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Title

'Making it work: how community groups create space for behaviour change'

Priority 1 (Research Category)

Health Care Disparities

Presenters

Marianne McCallum, BMed, MBChB, MSc, MRCGP, Frances Mair, MD, FRCGP, Sara Macdonald, PhD

Abstract

Context: Most behaviour change interventions targeting individuals rarely take account of context, or community capacity, and are preferentially taken up by more affluent populations. Burden of Treatment Theory proposes that where self-management work outweighs capacity then poorer outcomes result. This is particularly true in the context of multimorbidity in areas of high socioeconomic deprivation (SED). Individual factors that influence capacity to manage multimorbidity (e.g. health literacy) cluster disproportionately in these areas. Objective: To explore how community assets, wider health beliefs and knowledge, and collective community experience influence people's capacity to consider, and engage in, behaviour change Study Design and Analysis: Ethnography with field notes analysed thematically. Setting and Population: 70 hours participant observation in four community-based groups (cycle group/male support group/family support group/community garden) based in a Scottish community experiencing high levels of multimorbidity and SED Instrument N/A Outcome Measures N/A Results: Two key themes identified:1. "Influence of Context" – hidden health care barriers (eg. experience of judgement when attending appointments); community experience of every "system" working against them and shared stigma related to their local community produced distrust, and influenced how people approached all systems, including health care. 2. "Safe and authentic communities" were essential when people experienced improved wellbeing/behaviour change in these groups. Authentic community – refers to the importance of groups being "rooted" in the community; and perceived as relatable, local, or meaningful. Safe community - promoted trust, allowed challenge, and reduced stigma. Time and commitment were needed to create these spaces that enabled change. Conclusions Our findings highlight the need to acknowledge the impact of wider social stigma on people's willingness to engage with healthcare. In this work creating authentic and safe community space were pre-requisites for engagement with these groups, a potential explanation for why many current health interventions are not taken up in these communities. Future multimorbidity interventions/services that target such populations/communities should seek to involve patients, find ways to make them authentic; empower, train and utilise peers wherever possible; and understand the importance of safe space as a pre-requisite to engagement.