



BEHAVIOR CHANGE RESEARCH AT RESCUE

Peer Science is Rescue's in-house research approach for understanding how peer norms influence health behaviors to develop more effective and equitable youth prevention programs. Peer Science focuses specifically on cultural norms and how a person's social identity can encourage or discourage behavior, providing critical insights for interventions that help those most in need.

WHAT ARE PEER CROWDS?

Peer crowds are the macro-level connections between peer groups with similar values, interests, mindsets, styles of dress, media consumption, and influencers. While a young person has a local peer group with whom they socialize, that person and their peer group belong to a larger "peer crowd" that shares significant cultural similarities across geographic areas.

For example, among U.S. teens, we've found that the following five peer crowds are present in nearly all communities. While the sizes of these peer crowds vary from place to place, what defines them is consistent across the country. We have also identified similar patterns of crowds among young adults across the U.S., and internationally as well.











Peer-reviewed research reveals that some teen and young adult peer crowds are significantly more likely than others to engage in risk behaviors such as smoking, vaping, and substance use.²⁻⁶ Additionally, some crowds more commonly report experiences that influence mental and physical health such as bullying and adverse childhood experiences (ACEs).^{2,7} Interventions can strategically use peer crowd information to design highly targeted campaigns that increase impact for the highest-risk teens.

PEER CROWDS AND EQUITY

Peer crowds represent a powerful tool to increase equity in health communication outcomes. Many public health campaigns attempt to reach all people equally with a single campaign. Because lower-risk populations are typically easier to reach and easier to convince, this strategy can actually widen disparities by delivering higher doses of campaign messages to lower-risk populations. At Rescue, we utilize peer crowds to identify the highest-risk youth and create campaign strategies and messages tailored specifically to their norms, values, and needs, which we then deliver via media channels and tactics selected to maximize messaging dosage for the target crowd. This approach ensures campaign funds are focused on the populations in greatest need, increasing health equity.



PEER CROWD DISCOVERY STUDIES

Peer Science gives organizations the opportunity to discover and understand peer crowds and associated risk behaviors in their local communities. This unique approach to formative research provides more valuable and actionable insights than conventional focus groups alone.

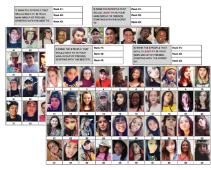
Peer Crowd Discovery is typically conducted through focus groups of 4-10 participants. During these focus groups, Rescue researchers lead individual and group activities collecting qualitative and quantitative data to understand the following:

- What are the peer crowds that people identify locally?
- Which peer crowds are most likely to engage in the risk behavior?
- What are the motivations and barriers for engaging in the risk behavior and/or the healthier behavior for each peer crowd?
- What are the mindsets and norms of the higher-risk peer crowds that can be used to promote behavior change?

Peer Crowd Discovery studies range in price based on the number of focus groups and geographic scope. Contact Rescue for more information or for a customized proposal.

I-BASE SURVEY® STUDIES

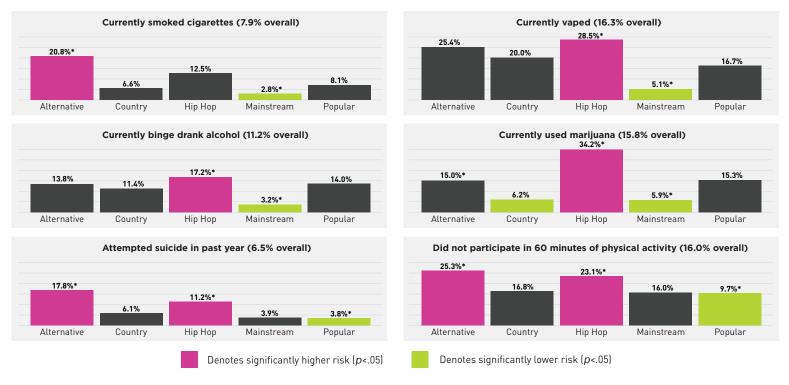
The **I-Base Survey**® is Rescue's proprietary photo-based survey which has been used in over 25 U.S. states and 4 countries to measure peer crowd identification quantitatively. The I-Base Survey consists of two pages with photos of people representing each peer crowd, selected based on Peer Crowd Discovery insights. Survey participants select the photos that best and least fit with their group of friends, and photo selections are used to calculate a participant's level of identification with each peer crowd. When combined with behavior questions, the I-Base Survey illuminates which peer crowds are more or less likely to engage in the risk behavior, allowing organizations to target campaigns more effectively.² Recently, our scientists have developed and validated a complementary survey tool that directly taps into the mindsets and values of peer crowds, providing additional insights to guide messaging for targeted campaigns.



Sample I-Base Survey®

I-BASE SURVEY IN ACTION: VIRGINIA FOUNDATION FOR HEALTHY YOUTH

The Virginia Foundation for Healthy Youth (VFHY) has used the l-Base Survey to understand peer crowd tobacco use across Virginia for more than a decade. In 2015, VFHY partnered with the Virginia Department of Health to advance their understanding of peer crowds by adding the I-Base Survey to the state's Youth Risk Behavior Survey (results below). This ongoing partnership provides invaluable data on teen peer crowd behavior to inform the development of effective and equitable campaigns. South Carolina and North Carolina also began collecting peer crowd data as part of their representative Youth Tobacco Surveys.



Study included 5,043 students from 83 high schools across Virginia. School response rate was 100%, and student response rate was 84%.

Peer Science is just one approach Rescue's Research team can apply to intervention development, alongside other services including message and concept testing, segmentation studies, and evaluation services. Our research expertise is coupled with advanced technology solutions including survey design and development, on-site digital survey capture, remote and asynchronous focus groups/interviews, and social media recruitment.

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- 7. Stalgaitis CA, Wagner DE, Djakaria M, Jordan JW. Understanding adversity and peer crowds to prevent youth health risks. Am J Health Behav. 2019;43(4):767-780.
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- 9. Stalgaitis CA, Jordan JW, Djakaria M, Saggese DJ. Social Branding framework to address smoking among Alternative peer crowd teens. J Soc Mark. 2021;11(3):189-203.

