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| **Is there an evidence base for ‘Making Every Contact Count’?** |
| **Background/Objectives**  Making Every Contact Count (MECC) is an approach to behaviour change adopted in the UK that enables the opportunistic delivery of healthy lifestyle information and enables individuals to engage in conversations about their health.There is little published research on MECC itself. This project examined its different ambitions and what we know works to achieve these.  **Methods**  A scoping review to determine the size and scope of relevant literature that supports the various ambitions for MECC.  **Results**   1. There is some limited evidence, mostly from allied health professionals, that wider workforces will embrace a health-promoting role. 2. There is no evidence to recommend length of training or specific mode of delivery for MECC. In order to build the evidence base, there needs to be more consistency between training programmes on the content and goals of the intervention staff are being trained to deliver. 3. There is very limited evidence from anecdotal reports and process evaluations that training (whether MECC or public health/health promotion) influences staff to adopt positive health changes. 4. MECC purports to embody the principles of person-centred care. There is some evidence that person-centred care improves patient self- efficacy, satisfaction, and self-management but impact on behavioural outcomes has not been measured. 5. Most models of MECC include very brief interventions (brief advice) and brief interventions. Nomenclature varies and may also include “healthy conversations” or “healthy chats”. The evidence base for the effectiveness of brief interventions is extensive but there is much less evidence concerning very brief interventions.   **Discussion**  The success of MECC has been in developing a brand but which also encapsulates a range of good preventive practice. In ‘letting a thousand flowers bloom’ however, this variability has had disadvantages in a lack of clarity about what are the elements of this complex intervention, and consequent difficulties in being able to closely align it to other similar bodies of evidence.  **Keywords**  Opportunistic health promotion/ making every contact count/scoping review/evidence base/very brief advice/very brief intervention |