BETTER Life

Acceptability Report: Views of Participating Community Residents and Prevention Practitioners

Summary

Preventable chronic diseases are rising in Canada. Addressing lifestyle factors is a crucial component of primary prevention, as these factors play a significant role in the development of many chronic conditions. The BETTER (Building on Existing Tools to Improve Chronic Disease Prevention and Screening) intervention consists of a personalized prevention-focused visit between participants ages 40-65 years and a "Prevention Practitioner" (PP), who empowers the participant to set achievable prevention goals for chronic diseases. The original BETTER cluster randomized controlled trial (cRCT) demonstrated the effectiveness of a PP in the primary care setting. We then developed and successfully implemented the BETTER HEALTH: Durham study, a community-based cRCT employing a public health-led approach to improve participation in evidence-based target actions among adults aged 40-64 years living with low income, and with public health nurses as PPs. However, our Community Advisory Committee and other stakeholders emphasized that intervening at a younger age may have more meaningful impact on preventing chronic diseases through action on lifestyle change.

We developed and tested the acceptability of BETTER Life, an adaptation of the BETTER HEALTH intervention to focus on a new population of adults aged 18-39 years living with low income, a group known to have earlier mortality due to, and higher prevalence of, preventable chronic diseases than their higher-income peers.

In the previous adaptation phase, we conducted an extensive synthesis of risk factors that negatively affect health and wellbeing of people ages 18 to 39 years to create BETTER Life. We interviewed 10 community residents and 12 policy-makers from Alberta, Ontario, Newfoundland and Labrador about the relevance of the Better Life interventions. Results from this phase have been presented in an earlier report.

During the acceptability phase, we recruited 9 participants from the Durham Region who completed a baseline questionnaire with a member of the research team, and then had a PP visit at a community health centre to set health goals. We then conducted qualitative interviews with participants who had completed the PP visits, as well as with the PPs themselves, to understand the acceptability of this intervention. Here we present these qualitative results.

We identified several contextual themes for the intervention, including how income, food security, housing quality, access to services, perceptions of the social and built environment, as well as mental health, impacted the health behaviours of participants. We also identified key aspects of the BETTER Life program that helped participants successfully identify and start on health-related goals, including the use of developed tools, the approach of the PPs and the content of the sessions. We found that existing health promoters in the role of PPs and the setting of a community health centre, were appropriate for the BETTER Life intervention.

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Report of Views of Participating Community Residents and Prevention Practitioners

Between July and September 2023, we conducted semi-structured interviews with 6 community residents after they completed a prevention practitioner visit ('PP visit') and a focus group with the 2 prevention practitioners (PPs). We asked residents about the health of their neighbourhoods, their personal health, experience with the BETTER Life intervention and views on further implementation. We asked PPs about their experience delivering the BETTER Life intervention, their views on how the program ft within the healthcare ecosystem, as well as their impressions around scaling it up. Interviews were conducted using a semi-structured interview guide and lasted between 27 and 86 minutes. The focus group was 87 minutes. The sessions were audio-recorded, transcribed verbatim and two research team members analyzed the transcribed data. Community residents received a $25.00 [CAD] grocery gift card in recognition of their time. Community resident participant demographics can be found at the end of this report in Appendix 1.

Below, we present the emerging themes from post PP visit interviews:

1) Poverty causes food insecurity and contributes to poor health

Participants discussed the challenges and impacts of living in poverty and how that contributed to poor health through such realities as food insecurity.

One community resident described how poverty limits their access to healthy food, as the affordability of food can lead to poor eating choice, being limited by cost and/or what the food bank provides:

Yeah, eating poorly, eating bad, food that is bad for you, because that's what's available and what's cheap, or what the food bank gives you. The food bank gives you a lot of stuff that's not very healthy, like a lot of bread and a lot of frozen junk and other junk food or food that's full of sugar, and people become obese. And then another way of becoming unhealthy. – Community Resident BL2303

Another community resident further elaborated on their observations around how affordability determines the types and quality of food that you consume and how that impacts people in their neighbourhood.

when I look around at other households, especially multi-family households, they don't have the finances to purchase the best food choices or items of the best quality. – Community Resident BL2304

Like, I don't live in like the most rich neighborhoods. So it's also a factor of money. Like I know it is for me, like I can't always eat the foods I would love to eat, because I

just can't afford them all the time. So, when it comes to finances, it is a big one – Community Resident BL2302

Because I come from poverty and you don't get to take care of your health as well as you'd like. – Community Resident BL2305

With the increasing price of food and cost of living, community residents often talked about the use of foodbanks. In particular, they discussed the implications this had on their food choices and health.

Malnourished, because you're not getting nutrition that is most of the food you get at the food bank. And that's where they have to get their food… And they only give you access to so much food, and then you have to make that food stretch. And if you can't make that food stretch, well, you can't come back till next month.
– Community Resident BL2303

Additionally, community residents discussed the poor quality of food that is often found at food banks.

[from foodbanks you will get] some vegetables and stuff but it'll generally be stuff that's you know, about to go bad. So you have to use it like right that time right at that moment. It has to be something that you're going to like, but if it's not that you're going to have to eat it anyways. And you're going to have to eat it right away. But then you still don't have fresh produce for the rest of the month.
– Community Resident BL2303

2) Poverty affects mental health

Poverty and its impacts on mental health, was also discussed by community residents. In this interview excerpt, a community resident talks about how friends and neighbours have challenging financial situations, and this leads to stress and feelings of hopelessness.

For the most part, they're all stressed out and hopeless. And just trying to get through every day, one at a time, because the people around me, especially because I'm in housing, there's people that like, you know, can't pay their bills, and they're just everyday figuring out what are they going to do? What are you going to do? Like I said, my friend's been applying and applying and applying. And then all of a sudden, the payments, that wasn't supposed to come out came out. And then she's got an NSF fee, and then decide another thing. And next thing, you know, she's got, like, she's got negative dollars, and then somebody turned around and froze their card…You can't afford to be poor, because that's charging for being poor. Your best isn't always good enough. And there's nothing all the time, there's nothing you can do about it. And that's why people start giving up. – Community Resident BL2303

3) People were motivated to make lifestyle changes themselves

Community residents discussed their awareness of how preventive care issues, need for physical activity and proper nutrition, can impact their health. Community residents found motivation from this awareness, to make changes to their lifestyles for the improvement of their health.

Some community residents talked about trying to lose weight:

Community Resident BL2301: I'm trying to lose weight right now.

Interviewer: Oh, so even before you went to see her you were trying to do that?

Community Resident BL2301: Yeah…. I'm watching what I'm eating and reducing those portions with a high fat.

Some community residents also talked about cutting back or quitting drinking and smoking.

Oh, it's smoking and drinking habits. I used to be a really bad smoker but now I'm just – I've cut down a lot on my smoking and my vaping. I've cut it down a lot from what I used to do. – Community Resident BL2307

4) Education and interventions are often missing, unknown or difficult to access

Community residents discussed the availability, or lack thereof, of services and programs in the community. Acknowledging the different needs that they and people in their neighbourhoods have, participants commented on missing services.

For example, one community resident talked about how there used to be programs and now they no longer exist:

And a lot of it comes to the fact that there's, one, there's a lot of young parents down here because there's nothing for youth to do. I grew up in this area and we had camps in the parks. We had what [organization name] used to be when it was in the [location], there was a youth room you could go drop in at. There was easy access to these preventative programs and they're not here anymore. So the youth are out on the streets. They're getting into trouble. They're just – not malicious; they're bored. And there's no supervision. – Community Resident BL2304

Proximity and other access issues were also identified:

Convenience of the programming. So a lot of the programming – I'll use [organization name] as an example. A lot of the programming that happens at their buildings is phenomenal. And yes, we are in such close proximity to them. But in my neighbourhood it's a 10, 15-minute walk. However, that is such a deterrent. And I've

actually worked alongside a number of people who live in this neighbourhood and just trying – there's a weekly meal program there – just trying to get them to come meet me there. They won't do it unless transportation is provided.
– Community Resident BL2304

5) Social health is important

Many community residents discussed the importance of social health and the impact of who they are connected with and how you interact with others.

Here, this community resident emphasizes the importance of social connections:

I don't see very many smokers. I see people outside walking their dogs. Not on their phones. I see people in open conversation with each other and not just quietly walking... When you're able to, I think, talk to people and ask people for things I feel like you're also able to take care of yourself better. – Community Resident BL2305

Another community resident discussed how important it is to surround yourself with people who will positively impact your mental health:

Interviewer: What recommendations do you think people can do that's easy enough to sort of boost themselves mentally?

Community Resident BL2307: Surround yourself with good people, surround yourself with people who have a good mentality and can provide you with the help that you need. And it also factors down to the point where you need to have people who have, who you want to have the same mindset as. And then if you surround yourself with those people it gets you out of that habit of being like, "Oh, I can't do it, I just can't. I need the motivation." It's like no, if you're around people who have the same mindset as you and you just really surround yourself with genuine good people, your mentality will be so much more better to where you'll just start doing things on your own. People are very influential. Most don't understand that but most do. And if you do surround yourself with very good people it will benefit you.

6) The PP visit was viewed as comfortable and reinforced preventive care strategies

Overall, community residents felt comfortable in their visit with the prevention practitioner. For some, the visits were a good opportunity to reinforce changes they were already making or thinking of making.

Oh, it was fine. It was good questions to ask, just kind of narrowed down on what – that the person they asked the question to do to change their habits and how to help them. And so really just get into the groove of, "Oh, OK. This is what I'm doing and this is how I can change it." And it also does give people kind of a reality check on,

but they want to do to better themselves and how to [unintelligible 00:19:44]. So those questions were totally valid. – Community Resident BL2307

It's always like I said, it is nice to hear that you're on the right path. Because like there's those lows when you're progressing, right? – Community Resident BL2302

Interviewer: So, how did you find the tools? How did you find? Were they helpful at all? Was it kind of like, I already know these stuff. I don't really need it. What did you think about them? Whether it's the bubble diagram or the goals sheet? Were they confusing, what are your thoughts on those?

Community Resident BL2301: No. They were not confusing at all. … we're just checking for ourselves. The main thing is, in which fields we have to improve, only that one I'm thinking about. Like doing exercises and making healthy habits like that

7) BETTER Life was a good fit with the Durham Community Health Centre especially because of the interprofessional collaboration with primary care providers, and the support of leadership

The Durham Community Health Centre was viewed as a suitable and effective environment for the BETTER Life program. During the focus group, the PPs commented on how well it worked.

PP 2: Yes, I think it completely makes sense because we do have ourselves, like our health promoters, like a whole team of health promoters that work interprofessionaly with doctors and nurses and nurse practitioners, dieticians and social workers, and we're kind of like our area is on prevention, right? So, and we do have the ability to see people in the community and provide that service. And like I said, that's kind of our specialty as well is prevention. So, I definitely see it fitting within the Community Health Centre model.

PP1: …. I would probably just ditto to what Participant 2 said. I mean the work is, like you said, it's a very holistic approach, right? We're not just looking at physical needs of people. It's the mental, the social, all the different determinants of health.

PP 2: No that's awesome, I think with the community health centre model and working in kind of an inter-professional team I think it's a huge pro and that whole idea around that prevention practice and that primary care setting and yeah and I feel like as long as we can touch base and give people resources – I know like our – at the end of the day it'd be great if we could get people in to see a doctor right away – we have been able to in the past, I still feel like there're some benefits to giving them resources or at least increasing their awareness of programs in the community, so that's helpful.

8) BETTER Life is a unique program in the community for younger adults - important that it is a comprehensive program rather than disease specific

Overall, BETTER Life was viewed as a unique program that used a comprehensive approach to addressing the aspects of people lives and preventative care, that impact their health.

PP2: ….what the BETTER Life program does is it's a specific program and I don't see or I'm not aware of anything else like that in the Durham area. And even speaking to other – like our clinical team when we were talking about people in our organization, as we were trying to promote it, they did seem – like, you know, no one had mentioned that there was anything else like this going on and they were very excited to refer people to it for the research component. And I thought it was super-beneficial to people and to this age group. So, yes, I don't think there's any other.

9) Prevention Practitioner (PP) was a good fit with the Health Promoter role

During the focus group, the PPs discussed how their ongoing roles as Health Promoters were a good fit for the role of a PP in the BETTER Life program.

PP1: But really – it's a very good fit for a health promoter, really. I mean I at first thought, "How am I going to do this? I'm not a nurse." You know, I don't have medical training. Like if they ask me about, "Oh, what does this mean?" or – you know, I was kind of worried about that. But really I think it was good fit.

PP 2: Yes, and even the one conversation I had that got – like, I feel like I could answer everything. And if I didn't I had no problem saying, like, "Oh, I'm not the expert in that," or "Talk to a dietician." And the one around the alcohol piece, which is kind of – was a little bit of my portfolio as a health promoter. Like someone had asked me, they're like, "Why would I drink so much that at the next day I get really hungry and I'm so thirsty." And I'm just like, "Good question. If you're looking for more information, like providing that resource, if you're talking –" so there was stuff that I couldn't answer and they were completely fine with that. And I know that I don't need to be the expert in that. So I think that was helpful too, like a helpful piece. Because for a moment I thought, Participant 1, like we had to know, like, all the clinical type component to it. But we don't. It was more about just, like, "Here's your situation, here's some risk factors, and here's some resources," right?

10) The PP visit tools were helpful for the visit and setting goals

Community residents had positive views about the BETTER Life tools that were used during the visit. These tools were seen as useful for the visit and setting goals.

Yeah, I do, and they were tools to use because if you [unintelligible 00:26:56] the template just really breaks it down for some people, and it just really helps them be like, "OK, I could improve on my exercise." So it would just bump that up, and then there's nutrition-wise, cutting back down on habits. And it's also just a really good overall way to help someone navigate their goal. – Community Resident BL2307

I don't really an have opinion because I know – like, they were visual so you could follow the structure of your goal setting …they reminded me a lot of, like, smart goals. They're very measurable and attainable. But yeah. I like that it was a visual somebody could take this home, hang it up on their fridge and follow it.
– Community Resident BL2304

I also – like, I do really appreciate the fact that they gave hard copies of the information too because it just – it validated how thoughtful this whole process has been of, OK, we recognize everybody might not have access to email copies or printing, so. And that was – they didn't even vocalize that that was part of it or ask; they just automatically gave it…so it didn't create any stigma so it was beautiful to see that approach being put into place first. – Community Resident BL2304

No. They [tools] were not confusing at all…we're just checking for ourselves. The main thing is, in which fields we have to improve, only that one I'm thinking about. Like doing exercises and making healthy habits like that.
– Community Resident BL2301

11) Several strategies may be required to increase recruitment to the BETTER Life program

Community residents also discussed what could be done to engage more people to take part in BETTER Life. One community resident noted the potential impact of word-of-mouth and hearing about it from someone you know and trust.

Community Resident BL2305: Through people who care. So word of mouth and through promoting it through – like, how I heard of it. So I've heard it through OW and through the people through there who care about other people. That's how I –

Interviewer: So does it feel different when you hear it from, like, a trusted source and from a source that you think really cares about you? Does it have a different kind of connection than just seeing it, like, randomly online or a poster?

Community Resident BL2305: Yes.

Interviewer: I'm feeling like yes and no. [Laughter]

Community Resident BL2305: Yes. It's – like, I see – I actively go out and search out the information and I've done, you know, advertisement and branding. So I guess it's

how it's presented. Like if I saw it presented in a way that was like, hey, you know, this is for this. And it's straightforward. I think people like straightforward.

Social media was also highlighted as a way to reach younger community residents:

Social media is the best way to reach the younger generation, but most kids my age are in the younger generation [who aren't? 00:36:36] socially active, but they're out an about and just doing what they do. – Community Resident BL2305

Interviewer: … if you're thinking social media, would this be Facebook? Would it be Instagram?

Respondent: Yeah, it'd be more Instagram, TikTok. Facebook is…Facebook is a 50/50 because most people my age aren't really all on Facebook.

Community engagement and having a memorable presence in the community, was talked about by community residents and the PPs:

No. I think just a lot more community engagement. And there are trusted persons within the community who you would need to build a relationship with and then those by kind of proximity, then you'll start to build those relationships with people within the community. So things like Durham community health centre is a great partnership there. They're here. They're trusted. [name of group], the local community garden. Like, these are all places that are present in the community to start building those relationships… I think it's great that data is being collected on the priority neighbourhoods here within Durham region. I'm just hopeful to see this data turn into community prevention programs that are, you know, noticeable and well attended. – Community Resident BL2304

PP 1:… are other team members were really helpful about were recruitment of participants. So, taking the posters to – you know, in the summer time we do a number of different community events where we go out into high-risk communities and, you know, we have activities and food and the Food Bank comes and different community organizations, and this is an opportunity for the Durham Community Health Centre to really promote their services. Programs and services. So we were able to do that, and that was a great way to be able to – for our partners – or sorry, our internal staff to go out and to help us to promote the program. Other than that, I don't think there was too, too much involvement, other than you and I, Participant 2, right?

PP 2: Yes, other than – yes, you and I. And like I said, just having me getting from our team members from… like, doing a lot of recruitment or promotion. And then same with the clinical team, like any referrals that might have came through them. So just – yes, that's the only thing I can think of

Conclusions

BETTER Life is a program that focuses on preventive health for those living with low income. It is unique in the region of Durham. This intervention blends well with the role of health promoters as PPs, and recognizes the individual health needs and goals of participants. The enthusiasm of our community partner – Durham Community Health Centre – and need for the program in the community, greatly support the decision to move BETTER Life from a study to a program.

APPENDIX 1 - BETTER Life Participant Demographics

Table 1: Community Residents

Community Resident Participant Characteristics	Baseline Survey (n=9)	PP Visit (n=8)	Post-PP Visit Qualitative Interview (n=6)
	n (%)	n (%)	n (%)
Gender Identity			
Female	6 (67%)	5 (63%)	4 (66%)
Male	1 (11%)	1 (13%)	1 (17%)
Additional options combined to protect anonymity of participants (including: transgender, genderqueer – neither exclusively male or female, pansexual, aromantic/asexual, greysexual, demisexual and self-described)	2 (22%)	2 (25%)	1 (17%)
Age			
Range	20y to 38y	20y to 38y	20y to 38y
Average	31y	31y	31y
Marital status			
Single or never married	5 (56%)	4 (50%)	3 (50%)
Married	1 (11%)	1 (13%)	1 (17%)
Common-law/Living with a partner	3 (33%)	3 (38%)	2 (33%)
Ethnicity/Race (check all that apply)			
Indigenous	2 (20%)	2 (25%)	2 (29%)
African/Caribbean/Black (e.g. African, African Canadian, Afro-Caribbean, etc.)	2 (20%)	1 (11%)	0
European (e.g. British, French, German, Greek, Polish, Russian, Spanish, Swedish, Ukrainian etc., but not including Icelandic)	2 (20%)	2 (22%)	2 (29%)
North American (e.g. American, Canadian)	2 (20%)	2 (22%)	1 (14%)
South Asian (e.g. Bangladeshi, East Indian, Pakistani, Sri Lankan, etc.)	1 (10%)	1 (11%)	1 (14%)
West Asian (e.g. Afghan, Iranian, Kurdish, Lebanese, Turkish, etc.)	1 (10%)	1 (11%)	1 (14%)
Highest education level			
Completed high school	1 (11%)	1 (13%)	1 (17%)
Some community college or technical school	5 (56%)	4 (50%)	2 (33%)
Completed college, technical school or bachelor's degree	3 (33%)	3 (38%)	3 (50%)
Household income before taxes (from all sources, previous year)			
Less than $10,000	2 (22%)	2 (25%)	2 (33%)
$10,000 to $19,999	2 (22%)	1 (13%)	0
$20,000 to $39,999	1 (11%)	1 (13%)	0
$40,000 to $59,999	1 (11%)	1 (13%)	1 (17%)
$60,000 to $79,999	2 (22%)	2 (25%)	2 (33%)
$80,000 to $99,999	1 (11%)	1 (13%)	1 (17%)

Difficulty making ends meet at the end of the month			
Yes	4 (44%)	3 (38%)	2 (33%)
No	5 (56%)	5 (63%)	4 (66%)
Country of birth			
Canada	7 (78%)	6 (75%)	4 (66%)
Other	1 (11%)	1 (13%)	1 (17%)
Did not answer	1 (11%)	1 (13%)	1 (17%)