

Going Beyond the Science: Fostering Community within Health Behavior Interventions for Lasting Change

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Abstract

This commentary discusses the author's views and experience regarding the importance of fostering community for effective and sustainable health behavior change.

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Commentary

As health behavior researchers, we need to be thoughtful and deliberate when we develop interventions. For interventions to truly bring about positive and lasting change, they should be more than a mechanism to test theory application, collect data, and disseminate results. Health behavior interventions are opportunities to introduce participants to sustainable programs and supportive communities. That way, when the science is done, both participation and benefits can continue. To do otherwise, and focus only on our science versus the lasting benefits for our participants, is in my opinion a disservice to participants and to our field.

In my experience, one key to fostering lasting change through scientific intervention is deliberately facilitating supportive community among intervention participants. Introducing participants to a community can lead to a sum greater than its parts – thanks to this community belonging. Many people have experienced being part of a community. It may have been a work group, a church group, a sports team, or something else, but having shared experiences and achieving goals as part of a group can be quite fulfilling. These are all part of what makes up the

concept of “sense of community,” and what I believe is effective in creating and sustaining positive health behavior changes.

Sense of community is, “a feeling that members have of *belonging*, a feeling that members *matter* to one another and to the group, and a shared faith that members' needs will be met through their *commitment* to be together” (McMillan & Chavis, 1986, p. 9). Sense of community is not a transient effect, but result from deliberately engaging in a community. As detailed by Warner, Kerwin, and Walker (2013), in community, members can bond over shared interests and develop friendships via social networking and group dynamics (i.e., common interests). By making group connections and experiencing encouragement from other members, friends, and family members (i.e., social support), members can positively interact in common spaces (i.e., social spaces), have opportunities to experience diversity that leads to community thriving (i.e., inclusion, tolerance, and empowerment), and interact with leaders who express care and concern about members (i.e., administrative consideration). As part of the community, members help guide and direct each other both formally and informally (i.e., leadership opportunities), and as a result, community involvement occurs organically without the need for external incentives or pressures (i.e., voluntary action). As members face both internal and external challenges, they are prompted toward excellence and further defining themselves within a community (i.e., competition; Warner et al., 2013), which leads to sustainability within communities. Thus, a sense of community provides internal and external structures that promote positive

outcomes for individuals and the collective group alike.

In my area of health behavior research, applied exercise, I have found that the most engaging exercise communities can be both similar and diverse in demographics (e.g., age, income, race, ethnicity, occupation) and fitness abilities. These communities bring people together for shared experiences and hard work where it is inspiring for the most fit to celebrate the gains and accomplishments of the least fit. In particular, I have studied the effects of high intensity functional training (HIFT) programs, “a training style that incorporates a variety of functional movements, performed at high-intensity [relative to an individual’s ability], and designed to improve parameters of general physical fitness and performance” (Feito et al., 2018, p. 2). Since HIFT is typically delivered as group fitness training, there is a focus on building community that facilitates participation (Feito et al., 2018). This occurs through deliberate focus on encouraging new member introductions, investment in each other’s success, and socialization outside of workouts (Feito et al., 2018). As one HIFT coach explains, “I think the supportive environment is critical to success,” and another mentions deliberately trying to “increase the supportive nature of the community” (Heinrich et al., 2017, p. 26). In particular having clear common spaces, supportive competition, “shared suffering” (i.e., completing difficult workouts together), encouraging social support, and developing relationships within and between members are key elements of HIFT contributing to the sense of community (Heinrich et al., 2017).

It is the sense of community, along with demonstrated improvements in multiple aspects of fitness (Cosgrove et al., 2019), that draws people into HIFT and allows me to introduce participants to an intervention program they can continue long after the research is done. Of all HIFT studies I have

conducted to date, anywhere from 10-60% of participants are still continuing their participation today (e.g., Heinrich et al., 2019). With their HIFT communities, former participants have celebrated weddings, babies, graduations, and promotions together. They have supported each other through difficult times as well; cancelling class so that they could support a member at her spouse’s funeral. They have reached out to other participants who they have not seen in a few weeks to draw them back in to their exercise behaviors. This community serves as an active agent of support and sustainability related to our participants’ continuing health and wellbeing.

During the COVID-19 pandemic, many exercise communities have morphed and expanded to do whatever they can to continue facilitating a sense of community. Gyms are trying everything from posting videos and workouts online to doing virtual group exercise classes, and have lent equipment for their members to take and use to complete workouts at home. Members are calling and checking in with each other. But when things go back to normal, whatever that is, these exercise communities will continue to thrive because they are grounded on the premise of community and belonging. They provide a motivating structure that encourages exercise behaviors to be maintained, no matter what external obstacles or pressures come into play.

Clearly this synergy and sense of community is not unique to HIFT exercise programs. It can be integrated as a key piece of all health behavior interventions to induce lasting and sustainable changes. Now more than ever it is important to bring people into communities where they can share together, work together, and sustain their health behavior changes together.

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References

Cosgrove, S. J., Crawford, D. A., & Heinrich, K. M. (2019). Multiple fitness improvements found after 6-months of high intensity functional training. *Sports*, 7(9), 203.

<https://doi.org/10.3390/sports7090203>

Feito, Y., Heinrich, K. M., Butcher, S. J., & Poston, W. S. C. (2018). High intensity functional training (HIFT): Definition and research implications for improved fitness. *Sports*, 6(3), 76.

<http://dx.doi.org/10.3390/sports6030076>

Heinrich, K. M., Carlisle, T., Kehler, A., & Cosgrove, S. J. (2017). Mapping coaches' views of participation in CrossFit to the integrated theory of health behavior change and sense of community. *Family and Community Health*, 40(1), 24-27.

<https://doi.org/10.1097/FCH.00000000000000133>

Heinrich, K. M., Crawford, D. A., Langford, C. R., Kehler, A., & Andrews, V. (2019). High intensity functional training shows promise for improving physical functioning and activity in community-dwelling older adults: A pilot study. *Journal of Geriatric Physical Therapy* [Epub ahead of print].

<https://doi.org/10.1519/JPT.0000000000000251>

McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology*, 14(1), 6-23.

[http://dx.doi.org/10.1002/1520-6629\(198601\)14:1%3C6::AID-JCOP2290140103%3E3.0.CO;2-I](http://dx.doi.org/10.1002/1520-6629(198601)14:1%3C6::AID-JCOP2290140103%3E3.0.CO;2-I)

Warner, S., Kerwin, S., & Walker, M. (2013). Examining sense of community in sport: Developing the multidimensional 'SCS' scale. *Journal of Sport Management*, 27(5), 349-362.

<http://dx.doi.org/10.1123/jsm.27.5.349>