



**QUEEN'S
UNIVERSITY
BELFAST**

"Hidden" Social Networks in Behavior Change Interventions

Hunter, R. F., McAneney, H., Davis, M., Tully, M. A., Valente, T. W., & Kee, F. (2015). "Hidden" Social Networks in Behavior Change Interventions. *American Journal of Public Health, 105*(3), 513-516.
<https://doi.org/10.2105/AJPH.2014.302399>

Published in:
American Journal of Public Health

Document Version:
Peer reviewed version

Queen's University Belfast - Research Portal:
[Link to publication record in Queen's University Belfast Research Portal](#)

Publisher rights
Copyright © 2015 by the American Public Health Association.

General rights
Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

Open Access
This research has been made openly available by Queen's academics and its Open Research team. We would love to hear how access to this research benefits you. – Share your feedback with us: <http://go.qub.ac.uk/oa-feedback>

“Hidden” social networks in behavior change interventions

Abstract

Many behavior change interventions do not account for the interaction among participants (i.e. social networks) and how such interactions may affect intervention outcome. We investigated if such networks were evident in a physical activity behavior change intervention. Results showed evidence of unobserved social networks in the intervention and illustrated how the network evolved over short time periods and impacted on behavior. These so-called “hidden” (or unobserved) social networks have typically been overlooked, unobserved and subsequently under-utilized in behavior change interventions.

Introduction

Complex behavior change interventions have unintentional and unobserved consequences and effects which must be captured to help us fully understand mechanisms of behavior change.¹ For example, many interventions do not account for the interaction among participants (i.e. social networks) and how such interactions may affect intervention outcome.²

Berkman³ illustrates how social networks impact health through social interactions at the micro level impacting behavior at the meso and macro levels, and previous research has helped us understand the impact of social networks on a range of health behaviors.⁴⁻¹³

We argue that so-called “hidden” (or unobserved) social networks are inherent in behavior change interventions, particularly in cluster trials, and hypothesize that such networks are impacting on the outcome of behavior change interventions. The objectives of this study were:

1. To investigate if social networks are evident in a physical activity behavior change intervention;
2. If evident, to investigate the characteristics and evolution of the network structure over time.

Methods

Objective social network and physical activity data were collected concurrently over a 12-week period, from a quasi-experimental trial of a financial incentive intervention.¹⁴ Sensors (Near Field Communication readers) were placed along footpaths and gym in the workplace environment. Employees scanned a card (containing a Radio Frequency Identification (RFID) tag) at sensors when undertaking physical activity, such as walking, which created a timestamp (date, time (in seconds) and location) logging their activity.

The timestamp data facilitated the identification of participant’s social networks. Criteria for inferring participants social networks were based on timestamps: (1) on the same day; (2) at the same sensor (at three or more co-occurrences); (3) within 30 seconds (signifying co-occurrences of physical activity behavior and to enable social interactions of more than two people to be captured) (see S1).^{15, 16} Minutes of physical activity were calculated by aggregating the minutes between the timestamp data at each scanned sensor.

Network density (proportion of ties in the network), degree centrality (number of ties a node has), triadic census (structure involving three people), total number of social ties (number of co-occurrences of card swipes between at least two participants), and Jaccard Index, a measure of network stability (proportion of stable ties to ties that exist at each time point) were calculated to describe the network structure¹⁷ using UCINET 6¹⁸ and Netdraw.¹⁹

Results

Of the 406 participants, 225 engaged in physical activity involving social interactions with at least one other participant (as opposed to those doing physical activity alone or not at all), 5,578 social interactions were inferred over the 12-week intervention with 282 distinct pairings of participants, demonstrating clear evidence of “hidden” social networks within the intervention.

The network graph (Figure 1) illustrates that certain participants formed clear physical activity clusters including cliques of dyadic (19 groups of two people) and triadic structure (nine groups of three people). On average, participants engaged in physical activity with 1.4 (SD 1.8) others (mean degree centrality).

Figure 2 demonstrates the evolution of the social network structure over time. Dyadic and triadic structures are evident at each timepoint illustrating a sustained pattern of participants walking with the same participants. The Jaccard Index showed an increase in stability from 8-11% in week 1-2 to 36-45% in the last 4-weeks of the intervention, suggesting that walking 'buddies', once established, remain stable. Results suggested that those engaged in physical activity with others maintain higher activity levels (i.e. 150 mins/week) throughout the intervention, reflected by the larger node size.

Discussion

Results provide evidence of "hidden" social networks in a complex behavior change intervention and illustrated how the network evolves over short time periods and impact on behavior. Findings demonstrate that those who exercised in pairs or a group maintained higher levels of physical activity than those who did not. Therefore, harnessing and utilizing such networks could help promote and maintain behavior change. This may involve changing the structure or functioning of existing networks, or purposeful development of new social networks. Further, analyses of interventions that take explicit account of previously unobserved "hidden" social networks might better uncover mediators and pathways of initiation and maintenance of behavior change.

Social networks have been identified as an important modifiable mediator of physical activity behavior change,²⁰ however, we know very little about how to utilize and "exploit" such networks in behavior change interventions networks.²¹ To our knowledge, this is the first study to provide explicit evidence of social networks inherent in behavior change interventions. We argue that these so-called "hidden" social networks have typically been overlooked, unobserved and subsequently under-utilized in behavior change interventions. However, the analyses were limited to the influence of those who were enrolled in the physical activity intervention, and we did not consider attempting to model the broader social networks that exist outside of the workplace.

The collection of such data is relatively straightforward and could (and should) be incorporated into future behavior change interventions for a range of behaviors including physical activity, diet, alcohol and smoking. Further, emerging technologies and social media enables unobserved social interactions in behavior change interventions to (1) be objectively measured; (2) capture social interactions directly related to the health behavior under investigation; (3) be measured longitudinally; and, (4) be monitored, manipulated (if appropriate) and analyzed in real-time, and help us better understand the impact of inherent social networks within behavior change interventions. Whether such networks could be harnessed to support a successful public health intervention would depend on a range of practical and theoretical issues that have yet to be studied.²²⁻²⁴ For example, what psychosocial and behaviour change theories might plausibly underpin the intervention design, how can social networks be optimally designed to generate, accelerate and maintain behaviour change.

About the Authors:

Ruth F. Hunter, Ph.D, UKCRC Centre of Excellence for Public Health (NI)/Centre for Public Health, Queen's University Belfast, Institute of Clinical Sciences B, Royal Victoria Hospital, Grosvenor Road, Belfast, BT12 6BJ, Northern Ireland, UK,

Helen McAneney, Ph.D, UKCRC Centre of Excellence for Public Health (NI)/ Institute of Child Care Research, School of Sociology, Social Policy and Social Work/MRC All-Ireland Hub for Trials Methodology Research, Queen's University Belfast, Northern Ireland, UK,

Michael Davis, Ph.D, Centre for Secure Information Technologies (CSIT), Queen's University Belfast, Northern Ireland Science Park, Queen's Road, Queen's Island, Belfast, BT3 9DT, Northern Ireland, UK,

Mark A. Tully, Ph.D, UKCRC Centre of Excellence for Public Health/Centre for Public Health, Queen's University Belfast, Institute of Clinical Sciences B, Royal Victoria Hospital, Grosvenor Road, Belfast, BT12 6BJ, Northern Ireland, UK,

Thomas W. Valente, Ph.D, Institute for Prevention Research, School of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, California, USA,

Frank Kee, MD, UKCRC Centre of Excellence for Public Health/Centre for Public Health, Queen's University Belfast, Institute of Clinical Sciences B, Royal Victoria Hospital, Grosvenor Road, Belfast, BT12 6BJ, Northern Ireland, UK.

Corresponding Author Contact Information:

Dr Ruth Hunter, Centre for Public Health/UKCRC Centre of Excellence for Public Health (NI), Queen's University Belfast, Room 02.015, Institute of Clinical Science B, Royal Victoria Hospital, Grosvenor Road, Belfast, Northern Ireland, United Kingdom, BT12 6BJ; E-mail: ruth.hunter@qub.ac.uk; Tel: +44 (0) 28 90632947

Acceptance Date: 10th October 2014

Contributor Statement:

RH conceived the idea for the study. RH, MD, FK contributed to the study design. RH collected the data. RH, MD, HMCA and TV analysed and interpreted the data. RH drafted the manuscript. All authors read and approved the final manuscript.

Acknowledgments:

This research was supported by funding from the National Prevention Research Initiative (NPRI) (grant number G0802045) and their funding partners are (in alphabetical order): Alzheimer's Research Trust; Alzheimer's Society; Biotechnology and Biological Sciences Research Council; British Heart Foundation; Cancer Research UK; Chief Scientist Office, Scottish Government Health Directorate; Department of Health; Diabetes UK; Economic and Social Research Council; Engineering and Physical Sciences Research Council; Health and Social Care Research and Development Division of the Public Health Agency (HSC R&D

Division); Medical Research Council; The Stroke Association; Welsh Assembly Government and World Cancer Research Fund. We also wish to acknowledge funding from Department for Employment and Learning, Northern Ireland (grant number M6003CPH) and the UKCRC Centre of Excellence for Public Health Northern Ireland. HMcA is funded by a MRC Methodology Research Fellowship. In addition, the authors thank Intelligent Health Ltd. for their contribution to the technology used in the Physical Activity Loyalty Card Scheme.

Human Participant Protection:

The study was approved by the Research Ethics Committee of the School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast, Northern Ireland. All participants provided informed consent prior to participation.

References

1. Grant A, Treweek S, Dreischulte T, Foy R, Guthrie B. Process evaluations for cluster-randomized trials of complex interventions: a proposed framework for design and reporting. *Trials* 2013; 14: 15.
2. Gesell SB, Barkin SL, Valente TW. Social network diagnostics: a tool for monitoring group interventions. *Implement Sci.* 2013; 8: 116.
3. Berkman LF, Glass T. Social integration, social networks, social support, and health. In: Berkman LF and Kawachi I, ed. *Social Epidemiology*. New York, NY: Oxford University Press; 2000: 143.
4. Macdonald-Wallis K, Jago R, Sterne JAC. Social network analysis of childhood and youth physical activity. A systematic review. *Am J Prev Med.* 2012; 43: 636-642.
5. Maturo CC, Cunningham SA. Influence of friends on children's physical activity: A review. *Am J Public Health* 2013; 103: e23-e38.
6. Sawka KJ, McCormack GR, Nettel-Aguirre A, Hawe P, Doyle-Baker PK. Friendship networks and physical activity and sedentary behavior among youth: A systematized review. *Int J Behav Nutr Phys Act.* 2013; 10: 130.
7. Suzuki E, Takao S, Subramanian SV, Doi H, Kawachi I. Work-based social networks and health status among Japanese employees. *J Epidemiol Community Health* 2009; 63 : 692-696.
8. Tamers SL, Beresford SAA, Cheadle AD, Zheng Y, Bishop SK, Thompson B. The association between worksite social support, diet, physical activity and body mass index. *Prev Med.* 2011; 53: 53-56.
9. Buller DB, Morrill C, Taren D, et al. Randomized trial testing the effect of peer education at increasing fruit and vegetable intake. *J Natl Cancer Inst.* 1999; 91: 1491-1500.

10. Valente TW, Hoffman BR, Ritt-Olson A, Lichtman K, Johnson CA. Effects of a social-network method for group assignment strategies on peer-led tobacco prevention programs in schools. *Am J Public Health* 2003; 93: 1837-1843.
11. Valente TW, Fosados R. Diffusion of innovations and network segmentation: The part played by people in promoting health. *J Sex Transm Dis.* 2006; 33: S23-S31.
12. Valente TW, Pumpuang P. Identifying opinion leaders to promote behavior change. *Health Educ Behav.* 2007; 34: 881-896.
13. Christakis NA, Fowler JH. The spread of obesity in a large social network over 32 years. *N Engl J Med.* 2007; 357: 370-379.
14. Hunter RF, Tully MA, Davis M, Stevenson M, Kee F. Physical activity loyalty cards for behavior change: a quasi-experimental study. *Am J Prev Med.* 2013; 45: 56-63.
15. Lauw HW, Lim EP, Tan TT, Pang H. Social network discovery by mining spatio-temporal events. *Comput Math Organ Theory* 2005; 11: 97-118.
16. Preciado P, Snijders TAB, Burk WJ, Stattin H, Kerr M. Does proximity matter? Distance dependence of adolescent friendship. *Soc Networks* 2012; 34: 18-31.
17. Hanneman RA, Riddle M. *Introduction to social network methods*. Riverside, CA: University of California; 2005.
18. Borgatti SP, Evereey MG, Freeman LC. *UCINet 6 for windows: software for social network analysis*. Harvard: Analytic Technologies; 2002.
19. Borgatti SP. *NetDraw: Graph visualization software*. Harvard: Analytic Technologies; 2002.
20. Bauman AE, Reis RS, Sallis JF, et al. Correlates of physical activity: why are some people physically active and others not? *Lancet* 2012; 380: 258-271.
21. Valente TW. Network interventions. *Science* 2012; 337: 49-53.
22. Shapiro RB, Ossorio PN. Regulation of online social network studies. *Science* 2013; 339: 144-145.
23. Li DC. Online social networking acceptance: a social perspective. *Internet Research* 2011; 21: 562-580.
24. Hugl U. Reviewing person's value of privacy of online social networking. *Internet Research* 2011; 21: 384-407.

Figure Titles

Figure 1: Network graph showing the derived social networks aggregated over the 12-week intervention period and their relation to achieved level of within trial physical activity.

Figure 2: Snapshots of network graphs illustrating the evolving dynamic nature of social networks occurring at week 1, 6 and 12 of the intervention and relation to achieved level of within trial physical activity.

Supplementary Material:

Figure S1: Demonstration of collection of “hidden” social networks data.