

Study Aim

Provide an overview of the cultural adaptation of evidence-based programs (EBPs), including:

- Rationale
- Definitions
- Issues involved in cultural adaptations
- Evidence

Rationale

- Limited generalizability of EBPs due to cultural differences in health behavior rates, values, beliefs, attitudes, (exposures to) risk, communication styles, and influential factors
- Low participation rates of some ethnic groups
- Adaptation is an inevitable aspect of the program implementation process and requires a scientific approach

Definitions

What is a cultural adaptation?

- Adapting an existing, EBP to fit the cultural needs and characteristics of a population
- Distinct from community-based programs, community-wide programs, cultural grounding, cultural tailoring, and cultural competence

What is culture?

- Generally conceptualized as a complex system of behaviors, values, social norms, and expectations shared and transmitted by a group of people
- Encompasses more than just racial and ethnic differences
- Includes assumptions on how members of different groups are viewed and how meaning is created
- Kreuter et al. (2003) propose “identifying a given population in terms of epidemiological-based need and/or demographic and geographic characteristics... as a starting point for a more thoughtful exploration of the group’s cultural characteristics”

ISSUES IN CULTURAL ADAPTATIONS

Dimensions/Levels of adaptation

Surface structure changes – characteristics related to the acceptability or feasibility of a program

Deep structure changes – sociocultural, psychological, historical factors that influence health behaviors

- Translating materials or adjusting Spanish translation to reflect language patterns of a specific region
- Inclusion of cultural symbols
- Cognitive-info processing; developmental needs

- Guiding parents to accept new ways of parenting
- Affective-motivational needs
- Local ecology

Forms of adaptation

Program content

Delivery method

- Integrating new components
- Adding modules

- Classroom, media, interactive, group

Balance between adaptation and fidelity

- What are the “active components” of the program that should not be adapted?

Cultural match at all levels of the prevention system

Prevention support system

Prevention delivery system

- Culturally competent technical assistance, research-community partnerships

- Can the mission of the implementing community agency be integrated into the prevention program?
- Do missions/goals of the implementing community agency match those of the school site where the program will be implemented ?

Evidence

Cultural adaptations of **Strengthening Families Program** dramatically increased participant recruitment and participation, but did not produce better outcomes than the original program:

than the original program:

- ↑ retention of rural, African American mothers from 61 to 92%; however, outcomes same as for generic
- ↑ completion rates of urban, African Americans from 45 to 85%; outcomes slightly worse than generic
- ↑ completion rates of Hispanic families from 65-98%; outcomes slightly worse than generic
- Positive results for some risk & protective factors for American Indian (Ojibway tribe) version but no decrease in adolescent substance use

A culturally adapted version of the **Life Skills Program** was found to be as effective as the original version among a minority adolescent sample and also decreased intentions to drink hard alcohol, but not illicit drugs.

Discussion

Conclusions:

Most cultural adapted prevention programs target family-based, adolescent substance use prevention. Based on limited research, these adapted programs increase recruitment and retention rates but do not show better outcomes than the original versions. More research is needed.

Critical questions:

- Can we plan for adaptation at the outset of program design e.g., “hybrid model” (Gonzalez Castro et al., 2004)?
- Are the positive effects of cultural adaptations significant enough to warrant the additional resources and effort required?
- What are the critical elements of cultural adaptations associated with positive outcomes?
- Are culturally-specific programs more effective than a general or multicultural program?
- Can prevention science benefit from a more functional contextualist approach compared to a mechanistic one?