Engaging hard to reach groups in physical activity: lessons from community interventions

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I-PARC Conference, 19th Jan 2023

"'Hard-to-Reach' is a term used to describe a diverse range of groups who often remain unreached by health services (Sinclair, 2012)"

"Hard to reach are also equated with the 'underserved', which can mean that either there are no services available for these groups or, more often, that they fail to access the services that are available" (Brackertz

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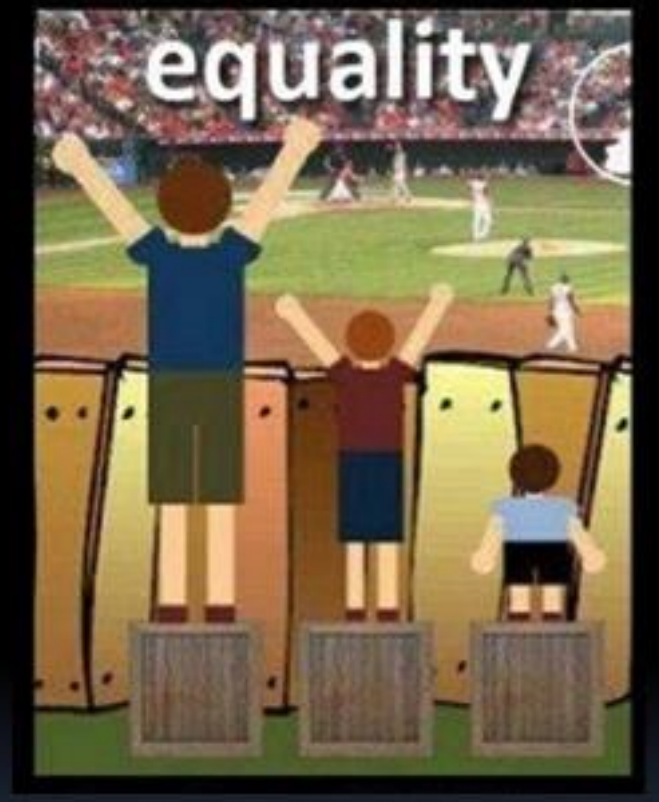
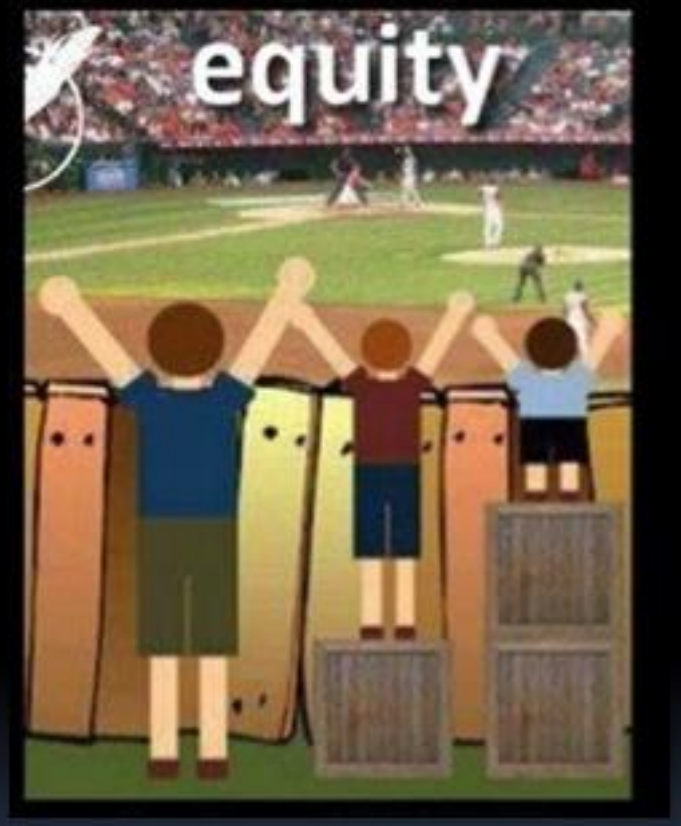
Equality vs. Equity





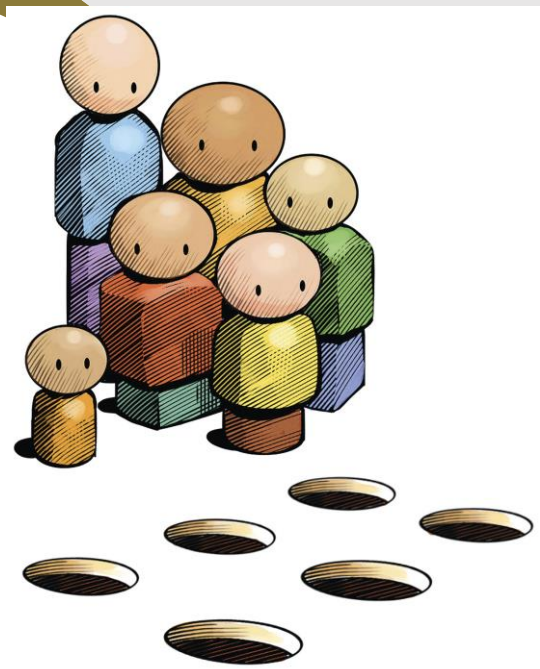
EQUALITY=*SAMENESS*

GIVING EVERYONE THE SAME THING → It only works if everyone starts from the same place

EQUITY=*FAIRNESS*

ACCESS to SAME OPPORTUNITIES → We must first ensure equity before we can enjoy equality

Overview



1. Identify Target Audience
2. Address Socio-Ecological Determinants
3. Target/Tailor Interventions
4. Engage Communities

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1 Identifying Target Audience

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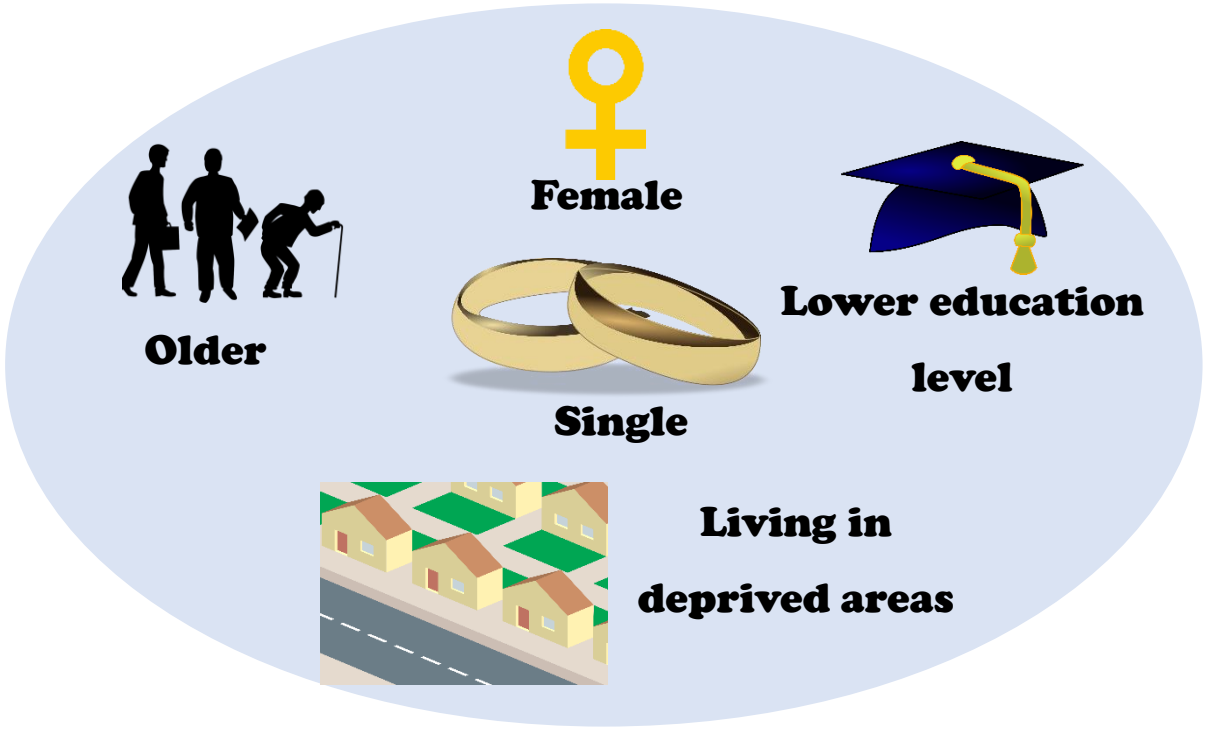
Characteristics of physically inactive older adults



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NICOLA
Understanding Today for a Healthier Tomorrow

ISR Working Paper, January 2007, Nicola Brackertz

Who is hard to reach and why?

Table 1: Tool to identify characteristics of the hard to reach

Characteristics: Definition	**Attributes**	**Examples**	**Prompts: What do we know? What do others do?**
Demographic: The quantity and characteristics of the group	• Large numbers • Dispersed population • Place of residence • Occupation and employment status • Age • Gender • Educational level attained • Income • Tenancy status • SEIFA Indexes*	• Farmers • Unemployed persons • Tenants • New residents • Old people • Young people • Women • Businesses • Community groups and organisations • Indigenous • High rise apartment dwellers • Faith based communities	• Where are these groups found? • How many are there in the group? • What do members of the group have in common? • (Where) do they get together? • Who else contacts them and how?
Cultural: The way of life of a group of people	• Lack of established information networks • Unable to access services easily • Language spoken • Ethnic or cultural background • Social invisibility • Lack of knowledge about councils' role and services	• CALD • Non-readers • Home workers • Ethnic groups • Indigenous • Drug users • Sex workers • Homeless people • Problem gamblers • Residents of hostels and boarding houses	• Which organisations could we work with to develop an information network? • What established information networks do people already use and how could we tap into them? • Are there individuals we could work through? How? • What are the alternatives to written information and points of contact?
Behavioural and Attitudinal: The way the group's attitude to council influences their behaviour	• Distrust of government agencies • Unwillingness to access services • Public participation in local or council matters is a low priority • Lack of time • Diffuse or poorly organised internal structure and communication • Previous bad experience	• Busy people • (Single) mothers • Businesses • Illegal workers • Drug users • Sex workers • Homeless people • Problem gamblers • Residents of hostels and boarding houses	• Who do they trust? • How can we inform or educate about the relevance of, or necessity for, consultation? • What methods of outreach can we use (social marketing approach)? • How can we establish new relationships? • What or who can influence them? • What about the timing of the intervention?
Structural : The way council processes and structures influence access	• Bureaucracy and red tape • Availability of information in relevant languages, print sizes and media • Complicated 'procedures' • Attitude of council staff • Competence of consultants used • Timing and location of public participation	• Council staff • Consultants • Councillors	• What changes can we make to reach the group? • How can we improve the way we provide information and communicate? • How do other organisations facilitate access?

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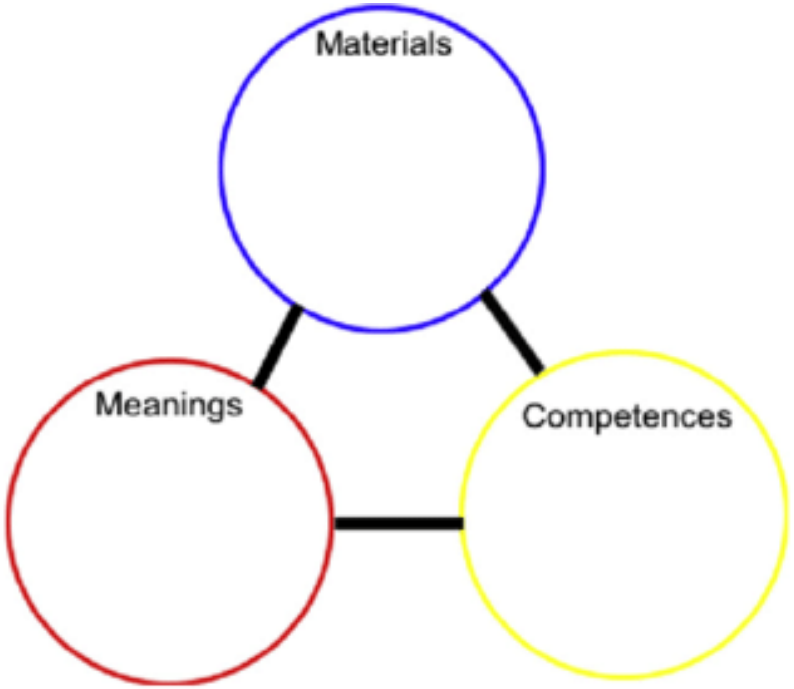
Brackertz N. Who is hard to reach and why? ISR working paper (2007)

Social Practice Theory



Materials: including things, technologies, tangible physical entities, and the stuff of which objects are made.

Meanings: symbolic meanings, ideas and aspirations.

Competences: which encompass skill, know-how and technique.

(Shove et al., 2012, p.14)

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Physical Activity…

"Any bodily movement produced by skeletal muscles that results in energy expenditure"

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Public Health Reports. 1985;100(2): 126–131.

Redefining Physical Activity?

"people moving, acting, and performing within culturally specific spaces and contexts, and influenced by a unique array of interests, emotions, ideas, instructions and relationships"

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Front Sports Act Living. 2020;2:72

2 Address Socio-Ecological Determinants

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PLOS ONE

RESEARCH ARTICLE

How are different levels of knowledge about physical activity associated with physical activity behaviour in Australian adults?

Sara Veronica Fredriksson, Stephanie J. Alley, Amanda L. Rebar, Melanie Hayman, Corneel Vandelanotte*, Stephanie Schoeppe

Physical Activity Research Group, Appleton Institute, School of Health, Medical and Applied Sciences, Central Queensland University, Rockhampton, QLD, Australia

"*The majority of participants (99.6%) strongly agreed that physical activity is good for health*"

Exercise is Medicine®

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PLoS One. 2018;13(11):e0207003.

Journals of Gerontology: Medical Sciences
cite as: *J Gerontol A Biol Sci Med Sci*, 2020, Vol. 75, No. 9, 1754–1762
doi:10.1093/gerona/glaa016
Advance Access publication January 14, 2020

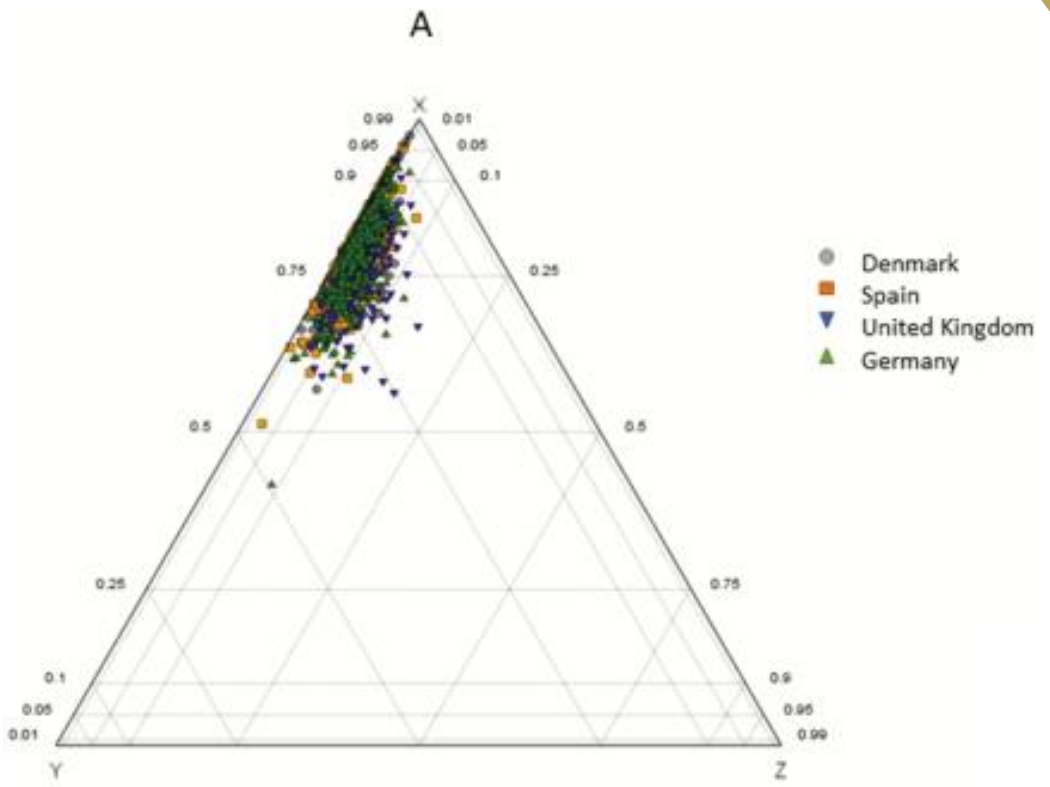
THE GERONTOLOGICAL SOCIETY OF AMERICA®

OXFORD

Research Article

Accelerometer-Measured Sedentary and Physical Activity Time and Their Correlates in European Older Adults: The SITLESS Study

Maria Giné-Garriga, PhD,[1,2,*] Oriol Sansano-Nadal, MS,[1] Mark A. Tully, PhD,[3] Paolo Caserotti, PhD,[4] Laura Coll-Planas, PhD,[5] Dietrich Rothenbacher, MD, MPH,[6,o] Dhayana Dallmeier, PhD, MD,[6,7] Michael Denkinger, MD,[8] Jason J. Wilson, PhD,[3] Carme Martin-Borràs, PhD,[1,2] Mathias Skjødt, MS,[4] Kelly Ferri, MS,[1] Ana Claudia Farche, MS,[1] Emma McIntosh, PhD,[9] Nicole E. Blackburn, PhD,[3] Antoni Salvà, PhD,[5] and Marta Roqué-i-Figuls, MPH,[5] on behalf of the SITLESS Group



J Gerontol A Biol Sci Med Sci. 2020;75(9):1754-1762

British Journal of Health Psychology (2013), 18, 296–309

The British Psychological Society
www.wileyonlinelibrary.com

How big is the physical activity intention–behaviour gap? A meta-analysis using the action control framework

Ryan E. Rhodes[1]* and Gert-Jan de Bruijn[2]
[1]Behavioural Medicine Laboratory, University of Victoria, Victoria, British Columbia, Canada
[2]University of Amsterdam, the Netherlands

46% of intenders fail to perform behaviour

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Br J Health Psychol. 2013;18(2):296-309

Physical Activity in Later Life

Shining a Spotlight on Social Context

A Summary of the ESRC funded seminar series **New Directions in Ageing & Physical Activity: More of the Same is Not Enough**

Economic and Social Research Council
Shaping Society

There are 5 key factors linked with physical (in)activity for older people

1 Personal (values and beliefs, expectations of ageing and psychological factors)

2 Resources (social, health and socio/economic material)

3 Family (values, norms and expectations of older adulthood)

4 Environmental factors (urban, rural, facilities, access)

5 Wider society (culture, media, global (health) economy/science)

When looking at increasing physical activity among BME elders, it is important to identify the influences on physical activity that are specific to them and those which are more generic to older people or reflect the influence of deprivation. Distinguishing between these different influences is important if we are going to be able to design and deliver successful interventions to promote physical activity in minority groups.

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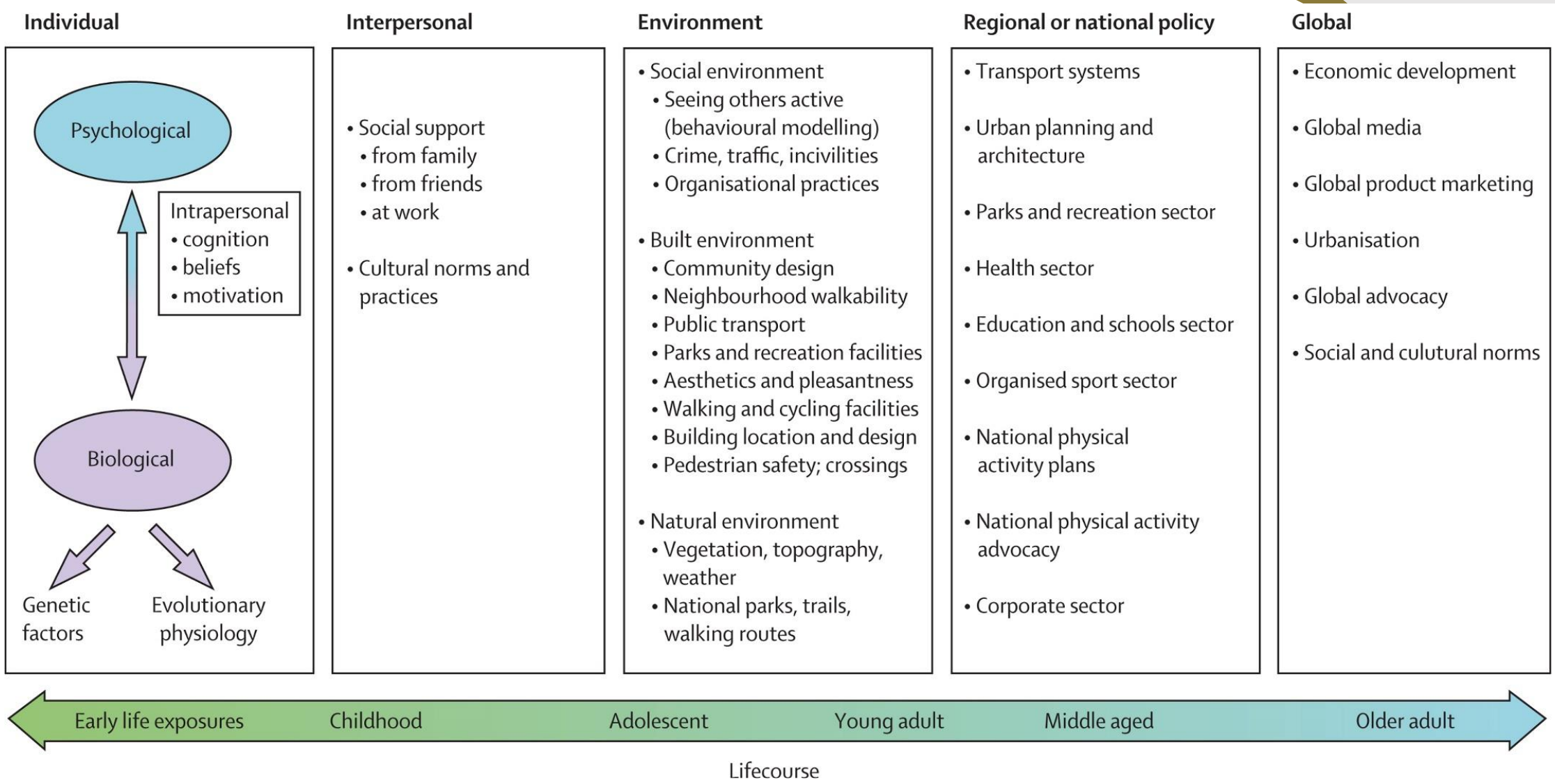

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Lancet 2012; 380:258-271

BEFORE: Corner lot

AFTER

- Consistent reductions gun assaults and vandalism
- Some areas – increased physical activity

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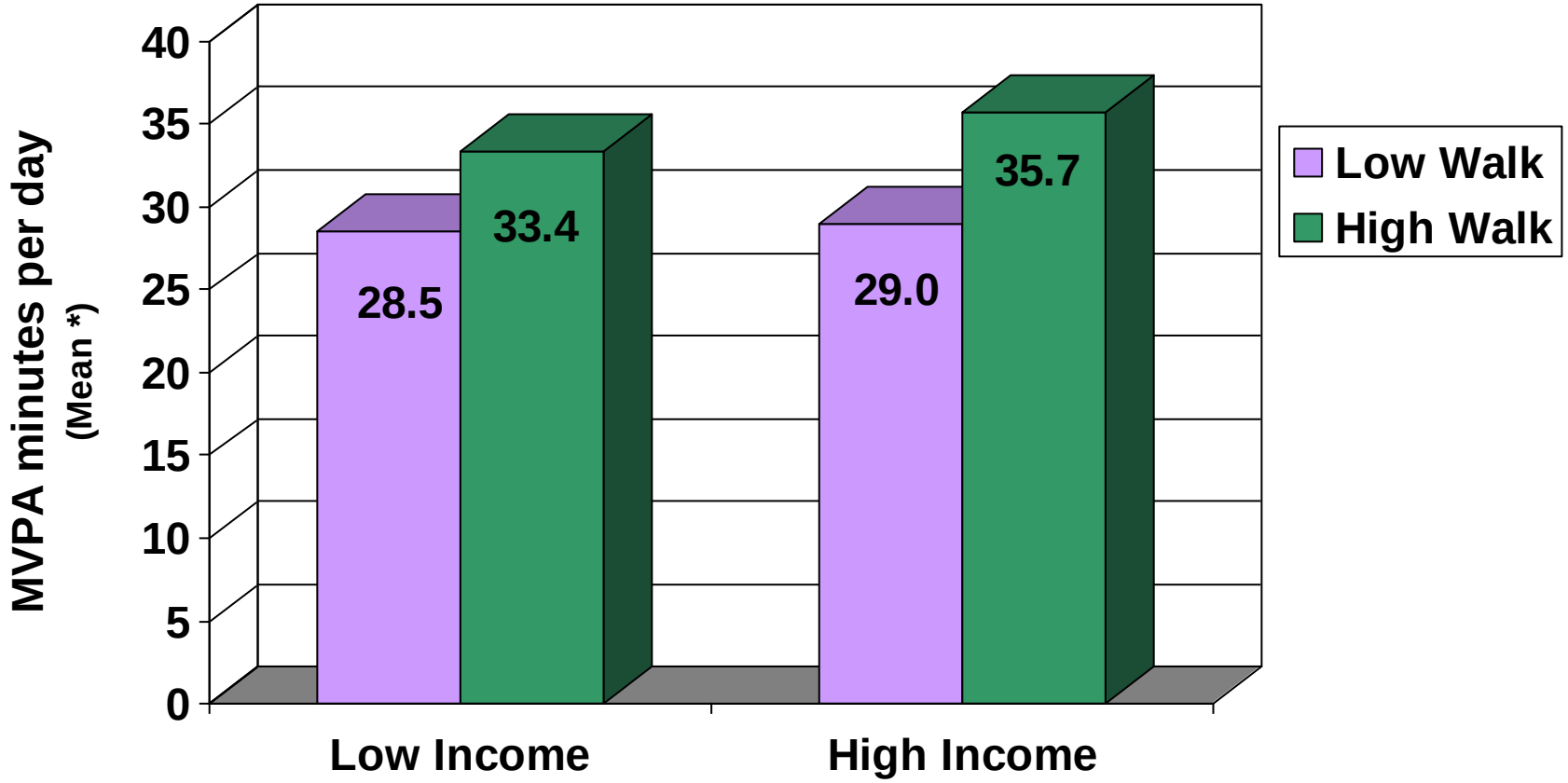
Am J Epidemiol. 2011;174(11):1296-306.

Accelerometer-based MVPA Min/day in Walkability-by-Income Quadrants

Walkability: *p* =.0002

Income: *p* =.36

Walkability X Income: *p* =.57



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Soc Sci Med. 2009;68(7):1285-93

International Journal of Behavioral Nutrition and Physical Activity

This Provisional PDF corresponds to the article as it appeared upon acceptance. Fully formatted PDF and full text (HTML) versions will be made available soon.

Shoe leather epidemiology: active travel and transport infrastructure in the urban landscape

International Journal of Behavioral Nutrition and Physical Activity 2010, **7**:43 doi:10.1186/1479-5868-7-43

David Ogilvie (david.ogilvie@mrc-epid.cam.ac.uk)
Richard Mitchell (r.mitchell@clinmed.gla.ac.uk)
Nanette Mutrie (nanette.mutrie@strath.ac.uk)
Mark Petticrew (mark.petticrew@lshtm.ac.uk)
Stephen Platt (steve.platt@ed.ac.uk)

- People without cars make fewer trips
- Travel 50% further on foot
- Disadvantaged in terms of overall mobility
- May gain the benefit of additional physical activity
- Potentially winning combination of an increase in physical activity coupled with reductions in traffic congestion and use of fossil fuels

- Planners' goals or assumptions about new infrastructure may not be shared
- Walk through neglected surroundings = stressful
- May aspire to the protection, autonomy and prestige afforded by cars

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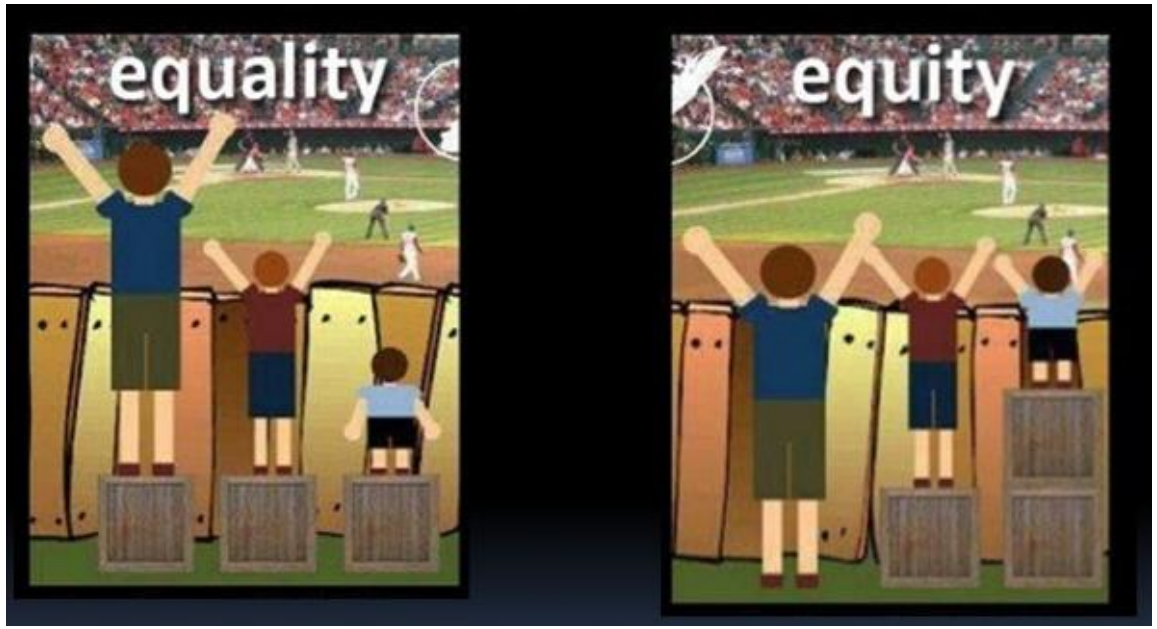
Int J Behav Nutr Phys Act. 2010;7:43.

Target/Tailor Interventions



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International Journal of Environmental Research and Public Health

MDPI

Article

Older Adults' Experiences of a Physical Activity and Sedentary Behaviour Intervention: A Nested Qualitative Study in the SITLESS Multi-Country Randomised Clinical Trial

Nicole E. Blackburn [1], Mathias Skjodt [2], Mark A. Tully [3], Ilona Mc Mullan [3], Maria Giné-Garriga [4,5], Paolo Caserotti [2], Sergi Blancafort [6], Marta Santiago [4], Sara Rodriguez-Garrido [6], Gudrun Weinmayr [7], Ulrike John-Köhler [7], Katharina Wirth [8], Javier Jerez-Roig [9], Dhayana Dallmeier [8,10], Jason J. Wilson [3,11], Manuela Deidda [12], Emma McIntosh [12], Laura Coll-Planas [6,*] and on behalf of the SITLESS Group [†]

Framework	Overarching Theme	Subthemes	Categories			
Context	Environmental and personal factors that influence older adults experience of the SMS + ERS and ERS programme	Physical environmental factors	Availability of places to be active (proximity to their home)	Seasonal effect	Perceptions of fitness centres	Safety
		Social environmental factors	Support at home	Caring responsibilities		Peer support
		Personal factors	Health and well-being	Personality types and mood	Recognition of meaningful activity	

"Well my daughter said to me 'you're going to keep it up, aren't you?' and of course I am but she was really glad that we were doing it."

"Being in the group is much more pleasant than being alone at home."

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Int J Environ Res Public Health 2021;18(9): 4730.

Implementation	Participants views on the components of the SMS+ERS and ERS programme	Social enablers	Personal enjoyment and satisfaction with the programme		Trainer Peers
		Practical enablers	Self-monitoring (SMS specific)	Goal-setting (SMS specific)	Facilities
		Structural enablers	Positive perception of group-based training	Exercise format	Music (mood enhancer)

"I really enjoyed that part and thought it was really good, doing it as a group. I just love people you know what I mean. Oh that reminds me, I must give [participant] a ring and see how she is. But yes, I loved being part of a group and getting to know people."

"Yes, and you don't feel out of place because you're in with people of your own age group and you feel well…

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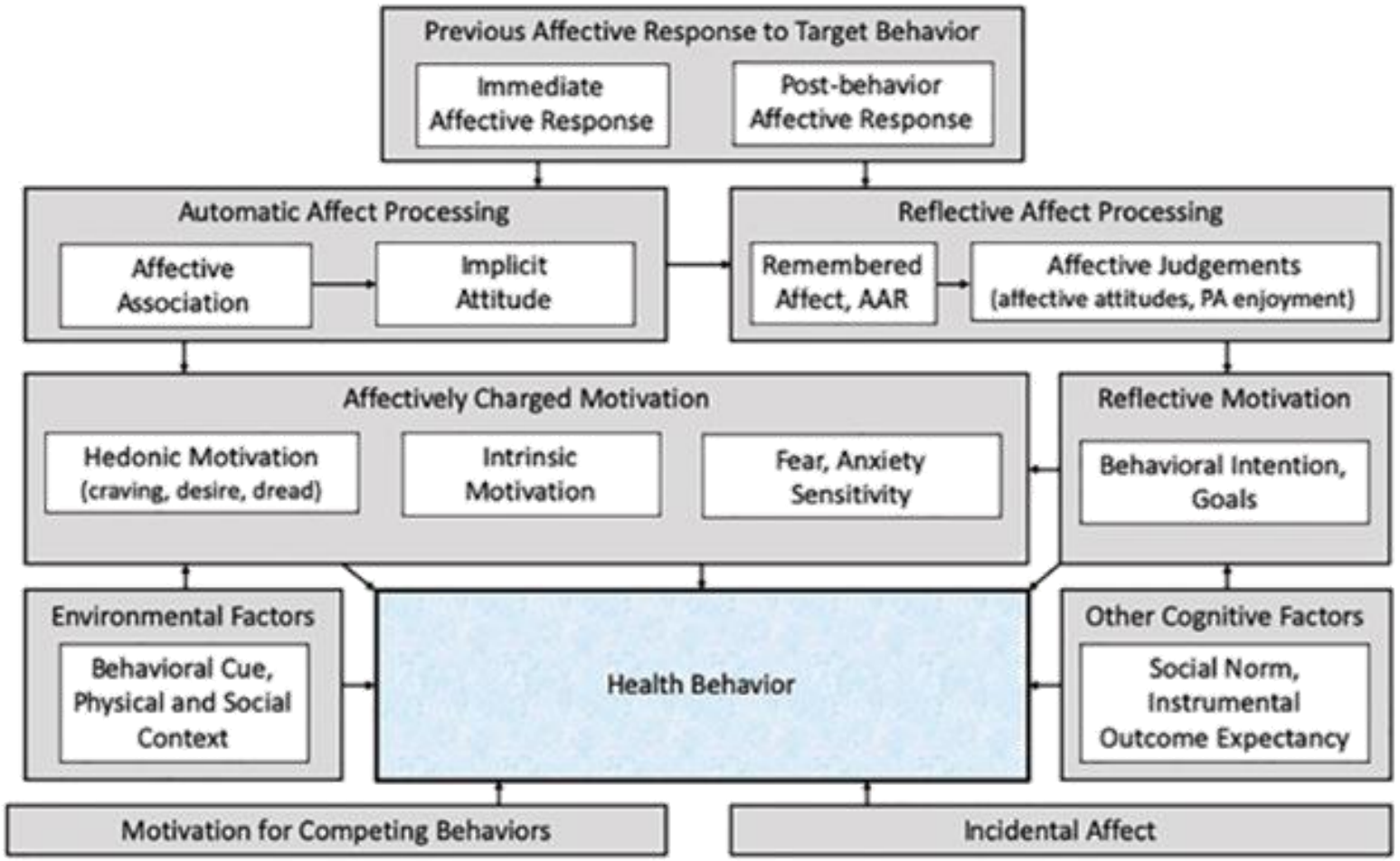
Int J Environ Res Public Health 2021;18(9): 4730.



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Front Psychol. 2020;11:568331.

Mechanisms of Impact	Participants views on how the SMS+ERS and ERS programme works	Increased awareness of health benefits of ↑ PA and ↓ SB Impact of lived experience of programme on physical functioning Impact of functional and emotional well-being motivates change Habit formation	Influence on other behaviours, i.e., dietary habits		
			Recognition of own limitations	Motivation to improve health	Positive relationship with trainer
			Benefit associated with social aspect and group dynamics	Sense of achievement shared with others	Sense of belonging
			Self-motivation	Incorporating new lifestyle into routine (SMS specific)	

"Then it is a motivation I have to keep doing what I learned. Because if it does good to me, why stop? Anyway, it is no effort…"

"I called the trainer when I was at the hospital, as the doctor told me, that the only reason why I survived was because of my high level of physical health…"

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Int J Environ Res Public Health 2021;18(9): 4730.

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Original Research

The challenge and impact of engaging hard-to-reach populations in regular physical activity and health behaviours: an examination of an English Premier League 'Football in the Community' men's health programme

K. Curran [a,*], B. Drust [b], R. Murphy [b], A. Pringle [a], D. Richardson [b]

- 12 week football specific physical activity intervention
- Delivered by Everton Football Clubs' Football in the Community
- Men living in homeless shelters and/or recovering from substance misuse
- Reasons for dropping out…
  - Economic Challenges
  - Environmental Challenges
  - Social Challenges

I can't afford the bus fare. I want to come like, but just can't always get up there

I will struggle to make it every week Kath coz it [the venue] isn't on a bus route from me house

I've got to sign-on [job seekers allowance] on Tuesday afternoons so I won't be able to make it here half the time

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Public Health 2016; 135:14-22

Whilst these findings resonate with themes described in previous literature with generic populations, the specific findings that have emerged in this study under these three universal themes allude to some what more severe challenges that are on a more pronounced level to those faced by generic populations

Practitioners engaging HTR participants should immerse themselves in a period of direct contact and focused interaction with their participants prior to the programme design in order to gain a greater understanding of the day-to-day existence of their participants

Seek to understand the pragmatic, yet critical, logistical organisational factors such as location, cost and timing of the events, activities or programme

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Public Health 2016; 135:14-22

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Exploring lay views on physical activity and their implications for public health policy. A case study from East Belfast

L. Prior [a,b,*], D. Scott [a,c], R. Hunter [a,c], M. Donnelly [a,c], M.A. Tully [a,c], M.E. Cupples [a,c], F. Kee [a,c]

People rarely consider:

- Physical activity as a discrete entity
- One that centres on individuals and their motivation

It is:

- component in a complex web of concerns, processes and events
  - actions of neighbours and relatives
  - material and political environments
  - vandalism, violence, and the weather

Figure 1. Newtownards Road, East Belfast October, 2013.

Soc Sci Med. 2014;114:73-80

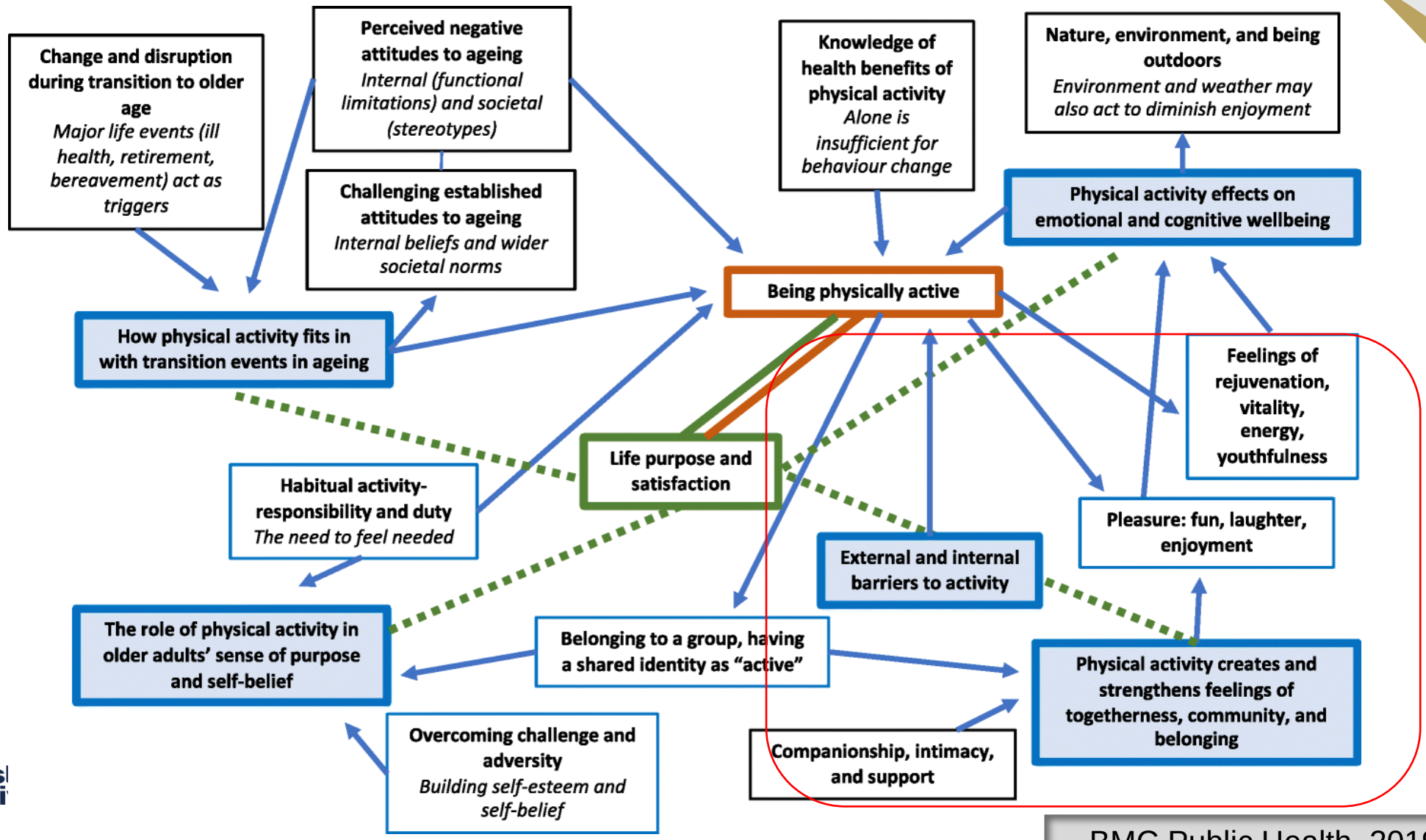
Morgan et al. BMC Public Health (2019) 19:362
https://doi.org/10.1186/s12889-019-6624-5

BMC Public Health

RESEARCH ARTICLE Open Access

A life fulfilled: positively influencing physical activity in older adults – a systematic review and meta-ethnography

Gemma S. Morgan[1*], Micky Willmott[1], Yoav Ben-Shlomo[1], Anne M. Haase[2] and Rona M. Campbell[1]



BMC Public Health. 2019;19(1):362

WALK WITH ME

- Peer delivered activation programme
- Funded by NIHR (£1.1M)
- 12 week intervention with 12 month follow up
- 348 inactive non-frail 60+ year olds, living in disadvantaged areas

Intro to peer and programme

Goal setting

Habit Formation

Signposting

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FUNDED BY NIHR | National Institute for Health Research

This study is funded by the NIHR, Public Health Research Programme: NIHR131550. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Views on the ‘Walk with Me’ study

Key themes

- social support from the peer mentors
- self-monitoring useful
- associated benefits of the intervention (e.g. increased walking; encouragement; enjoyment; physical and psychological)

“I feel that it was a two-way process and I really benefited from it as well as I was walking at times when I wouldn’t normally have walked and that was good for me as well as them because I was making that extra effort”

“I enjoyed it because you’d have got a bit of a laugh and actually you found you were talking about things that you normally wouldn’t speak about when you’re in here, you know that way… I felt better and actually I think I was sleeping better too you know so but I think the weight loss was a big part of it”

“Well it’s easier to go walking when you have somebody else as to being on your own. I think the time goes in a lot quicker if you’re walking with somebody else and not being on your own

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NIHR Journals Library; 2019

Engage Communities

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Cleland et al. International Journal of Behavioral Nutrition and Physical Activity 2014, 11:68
http://www.ijbnpa.org/content/11/1/68

INTERNATIONAL JOURNAL OF BEHAVIORAL NUTRITION AND PHYSICAL ACTIVITY

RESEARCH Open Access

Identifying solutions to increase participation in physical activity interventions within a socio-economically disadvantaged community: a qualitative study

Claire L Cleland[1,2], Ruth F Hunter[1], Mark A Tully[1], David Scott[1], Frank Kee[1], Michael Donnelly[1], Lindsay Prior[1,3] and Margaret E Cupples[1,4*]

Theme 1: Awareness of Interventions

Participants' ***awareness of PA interventions was poor***

Awareness only of interventions in which they were involved directly

Highlights ***need for better communications***

Inter-sectoral
Intra-sectoral
With residents

Theme 2: Factors Contributing to Intervention Effectiveness

Meaningful ***engagement of residents*** in planning/ organisation

Tailoring to local context

Supporting volunteers to deliver the intervention

Providing relevant resources

An 'exit strategy'

Theme 3: Barriers to Participation in Interventions

Negative attitudes such as ***Apathy***

Disappointing experiences

Information with ***no perceived personal relevance***

Limited access to facilities

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Int J Behav Nutr Phys Act. 2014;11:68

Checklist for the design and development of physical activity interventions in socio-economically disadvantaged communities

	Guidance/components	
1	Inter-sectoral steering group for strategic planning	Statutory sector representation
		Voluntary sector representation
		Community residents
2	Identify theoretical framework for intervention development	
3	Establish knowledge sharing pathway within/ between organisations	
4	Involve community	Concept development
		Design (address specific needs)
		Intervention development
		Secure funding
		Share information
		Recruitment
		Delivery/ implementation
5	Engage volunteer support: ensure intervention information, design and resources are relevant to individuals in community	
6	Train community volunteers/champions to provide relevant advice on health and physical activity	
7	Establish an exit strategy	
8	Foster ongoing community support: ensure feedback/ involvement in further planning/ support development of personal skills	

Int J Behav Nutr Phys Act. 2014;11:68

Redefining Physical Activity?

"people moving, acting, and performing within culturally specific spaces and contexts, and influenced by a unique array of interests, emotions, ideas, instructions and relationships"

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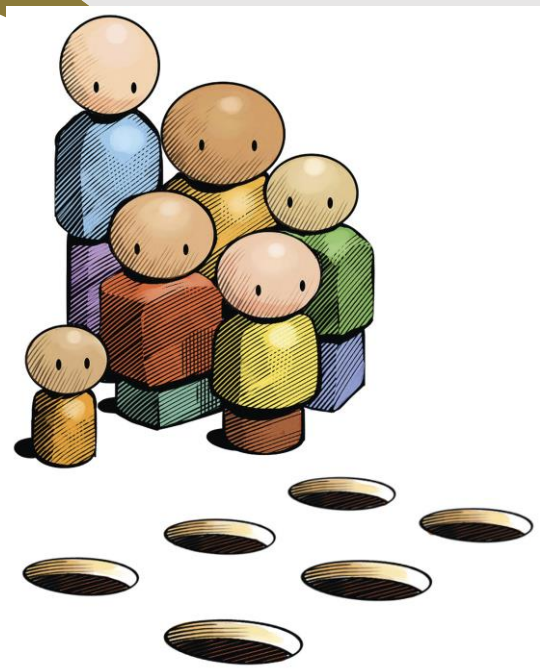
Front Sports Act Living. 2020;2:72

Overview



1. Identify Target Audience
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Thanks for listening…

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I-PARC Conference, 19th Jan 2023

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IRISH PHYSICAL ACTIVITY RESEARCH COLLABORATION
I-PARC

Rialtas na hÉireann
Government of Ireland

PAfH
Physical Activity for Health
HRI Research Cluster
University of Limerick

'Applying an inclusion health approach to engaging people experiencing homelessness and active substance abuse in physical activity programmes'

Dr. Julie Broderick

i-parc.ie

#IPARC

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IRISH PHYSICAL ACTIVITY RESEARCH COLLABORATION
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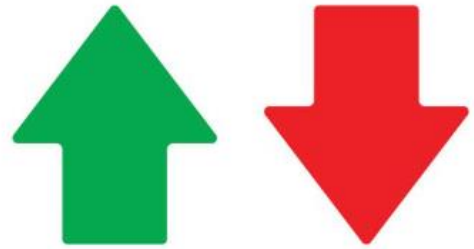
Applying an "Inclusion Health" approach - what does that mean ??

What do we mean by Inclusion health?

Inclusion health is an approach that aims to address the extreme health inequalities experienced by socially excluded people (Luchenski et al 2018).

Social determinants of health

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality.



World Health Organization

Social determinants of health can be more important than health care or lifestyle choices in influencing health.

SDH account for between 30-55% of health outcomes

Examples of Socially Excluded/ Inclusion Health populations

- Homeless
- Travellers
- Aboriginal people
- People with substance disorders
- Sex workers
- Prisoners

Associated with extreme levels of morbidity and mortality.

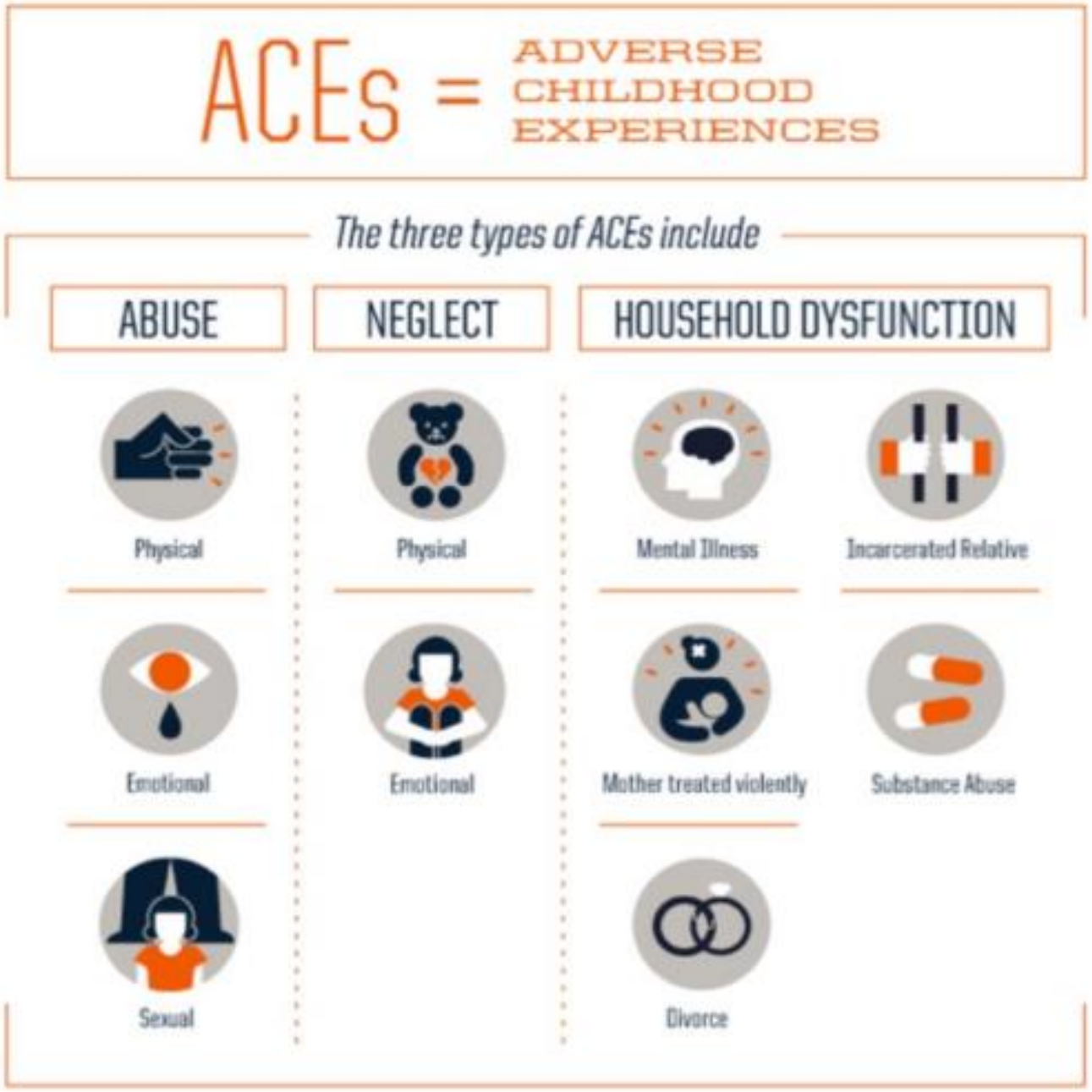
Uniting features across socially excluded populations

- (1) high mortality rate
- (2) adverse childhood events ++
- (3) discrimination and stigma ++

Adverse Childhood Experiences (ACEs)

- More common in socially excluded populations

- ACEs elevate the risk that children and young people will experience damage to health, or to other social outcomes, across the life course



≥ 4

Evidence suggests children exposed to 4 or more ACEs are more likely to participate in risk taking behaviours and have poorer health outcomes.

Inclusion health: an Irish answer to the homelessness crisis

A Dublin experiment is trying to close the revolving door that recycles people from the street to the hospital ward, and back again

https://www.theguardian.com/world/2018/dec/14/inclusion-health-an-irish-answer-to-the-homelessness-crisis

St. James's Hospital in a world first has developed an integrated, interdisciplinary inclusion health team

Pilot showed savings of almost €1 million in direct costs to the hospital and of 3,066 bed stays

Dr. Clíona Ní Cheallaigh, St. James's Hospital

- **"We go and see them. We give them clean pyjamas, make sure their methadone is sorted out, give them a friendly face, say hello, make them feel welcome, it is so simple and it makes such a difference and it doesn't cost much.**
- **All patients should have that. It is *just making sure that those who are least likely to get it, definitely get it"***

Homeless Hostel Sundial House, Dublin 8

HRB Open Research

HRB Open Research 2020, 2:22 Last updated: 06 MAR 2020

Check for updates

OPEN LETTER

REVISED **Addressing complex societal challenges in health education – A physiotherapy-led initiative embedding inclusion health in an undergraduate curriculum [version 2; peer review: 2 approved, 1 approved with reservations]**

Julie Broderick [1], Alice Waugh[2], Mark Mc Govern[2], Lucy Alpine[1], Sinead Kiernan[1,2], Niamh Murphy[2], Sofia Hodalova[1], Sorcha Feehan[1], Clíona Ní Cheallaigh[3,4]

Study I

DEPAUL
Homelessness has no place

Home / Our Services / Our Services

SUNDIAL HOUSE

Low threshold

Start early but not too early!

Learnings from small pilot exercise programme in homeless ‘wet’ hostel

Low – functional ability

Proved need

Safety considerations

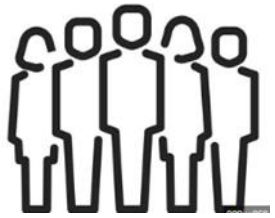
scientific reports

OPEN

Markedly poor physical functioning status of people experiencing homelessness admitted to an acute hospital setting

S. Kiernan[1,2], C. Ní Cheallaigh[3,4], N. Murphy[2], J. Dowds[2] & J. Broderick[1]✉

Study II



65 people, inpatients of St James's Hospital registered as homeless
90 % were <70 years

Only 38% could walk for 6 minute
83% had mobility limitations

70% of participants were pre-frail or frail

Physical functioning in people experiencing homelessness study

www.nature.com/scientificreports

scientific reports

OPEN

Markedly poor physical functioning status of people experiencing homelessness admitted to an acute hospital setting

S. Kiernan[1,2], C. Ní Cheallaigh[3,4], N. Murphy[2], J. Dowds[2] & J. Broderick[1]

International Journal of Environmental Research and Public Health

MDPI

Article

Feasibility of a Broad Test Battery to Assess Physical Functioning Limitations of People Experiencing Homelessness

Julie Broderick [1,*], Sinead Kiernan [1,2], Niamh Murphy [2], Joanne Dowds [2] and Cliona Ní Cheallaigh [3,4]

Irish Examiner

High levels of frailty among homeless people

More than two-thirds of homeless people accessing healthcare at one of the country's busiest hospitals were classified as frail or pre-frail and fewer than a third were able to climb one flight of stairs.

Homeless people 'so unwell they can't climb hospital stairs' - study

Herald

Implications

- Physical functioning results broadly comparable to what we would expect in ‘healthy’ ageing of people in their 70s / 80s

- Physical manifestation of earlier ageing – means reduced housing options and chances to move out of homelessness

- Demonstrates need for earlier intervention in this population

Exercise Intervention Merchants Quay Ireland (MQI)

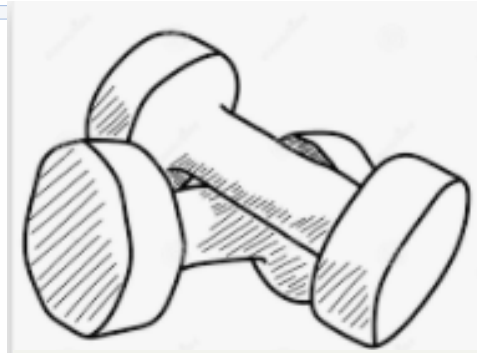
Study III

MQI offers care/treatment/rehabilitation to drug users & people experiencing homelessness

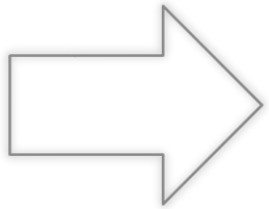
One of Ireland's first needle exchange services

Offers:
Homeless services
Drug services
Primary health services

16 ‘drop in’ week 1-1 exercise intervention



20-30 minutes of individualised multi-modal exercise



high caloric (1.5 kcal/ml), high protein (27 % energy) oral nutritional supplement

Features of the intervention MQI

- Low Threshold ‘We are here every Wednesday’, ‘Drop in any time’
- Positively framed ‘fitness focussed’ rather than frailty
- Invited to return & reassessment of physical measures on return visits

Thoughts about MQI intervention

Early results

- Feasibility shown
- Better adherence in those more stable in addition
- Better adherence in those > 65 years

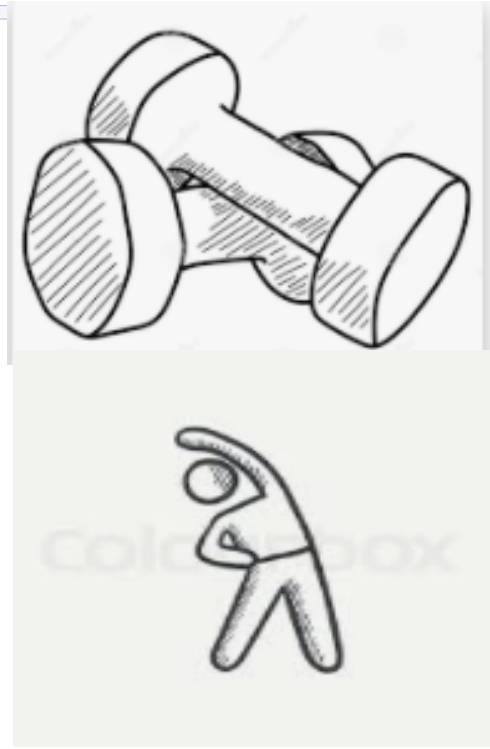
- Effectiveness
- No significant change to physical functioning measures

Advance Ballyfermot Project

Study IV

Community based day centre for people with addiction issues

Semi-structured more intense 12-week group exercise intervention



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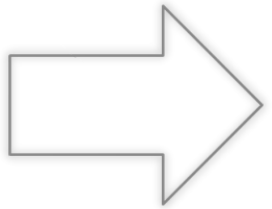


high caloric (1.5 kcal/ml), high protein (27 % energy) oral nutritional supplement

Friday ‘Park walk’ le Fanu Road, Ballyfermot

Participants (n=45)

- **Gender:** Male: 46.6% (n=21); Female: 53.3% (n= 24)
- **Age range:** 26-68 years (2 over 65)

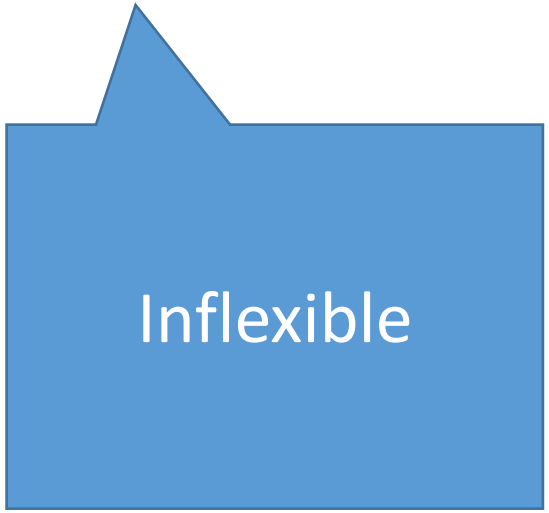
- **Majority:** complex medical histories and long term multi-drug use

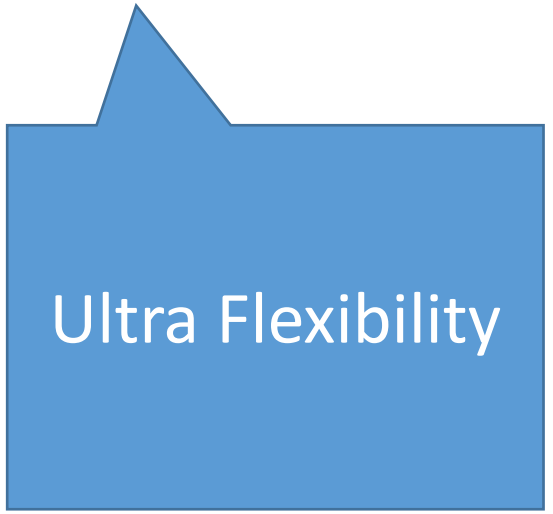
Attendance so far (n=45 assessed)

- 14 consented participants have not taken part in any sessions to date.
- Highest attendance was in Week 1 where 22 participants took part
- Lowest attendance was over Christmas with only 5 participants.
- Week 10: 7 participants last week
- Regular attenders (those who attended for 5 or more of the first 10 weeks) : n= 9 (20%).

‘Regular’ versus ‘low threshold’ approach

Regular system	Low threshold approach
Scheduled appointment	Drop in
No substances ingested	‘Come as you are’
Come to us	We will come to you





Change your approach….

- Remember the ACES/'backstory' - may be traumatic and complex
- Trauma informed approach
- Think of potential triggers
- Consideration of power relationship
- Build trust, be consistent
- Be flexible - mood/interest fluctuates
- Be innovative and be kind

Addiction aspect

Addiction - 'high' of exercise enough??

Change mode frequently

May over-exert

Ensure adequately hydrated

Getting history can be challenging - understanding lingo takes time

Treatment Outcome Profile (TOPs) may be useful

Points about programme design

Music super important !

Participation in playlist

Keep it interesting

Mix it up !

Physical aspect

Expect to see geriatric conditions such as frailty, falls, mobility problems in younger people - even those in their 20s and 30s

'Think geriatrics' due to premature ageing

Many complex histories

Many experiencing pain

Medical link – important

Consider adverse events - tight emergency SOPs

Literacy challenges

- Consider functional illiteracy
- Techniques such as teach-back, chunking, using plain language

- Consider health literacy

Additional points to consider

Consider many additional barriers to participation

Consider different markers of success - ‘small wins’

Mainstream services unlikely to reach this population

‘Targeted’ as a bridge to mainstream

No two days are the same! Engaging and super-resilient population

Conclusion

What we do will not solve all complex challenges in socially excluded groups

But is a focus from which there can be a ripple effect in terms of outcomes.

If nothing else it is a positive distraction

It's a new and emerging area – would love to collaborate with you if you have research ideas

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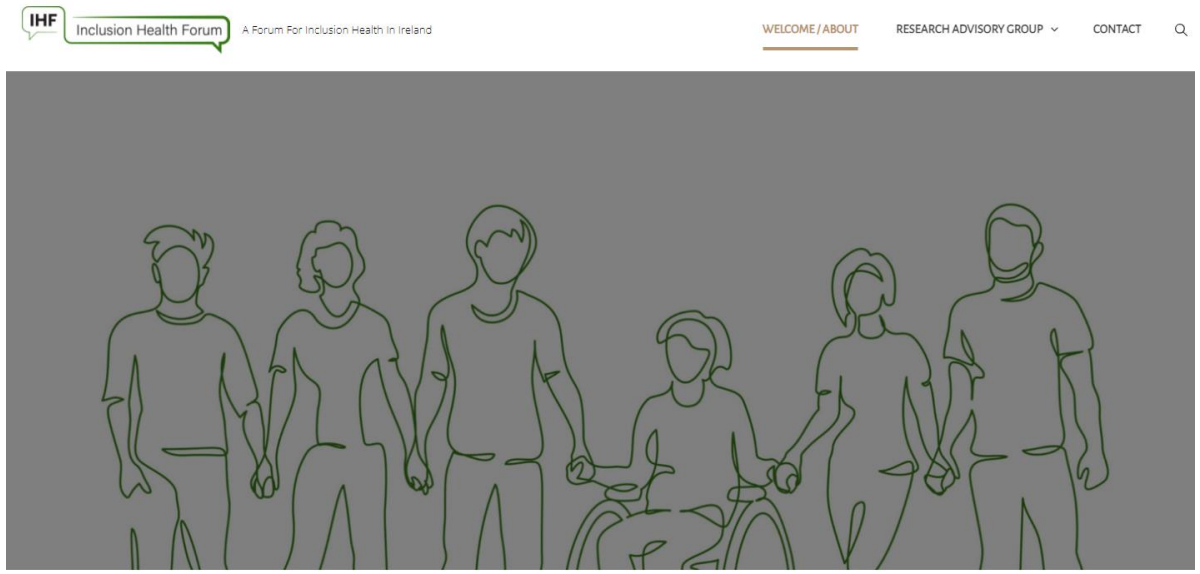
http://inclusionhealth.ie/



Look out for our free online education events ! @IHFIreland

Inclusion health forum