

Co-designing evidence based health interventions for people in the retirement transition

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The LiveWell programme aims to develop pragmatic and acceptable lifestyle-based interventions to improve the health and wellbeing of people in the retirement transition. The project aims to help older adults change their lifestyle and targets eating patterns, physical activity and social relationships. The project team combines expertise in Human Nutrition, Behavioural Science, Movement Science, Medical Sociology, Gerontology, and mental wellbeing. User involvement through co-design maximises opportunities for usable and acceptable interventions but also requires the integration of multiple epistemologies.

Through information integration from qualitative research and systematic reviewing, researchers accumulated evidence for service opportunities and effectiveness of interventions in the retirement transition (Heaven et al, in press). Effective behaviour change techniques (Michie et al, 2009) and modes of delivery (Davidson et al, 2003) were identified. The researchers were supported by design expertise to integrate the evidence gathered and deliver a series of three workshops using co-design methods. Co-designers were potential intervention-users, deliverers, commissioners and researchers. The activities involved: i) describing the current retirement transition for a range of personas (Pruitt and Adlin, 2006), which were informed by the qualitative research evidence and further developed by workshop participants; and ii) brainstorming and storyboarding new ideas for possible service interventions using a variety of prompts informed by the wider evidence base.

Personalisation through identification of needs/desires and the role of a mentor in identifying resources and setting goals were key emerging design

themes. Integration of ideas was achieved through structured opportunities for discussion and a diversity of interactive methods.

Co-design methods integrated multiple sources and types of data, generating design recommendations for theoretically sound and evidence-based interventions. Intervention prototypes will be tested for acceptability and feasibility with older adults. The resulting interventions are more likely to be adopted by intended target groups.

References

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