‘We’re all in the same boat’: participants’ perceptions of how groups help them make lifestyle changes in prevention of T2DM & CVD.

Preliminary findings

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Prevention of diabetes & cardiovascular disease

• Changes in lifestyle can reduce risk of T2DM & CVD
  • Weight loss: 5-10%
  • Changes in diet: increasing fibre, reducing total fat & saturated fat
  • Increasing physical activity

• Effective diabetes prevention programmes
  • US (Diabetes Prevention Program)
  • Australia (Greater Green Triangle)
  • Finland (FIN-D2D)
Group-based health interventions

- Groups extensively used in health interventions

- Group ‘translations’ of effective individual programmes
  - Cost & time effective
  - Based in communities or worksites
  - Tailored to cultural, religious or gender groups
  - Delivered by volunteer lay health educators

- Other benefits of group setting
  - Peer support
  - Social comparisons
  - Empathetic interpersonal context

Ackermann 2008 Am J Prevent Med; Absetz 2007 Diabetes Care; Abraham & Gardner 2009 Psychol Health
Research questions

Aim:
To develop a better understanding of how groups work in group-based behaviour change programmes

Research questions:
• What were participants’ perceptions of group-based diet and physical activity interventions?
• What did the participants find helpful in making lifestyle changes?
Methods

• Face-to-face and telephone
  • 30 to 60 min
• Semi-structured interview schedule

Motivations and expectations
Lifestyle changes
Activities
Materials
Facilitators
Group atmosphere, interaction in groups
Benefits & challenges of group setting

• Audio recorded, transcribed & coded in Nvivo
• Thematic analysis

Braun & Clarke 2006 Qual Res Psychol
## Study characteristics

<table>
<thead>
<tr>
<th>Norfolk Diabetes Prevention Study (NDPS)</th>
<th>Waste the Waist (WtW)</th>
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<tbody>
<tr>
<td><strong>Location:</strong> Norwich</td>
<td><strong>Location:</strong> Bath &amp; Bristol</td>
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<tr>
<td><strong>Aim:</strong> prevention of T2DM</td>
<td><strong>Aim:</strong> prevention of CVD</td>
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<tr>
<td>• 7% weight loss</td>
<td>• 5% weight loss</td>
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<tr>
<td>• Healthier diet, less fat</td>
<td>• Healthier diet, less fat, more fibre</td>
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<tr>
<td>• 30 min moderate PA &amp; resistance training</td>
<td>• 30 min moderate PA</td>
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<tr>
<td><strong>Intervention design:</strong></td>
<td><strong>Intervention design:</strong></td>
</tr>
<tr>
<td>• 6 sessions</td>
<td>• 9 sessions</td>
</tr>
<tr>
<td>• ~2-hr long</td>
<td>• ~2-hr long</td>
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<tr>
<td>• Multidisciplinary facilitators</td>
<td>• Multidisciplinary facilitators</td>
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<tr>
<td>• 1 facilitator per group</td>
<td>• 2 facilitators per group</td>
</tr>
<tr>
<td>• Group size: 6 – 15</td>
<td>• Group size: 6 – 10</td>
</tr>
<tr>
<td>• Manual-based delivery</td>
<td>• Manual-based delivery</td>
</tr>
</tbody>
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Murray 2011 *Br J Diabetes Vasc Dis*  
Gillison 2012 *Br J Health Psychol*
Interview sample

**NDPS**
- 16 interviews
- Telephone
- Length: 24 – 54 minutes
- 8 different groups
- After last educational or first maintenance session

**WtW**
- 6 interviews
- Face-to-face
- Length: 35 – 62 minutes
- 4 different groups
- ~1 year after the programme
Overview of the main themes

- Administration, bureaucracy
  - Room setting
  - Recruitment methods
  - Follow up outcomes

- Change techniques
  - Goal setting: longer term more useful, often already know what to do just need a starting point
  - Action planning: repetitive, unnecessary

- Info provision
  - good: edu aspect, new info / learning
  - bad: repetitive, already known / obvious, could be done more efficiently

- Group composition
  - Social identities: age, gender, class, edu, jobs, retirement
  - Condition: overweight, obese, 'at risk', diabetic
  - Shared goals and experiences: 'we're all in the same boat'
  - 'Characters' in the group: 'little old man', 'the cyclist' etc.

- Participants views
  - of experiences, life stories
  - of knowledge, info
  - of ideas, suggestions
  - of goals
  - of identities

- Social comparisons
  - Role models, examples
  - Competition
  - Comparing fitness level, weight
  - Not wanting to put anyone down if unsuccessful

- Social activity
  - Personalities, likeability
  - Professionalism, authority, expertise

- Organisation
  - Structure & accountability
Helpful in making lifestyle changes: aspects of the programmes

• Diagnosis of being ‘at risk’ & taking part in the programme

…perhaps the fact that I’d got this diagnosis of diabetes maybe… it’s made it easier.  
(NDPS, P20)
Helpful in making lifestyle changes: aspects of the programmes

• Diagnosis of being ‘at risk’ & taking part in the programme
• Provision of information (educational, informative)

I knew it but it did help hearing the way he presented it… these ideas made sense to you. I came away thinking yeah I can do this. Because for a long time I knew I shouldn’t be as heavy as I was but didn’t really know how to go about it. (WtW, P6)
Helpful in making lifestyle changes: aspects of the programmes

• Diagnosis of being ‘at risk’ & taking part in the programme
• Provision of information (educational, informative)
• Action planning, goal setting & self-monitoring
• Expert facilitators
Helpful in making lifestyle changes: aspects of the programmes

- Diagnosis of being ‘at risk’ & taking part in the programme
- Provision of information (educational, informative)
- Action planning, goal setting & self-monitoring
- Expert facilitators
- Providing structure & accountability

I know I am going to be weighed again and have my blood sugar taken again… for me the main thing is discipline of going every week or fortnight and being weighed. *(NDPS, P3)*
Facilitating engagement with the programme: aspects of the groups

- Facilitators: bringing people together

He had that style about him that did get people to open up… I think he was this sort of person that he seemed to relate well to people and put people at ease. (WtW, P6)
Facilitating engagement with the programme: aspects of the groups

• Facilitators: bringing people together
• Friendly group atmosphere

On the whole you know as I say yes they are very nice. It gives you a reason to come to them all and that is a good part of being in a group you know. (NDPS, P2)
Facilitating engagement with the programme: aspects of the groups

• Facilitators: bringing people together
• Friendly group atmosphere
• Support & encouragement

...that we supported each other. And if someone said you know I’ve lost 20 pounds that’s fantastic you know well done and people were supportive. (WtW, P1)
Facilitating engagement with the programme: sharing & being ‘in the same boat’

- Having common goals
- Sharing social identities

…because we all know that we’re there because we’re pre-diabetic so we know we’ve got a common sort of cause… *(NDPS, P3)*

People were very inter-mingled in the group I found. That might be due to the fact we were all the same age group and experienced the same things. *(WtW, P3)*
Facilitating engagement with the programme: sharing & being ‘in the same boat’

- Having common goals
- Sharing social identities
- Making social comparisons
- Role models

I think you can look up to people and oh well you know if he can lose 20 pounds you actually can too. Whereas when you are on your own you’ll just be like you haven’t got any sort of marker to measure your progress with. (*WtW, P1*)
Facilitating engagement with the programme: sharing & being ‘in the same boat’

- Having common goals
- Sharing social identities
- Making social comparisons
- Role models
- Sharing of personal experiences & ideas

This chap suggested it he has poached egg in the morning on a bit of toast and then she said one medium egg and he said no two very large eggs and he’s cut it right down and we all tease him about it very gently nothing nasty because we’re all in the same boat. *(NDPS, P3)*
Barriers to engagement with the programme:

- (Too) frequent action planning / goal setting
- Too many hand-outs, design
- Large gaps between sessions
- Organisational issues, inflexibility
Challenges of the group setting

- People dropping out
- Poor attendance
- Feeling ‘different’
- Not getting to know each other
- Challenging characters
- Lack of tailoring of the content to individuals
Summary

Participants attributed their lifestyle changes to the programme *structure* and *content*, and *group context*.

In particular:

- Perception of being ‘*in the same boat*’
- Sharing of personal experiences
- Group climate & cohesion
- Facilitators
Implications & Conclusion

• Attrition

• Use of behaviour change techniques in a group setting

• Design decisions
THANK YOU

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