

# Getting Social Norms Results by Improving Implementation and Assessment

By H. Wesley Perkins, Hobart and William Smith Colleges

I am grateful for this opportunity to take stock of where we are as a field and where we might be headed. Since I can only address a few issues here, I will leave much to other contributing colleagues and concentrate my remarks on the issue of “getting results.”

People working in areas of risk behavior reduction and health promotion all know that obtaining demonstrated positive effects from their intervention work is critical for evidence-based programming. This is especially important in light of occasional reports of social norms interventions not achieving the desired outcome. As more studies are implemented by a wider range of health and education specialists “trying out” the approach, along with more success, there are also more reports of “failures.”

These reports of an apparent lack of effect do not mean that the theory or approach is flawed. We know without question that exaggerated misperceptions of problem behavior abound and that people do behave in accordance with their perceived norms. If one can reduce erroneously negative perceptions of normative attitudes and behavior, a reduction in problem behavior will follow. So it is essential to understand what might lead to a judgment of “failure.” Why do we sometimes observe no change after a social norms initiative? The reported “failures” provide us lessons about two phases of social norms programs: great effort and sophisticated work must occur at both the *implementation* and *assessment stages* of a social norms project. Neglecting implementation or assessment can lead to a disappointing conclusion.

**Implementation issues.** What types of implementation are more likely to assure success? I can note a few key elements here. 1) Projects should not concentrate exclusively on a single message about one behavior. Simply mass publicizing a single message over and over again may ultimately be received as a jingle or viewed as more of a health message

logo than as actual credible news information about the normative profile of peers. It is much better to give information on a variety of both injunctive (attitudinal) and descriptive (behavioral) norms. 2) The credibility of the data is crucial. Most people will not immediately believe the true norm even when it is presented with the most credible sources because their misperceptions are often quite extreme and entrenched. But if perceived norms are to become more accurate, that change is more likely if the source has some scientific credibility and if it can be locally identified as such. The source of data should be given more attention in media messages (larger print space than a footnote), for example, to make the point about where it comes from and how representative it is. 3) The “dosage” of credible messages must remain high over an extended period of time to begin to change minds. 4) We must use multiple strategies to deliver the message about true norms because people learn through different mechanisms. Receiving accurate messages through multiple venues can produce a synergistic effect to break down old perceptions.

**Methodological issues.** A project may have had an excellent implementation and still find no positive result, however. It is actually quite easy for a real success to go undiscovered with an unsophisticated evaluation. Indeed, one of the most problematic aspects of social norms evaluations is the limited or poor methodological and quantitative assessment that is frequently conducted by local evaluators. In several instances I have seen that a careful examination of the data leads to a quite different result than the simple comparison of aggregate results for measures at time 1 and time 2. What looks like no effect on the surface

may be hiding a significant impact. As the expression goes, “the devil is in the details.” That is, a poor analysis can erroneously mislead project personnel to conclude that they are not making progress when in fact important strides have been made. Just as any presumed positive effect might disappear when more sophisticated assessments are employed, hasty conclusions of no effect can be overturned with better analyses. Often the positive effects of norms interventions get lost when evaluators do only simple pre/post time comparisons or introduce only rudimentary statistical controls.

Here are some important methodological issues to consider: 1) When evaluating a student population there is always a concern about what is happening over time at surrounding schools. No change may represent a positive effect in the face of worsening conditions in comparable populations. 2) One may need to assess and control for differing student baseline characteristics of normative behavior in the population that “comes in the door” each year for a school population. 3) It is often important to control for several demographic characteristics that may shift within samples over

time. 4) Varying rates of exposure to the program intervention in various subpopulations will play a role. If significant exposure was achieved in only a limited portion of a population, then overall change in the larger population is not likely to achieve statistical significance. Thus measures of exposure and analyses that incorporate these intervening variables must often be considered. 5) Similarly, turnover factors in a student body are a crucial consideration. A new cohort each year represents at least one-quarter turnover in most high school and college populations. If a point-in-time

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survey is conducted each year early in the fall term, then at least one quarter of students may not have experienced sufficient exposure at the time 2 assessment. Indeed, they will look much like the time 1 group. Furthermore, many other students go in and out of the population through attrition and re-entry making an aggregate pre/post analysis of all students inherently weak if perhaps as many as one-third are new or reentering the school in any year. 6) There are additional methodological issues involving the choice of dependent variables in the assessment. The use of the right cut points for creating dichotomized measures based on the actual local norms and messages delivered can make a big difference in results.

In the next few years, two trajectories for the social norms model will compete. On the one hand, we are likely to see an increasing number of simplistic implementations and superficial assessments as prevention initiatives simply “add on” minimal social norms interventions or only dabble with evaluation. On the other hand, programs that invest time and resources in developing sophisticated implementations and use better evaluation techniques, and thereby demonstrate greater success, will help the field immeasurably just as they are helping themselves.

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**DeJong**

within the previous two weeks, and for women as having four or more drinks. This definition does not take into account a person’s weight or the duration of the drinking episode, nor does it conform to people’s everyday understanding of the term, which signifies extreme, out-of-control drinking.

For 10 years, news stories reporting on Wechsler’s survey work have proclaimed that nearly half of college students are “binge drinkers.” According to Wechsler’s detractors, his liberal definition of “binge drinking” contributes to an exaggerated view of student drinking norms, which might serve to perpetuate the problem as impressionable first-year students arrive on campus.

Consider now that Wechsler’s reputation—and his claim on national press attention—is based on this work. No wonder he’s upset by the criticism.

How will this controversy be resolved? Ultimately, the answer is better science.

It is worth noting that after reviewing the research evidence on “binge drinking,” the NIAAA National Advisory Council recently approved the following statement: “A ‘binge’ is a pattern of drinking that brings blood alcohol concentration (BAC) to 0.08 gram percent or above. For the typical adult, this pattern corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), *in about 2 hours*” (emphasis added). In short, the NIAAA, paying attention to the science, rejected Wechsler’s definition of “binge drinking” and developed a more restrictive

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definition. Rationality prevailed.

As for social norms campaigns, several rigorous studies funded by NIAAA are underway, and investigators will soon be reporting those findings. Prevention experts should maintain their faith in the scientific process, resolving to learn when this approach works and when it does not. In the end, it will be scientific investigation—not the loudest voice—that carries the day.

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Social norms theory and research has a long way to go—but there is good science behind this strategy—and good reason to make the journey.

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