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Title

How do the public, professionals, and policy makers view unhealthy behaviours in the context of socioeconomic deprivation?

Priority 1 (Research Category)

Qualitative research

Presenters

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Abstract

Context: Our recent systematic review suggests there are interactions between unhealthy behaviours (e.g., smoking, high alcohol intake, and poor sleep) and socioeconomic deprivation to worsen adverse health outcomes. This supports targeting health behaviour resources to more deprived communities. However, understanding how key primary care stakeholders perceive health behaviours is crucial to addressing unhealthy behaviours in deprived contexts. Objective: Examine perceptions of those who regularly contend with both health behaviours and socioeconomic deprivation in terms of health behaviour risks in deprived contexts. Study design/Analysis: Qualitative study - focus group and interview audio data transcribed, anonymised, and then analysed via reflexive thematic analysis. Setting/Population studied: 2 participant groups from across Scotland: 1) 25 members of the public in 4 focus groups; 2) 18 interviews of professionals - 6 community workers, 1 nurse, 1 pharmacist, 4 family physicians, 3 public health professionals, and 3 policy makers. Results: Most participants used broad definitions of unhealthy behaviours and perceived unhealthy behaviours and wider circumstances as inextricable. Numerous detailed links between socioeconomic conditions and unhealthy behaviours were made, often via lack of choice or reduced agency. Many participants described prevalent nihilism/fatalism in deprived communities. However, clinicians felt a duty to offer hope for healthy living despite arduous circumstances. Community resources (e.g., local champions), were perceived to surmount barriers to healthy living (e.g., stigma) in deprived contexts. Public health professionals saw health behaviours and socioeconomic conditions as synonymous and felt a focus on health behaviours risked overlooking underlying behavioural drivers, exaggerating individual-responsibility, and increasing stigmatisation. Current policies were seen as curtailed by siloed legislation and funding. Conclusions: Socioeconomic barriers to healthy living did not undermine hope held by those supporting healthy living. However, perceptions captured here drastically diminish individual-level responsibility for healthy choices. Key stakeholders see co-designed community level resources as best placed to support those trying to make healthy change in difficult circumstances. Innovative policy and legislation are needed to tackle upstream determinants of numerous unhealthy behaviours simultaneously.