

# Cultural adaptations in health promotion: what works?

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# Background

- *Why* adapting health promotion interventions to ethnic minority populations?
  - increases reach and impact
- Little is known, however, about
  - the *actual* contribution of adaptations
  - what works *best*



# Aim

- What type of adaptations contributes to the effectiveness of health promotion?
- To discuss lessons learned, based on
  - DH!AAN study (Nicolau et al. HPI 2013)
  - Review paper (Nierkens et al. Plos One 2013)
  - ‘Health promotion in a multi-ethnic population’ (Hartman 2013; dissertation)
  - Smoking cessation service in deprived neighbourhoods (Benson et al. BMC PH 2014)



# - Lesson No. 1-

## Surface *versus* deep structure (1)

### Surface structure

*“matching intervention materials and messages to observable, ‘superficial’ characteristics of the target population”*

*(Resnicow et al., 1999)*

### Deep structure

*“refer to adaptations targeted to factors such as cultural values and health perceptions”*

*(Resnicow et al., 1999)*



# Surface *versus* deep structure (2)

- Review (Nierkens et al. Plos One 2013):
  - 17 studies that evaluated effectiveness of one or more cultural adaptations
  - smoking cessation, diet, physical activity
  - broad range of adaptations: incorporating socio-cultural values of target population; community health workers etc.



# Surface *versus* deep structure (3)

- Review (Nierkens et al. Plos One 2013) (continued):
  - 5 studies: positive (significant) effect on primary outcomes
  - no indication that level of adaptation (surface versus deep structure) influences effectiveness



# - Lesson No. 2 - Effect of adaptation differs by behaviour

- Review (Nierkens et al. Plos One 2013):
  - 4 out of 5 effective adaptations relate to smoking cessation interventions
  - adaptations in smoking cessation more likely to be effective than for diet and physical activity - probably related to fact that latter behaviours are deeply rooted in culture? (less changeable?)



# - Lesson No. 3 -

## Adaptations: not only about culture

- Effective adaptations not necessarily target culture (cf. cultural competencies)
- Examples:
  - Review: increased intensity of intervention seems effective adaptation
  - Smoking cessation service (Benson et al. 2014): smokers were more likely to attend if they enjoyed the service (e.g. group atmosphere)





## - Lesson No. 4-

# Quality basic intervention crucial (1)

- Specific cultural adaptations seem only effective if the 'basic' intervention itself is effective
- Example: DH!AAN study – motivational interviewing technique as applied by dieticians



# Quality basic intervention (2)



*Adapted counseling method (dietician):*

- Performing Motivational Interviewing difficult and requires feedback
    - Used as a ‘trick’ rather than attitude
    - Only 1 dietician had (above) average scores for 8 of 20 items
    - MI not always suitable for this population (more directive style needed?)
  - Working with a protocol difficult (e.g. referral to exercise program, and family meetings)
- MI skills should probably have been a more integrated part of the baseline qualifications of dieticians

# - Lesson No. 5 - Need for targeting (1)

- Developing multiple interventions can be costly
- Important to consider the *need* for targeting
- If different groups share certain characteristics, common denominator approaches – directed at similarities – may be a better alternative



# Need for targeting (2)

- Case study on promoting physical activity among mothers in Amsterdam South-East (Surinamese, Ghanaian, Antillean)
- Needs assessment:
  - similarities in determinants of exercising (losing weight, enjoyment, families' needs above personal preference, etc.)
  - similarities in program execution preferences (near-by, low cost facility, providing childcare, professional guidance etc.)
  - differences in communication channel use and perception (Ghanaian: ethnic specific) (Hartman et al. 2014)



# Need for targeting (3)

- Big Move: 6 months of weekly (water) exercise classes, professional coaches (physiotherapists):
  - adaptations for all groups: dance-group next to water exercise; evening and morning groups; lower costs etc. → Big Move *mama*
  - ethnically specific recruitment channels
- Pilot test: shared high satisfaction among all ethnic groups (Hartman et al. submitted)



# Conclusions (1)

- Knowledge on type of adaptations that work extremely limited
- Available evidence points at importance of
  - high quality ‘basic’ intervention
  - adaptations other than cultural (intensity..)
  - differentiating between health behaviours
  - both surface and deep structure adaptations



# Conclusions (2)

- Common denominator approaches might be good alternative
- Taking these lessons into account, more research is needed to study the contribution of specific cultural adaptations to interventions that are known to be effective

