

EXAMINAT

CODE: HIPS/21/32

RESEARCH PROJECT BRIEFING

EDUCAT

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EXPERIMENT

DATA

ELLY (Enjoy Life LocallY):

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Development and testing of a community co-designed initiative to support health and wellbeing in disadvantaged communities.

LINK



The aim of this study was to co-design and test an evidenceinformed, community-based incentive initiative to promote healthy

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weight and wellbeing in disadvantaged communities. In disadvantaged communities, people often face different barriers to achieving good health and wellbeing, such as food insecurity or poor access to support services. Incentive initiatives (e.g. loyalty cards, cash payments) have been seen to work well in supporting people live well. We wanted to test whether they would also work well in disadvantaged communities and if so, what kind of incentive-initiative would work best.



KEY FINDINGS

- The resulting ELLY initiative was shown to be feasible, acceptable and promising for supporting healthy weight and wellbeing in disadvantaged communities.
- The recruitment methods employed in the study (pop-up cafes in locations such as school playgrounds, street corners, outside shops, cafes, attending existing community groups) were successful in exceeding our target recruitment number and was achieved in the planned 3-month recruitment period.
- The community survey was poorly received (2 participants pre-ELLY initiative (Nov 22), 39 post-ELLY initiative (Mar 24)). Feedback from community members and voluntary organisations suggested contributing reasons to be people "hunkering down" for the winter, and a nervousness post-COVID. Pre-ELLY initiative survey was conducted door-to-door and feedback suggested people were nervous about doorstep callers. To mitigate this factor, the post-ELLY survey was conducted online. Lessons learnt for future surveys would be to involve key community stakeholders in decision making around promotion and completion of questionnaires.
- ELLY was most helpful to participants for addressing issues of wellbeing, loneliness and promoting community engagement, rather than weight.
- Facilitators of engagement were community champions, local volunteers, peer support, provision of information of local activities on offer, and goal setting.
- Barriers to engagement included a lack of suitable community activities, lack of cohesion between different ELLY components, and a minority of participating community organisations requiring more support from the research team.





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WHAT DID THE STUDY INVOLVE?

<u>Phase I</u>

- 1. A systematic review of the literature on community-based incentive initiatives to support healthy weight and wellbeing.
- 2. Pop-up community cafes with citizens to co-design their community initiative and promote recruitment to ELLY. Community online/doorstep/face-to-face survey to gather additional views on the needs of the community.
- 3. Co-design of the ELLY initiative.

Phase II

- 1. Delivery of the ELLY initiative over 12 weeks in 2 disadvantaged Scottish communities.
- 2. Mixed-methods data collection at baseline, 12-weeks and 24 weeks post start of the initiative.

<u>Community engagement:</u> Our community partners helped design the study, led on work in the communities, helped with recruitment and took part in community feedback events at the end of the study. The Community Action Research Partnership group, which included community partners and key lay individuals, met monthly for planning, and reviewing project objectives and progress. The study also had 2 lay members on the Steering group which met twice to review study progress and findings.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Phase I:

1. Findings from systematic review:

- Incentive initiatives provided positive rewards and mostly rewarded at an individual level.
- Low cost, adaptable innovations with 'useful' incentives and championed by community leaders were more likely to be implemented.
- Barriers to implementation included: resource constraints; lack of planning/provision for long-term support.
- 2. Findings from community engagement events:
- Wellbeing was a priority outcome for many, where a holistic approach is adopted, rather than focusing on one single outcome (e.g. weight)
- Community members felt an initiative should offer practical and emotional support or praise or reward for performance of a behaviour (e.g. receiving praise or reward for attending a local class)
- Community members felt that more needed to be in place to help with wellbeing (e.g. local classes, walks, or a social space to meet others)
- · Citizens felt having a goal was important to trying to improve wellbeing and healthy weight
- The cost of living crisis plays a big factor in whether people eat well and subsequently feel well, with many feeling eating healthily was just too expensive
- Many people felt isolated and had lost confidence engaging in their communities post Covid-19.
- 3. Co-design of ELLY initiative which comprised of:
- free soup twice weekly (café/delivery/pickup);
- loyalty card stamped for engagement in activities exchanged for £25 shopping card for regular activity attendance over 12-weeks (activities were any local club/activity participating in the ELLY project)
- goal-setting
- information resources





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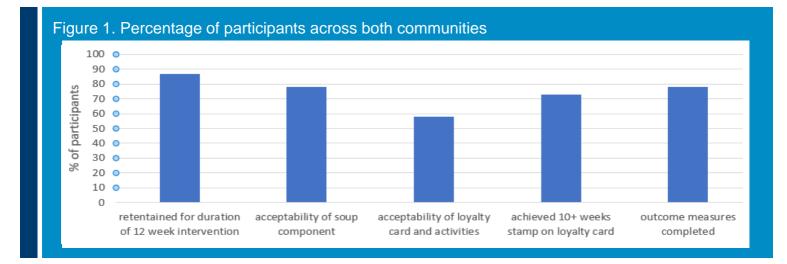
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WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Phase II:

1. Implementation of ELLY: We ran the ELLY initiative in 2 communities over 12 weeks. To test the ELLY initiative, using self-reported questionnaires, we measured its acceptability, how easy it was to recruit to and how easy it was to keep people engaged. We also found out people's thoughts on the different ELLY initiative components (soup café, loyalty card, activities). Using validated and standardised questionnaires, at the start of the initiative (0 weeks) and the end of the initiative (12 weeks) we measured height and weight, and asked about people's quality of life (using EQ-5D-5L questionnaire), wellbeing (using WEMWBS questionnaire) and social-connectedness (using a Social Connectedness questionnaire).

2. Findings: Recruitment of 75 participants across both communities was successfully completed in 3 months. Retention, acceptability, engagement and outcome measures collection were high (see Figure 1).



Outcomes collected showed promise, as all results showed small improvements (decrease in BMI score, increase in quality of life (EQ-5D-5L), increase in wellbeing (WEMWBS) and increase in social connectedness (scale)). Table 1 shows the data reflecting these results: mean average change, the amount of variation in the values reported (standard deviation (SD)) and our confidence that the results reported lie within in the lower and upper range values given (95% CI (confidence interval) means 95 out of 100 times we feel we are correct in our assumption)).

Table 1: outcome measure findings

	Mean	SD	95% CI
Body Mass Index	-0.15	1.26	-0.44, 0.14
EQ-5D-5L index score	0.02	0.20	-0.26, 0.07
WEMWBS	0.80	9.74	-1.44, 3.04
Social connectedness scale	0.80	14.6	-2.56, 4.16

<u>Our results</u> show that ELLY is acceptable, feasible and shows promise for improving healthy weight and wellbeing in disadvantaged communities. This study was a feasibility study, with the ELLY initiative tested in two disadvantaged communities in the Forth Valley region. A full trial is warranted to determine effectiveness and cost-effectiveness, with consideration of scalability and generalisability.



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IMPACT THE FINDINGS COULD HAVE AND RECOMMENDATIONS

Community citizens

 Signposting to community initiatives and collaboration of community organisations is important in helping citizens facing issues such as mental wellbeing, obesity, isolation, and loneliness.

Policy

- Investing in upstream public health incentive initiatives that are feasible and acceptable to communities
 warrants further investigation to explore their potential to, in the longer-term, reduce pressure on existing
 health services.
- A holistic approach to wellbeing, rather than a focus on individual, potentially stigmatising conditions like weight or behaviour is preferred by communities.

Practice

- Incorporating incentives into social prescribing may be a promising approach for highlighting community initiatives to citizens seeking support with health and wellbeing.
- NHS, local council partnerships and voluntary organisations should consider partnership working to ensure the health and wellbeing needs of its citizens are best met.



HOW WILL THE OUTCOMES BE DISSEMINATED?

- Two feedback events were held in May 2024 to share findings with the communities. These provided opportunity for participants, volunteers, and researchers to reflect and share their experiences of being part of ELLY. The events were well attended (86 attendees across both communities) and well received.
- ELLY research has been presented at 3 international conferences, the NHS Forth Valley Food Futures Group, and Falkirk CVS. Three peer-reviewed journal publications are in progress. It is hoped the findings from this feasibility study will inform a protocol for a larger UK-wide evaluation of the ELLY initiative.



CONCLUSION

- Co-designed incentive initiatives in disadvantaged communities show feasibility and promise to improve health and wellbeing.
- Further research to assess the effectiveness and cost-effectiveness is required.

RESEARCH TEAM & CONTACT

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Additional Information: This project ran from July 2022 to July 2024 with a total budget of £299,890.



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