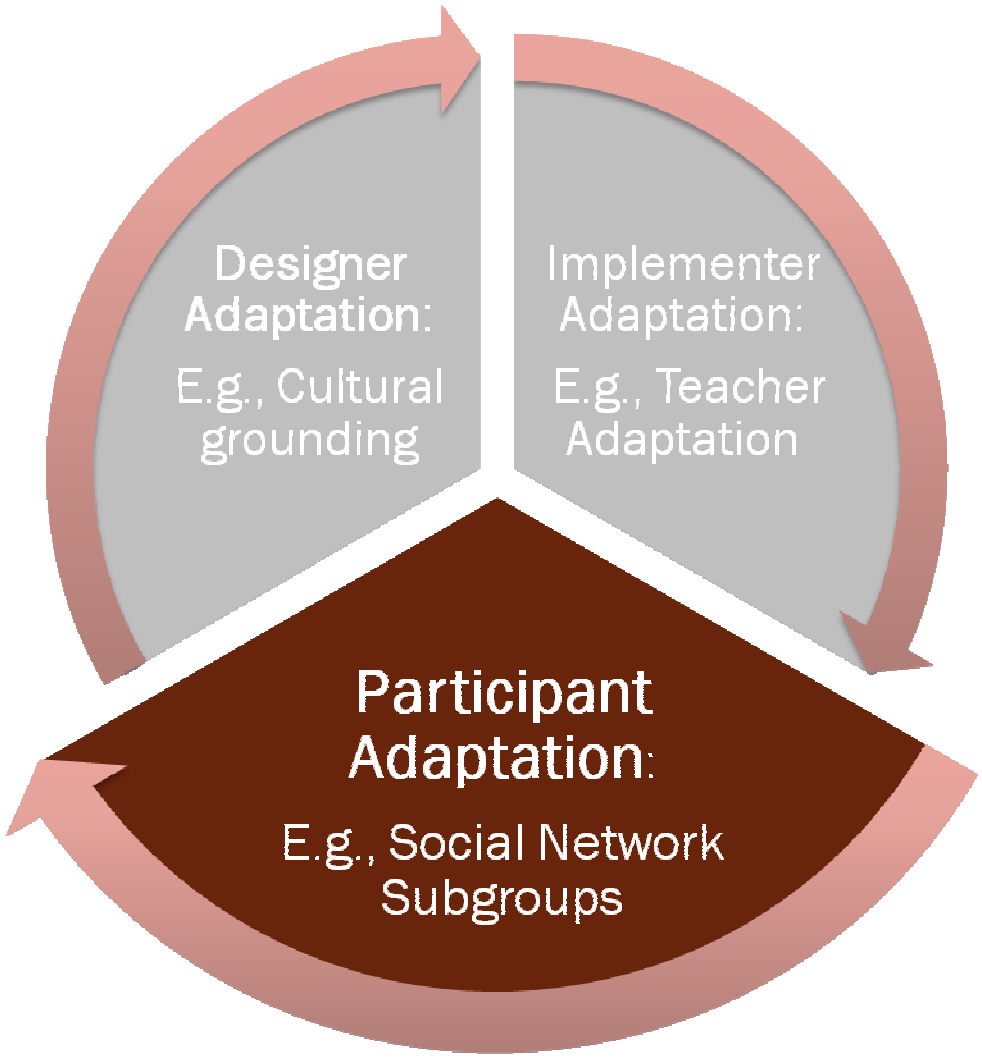
PROFILES OF DELIVERY PRACTICES: LPA



- Holistic (34%)
- Teacher Oriented (17%)
- Participatory Concept Presentation (6%)
- Interactive Concept Presentation (38%)
- Skill Practice Only (5%)

5 Class model Statistics:
Log likelihood = -2054.453
AIC = 4200.907
BIC = 4367.445
Entropy = 0.973

Shin, Y., Miller-Day, M., Pettigrew, J., Hecht, M. L., Kreiger, J., & Graham, J. W. , 2011


Designer Adaptation:
E.g., Cultural grounding
Implementer Adaptation:
E.g., Teacher Adaptation
Participant Adaptation:
E.g., Social Network Subgroups

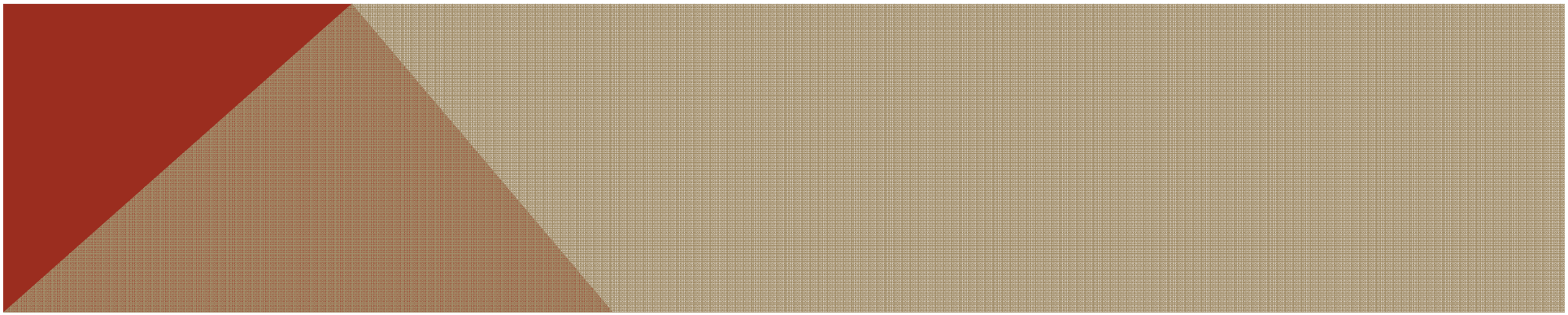
PARTICIPANT ADAPTATION

Interpretive Processes

- Narrative framing
- Social cognition

Social Network Processes

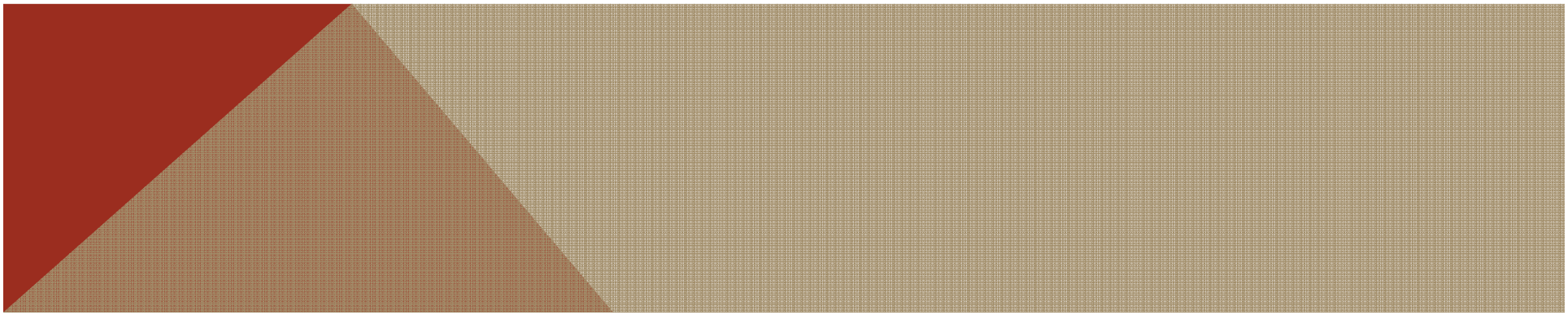
- Talk with peers & parents
- Which networks and networks positions does the intervention reach?



WHO IN THE NETWORK IS MOST LIKELY TO USE DRUGS?

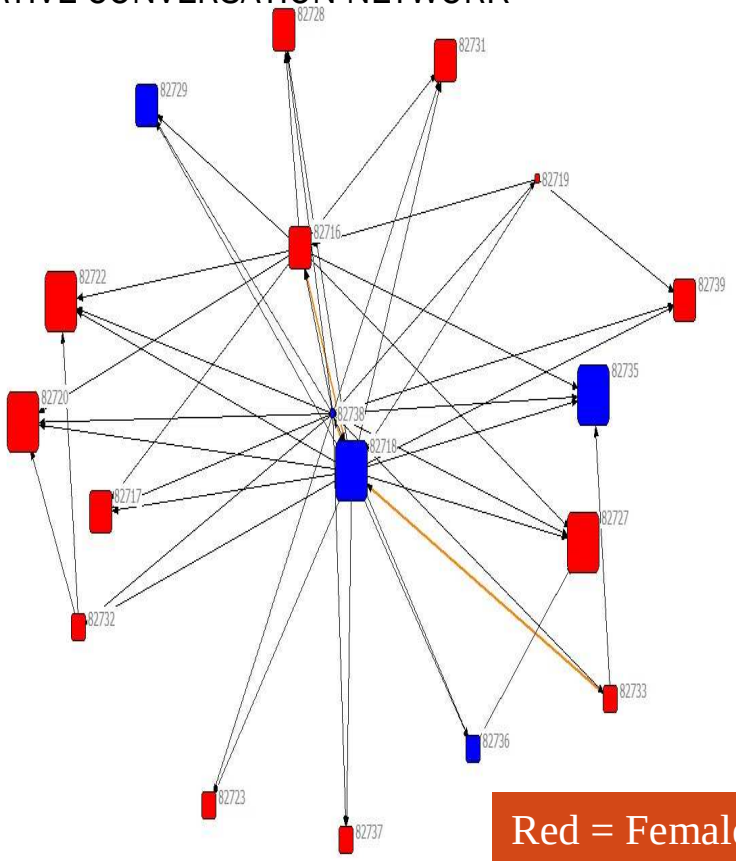
Liasons, members, or isolates?

- Liasons (Choi & Smith, under review)

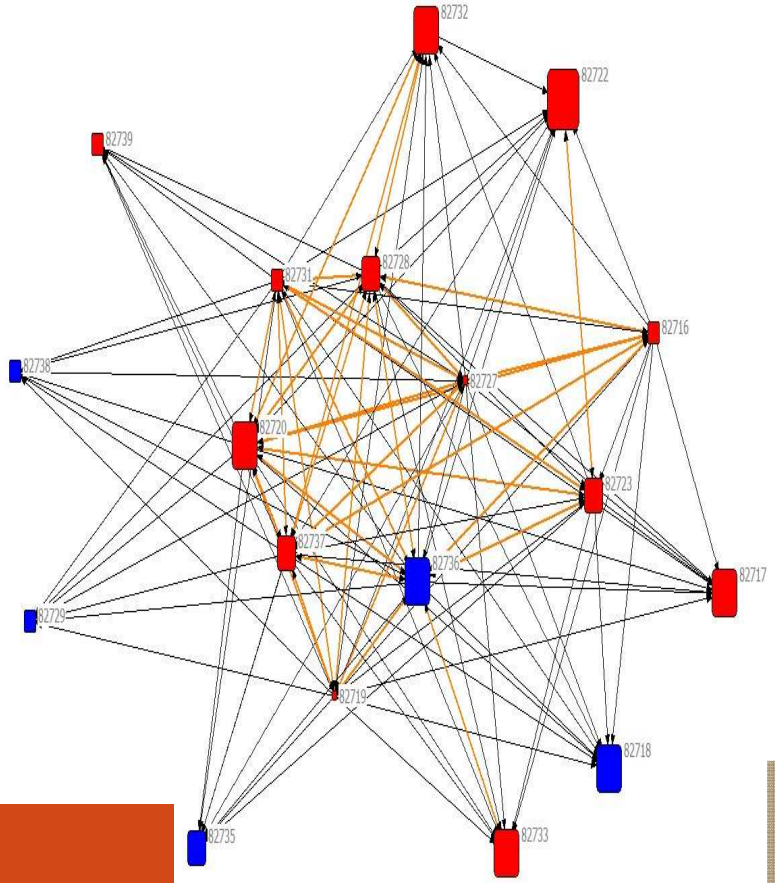


DO THEY TALK ABOUT THE INTERVENTION?

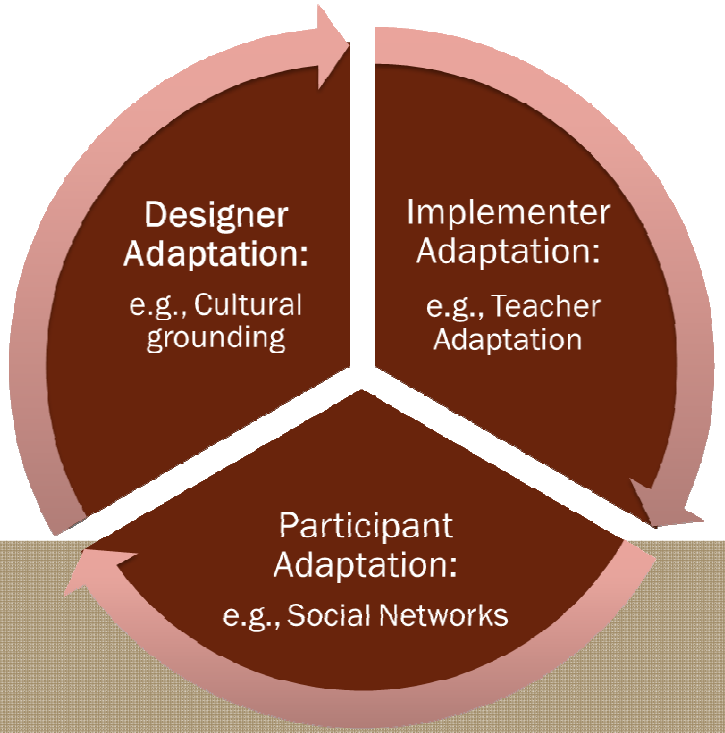
NEGATIVE CONVERSATION NETWORK



POSITIVE CONVERSATION NETWORK



Red = Female
Blue = Male
Orange ties = Reciprocal relationship

Thank you!

Questions?