Summer Conference 2022, 12–15 July 2022, Food and Nutrition: pathways to a sustainable future

Assessing community readiness for overweight and obesity prevention among Ghanaian immigrants living in Greater Manchester, England

H. Osei-Kwasi[1], P. Jackson[1], R. Akparibo[2], M. Holdsworth[3], M. Nicolaou[4], A. De Graft Aikins[5] and P. Griffiths[6]

[1]*Department of Geography, University of Sheffield, Sheffield, UK,*
[2]*Public Health Section, School of Health and Related Research, University of Sheffield, Sheffield, UK,*
[3]*UMR MoISA (Montpellier Interdisciplinary centre on Sustainable Agri-food systems), Univ Montpellier, CIRAD, CIHEAM-IAMM, INRAE, Institut Agro Montpellier, IRD, Montpellier, France,*
[4]*Department of Public and Occupational Health, Amsterdam Public Health Research Institute, Netherlands,*
[5]*Institute of Advanced Studies, University College London, London, UK and*
[6]*Centre for Global Health and Human Development, School of Sport, Exercise and Health Sciences, Loughborough University, UK*

Most immigrant groups to the UK from low and middle-income countries have a high risk of overweight/obesity and of associated non-communicable diseases. Community readiness to engage in interventions needs to be understood before appropriate interventions can be implemented. This study assesses community readiness to prevent overweight/obesity among Ghanaian immigrants in Greater Manchester, England. The community readiness model (CRM) was applied using a semi- structured interview tool with 13 key informants (religious and other key community members) addressing five readiness dimensions (community knowledge of efforts, leadership, community climate, knowledge of the issue and resources). A maximum of 9 points per dimension (from 1 = no awareness to 9 = high level of community ownership), alongside qualitative textual thematic analysis. The mean readiness score indicated that the study population was in the "vague awareness stage" (3.08 ± 0.98). The highest score was observed for community knowledge of the issue (4.42 ± 0.99) which was in the pre-planning phase, followed by community climate (vague awareness; 3.58 ± 0.62). The lowest scores were seen for resources (denial/resistance; 2.70± 0.61) and Knowledge of efforts (no awareness; 1.53 ± 0.44). Explanations are sought in terms of structural barriers and socio-cultural norms where structural barriers include poor living conditions as a result of poorly paid menial jobs and high workload, contributing to the adoption of unhealthy eating behaviours. Socio-cultural factors such as fatalism, hereditary factors and social status were associated with acceptance of overweight. Despite recognising overweight/obesity as an important health issue in these communities especially among women, it is not seen as a priority. To help these communities to become more ready for interventions that tackle overweight/obesity, the focus should initially be to address the structural barriers identified, reduce poverty and then focus on the socio-cultural factors.

References
1. Agyemang C & van den Born BJ (2019) *J Travel Med* **26**, 107.
2. Plested BA, Jumper-Thurman P & Edwards RW (2016) Natl Cent Community Readiness, Color State Univ Fort Collins, Color 20.