Assessing Community Readiness for Childhood Obesity Prevention

FINDINGS FROM GEORGIA

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Policy Leadership for Active Youth (PLAY) Initiative

PLAY is a policy research initiative aimed at identifying evidence-based strategies to increase physical activity, decrease sedentary behavior, and prevent childhood overweight and obesity.



Role of Communities



"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."
-Margaret Mead

Background

- Communities play a critical role in addressing the childhood obesity epidemic. Community members, organizations, and governments make the decisions that affect land use, nutrition, food marketing, community planning, transportation and ultimately the health status of their residents.
- In Georgia, little is known about the number of coalitions at work or their readiness and capacity to implement evidence-based childhood obesity prevention strategies.
- The SPH, in partnership with the Georgia Family Connection Partnership (GaFCP), assessed community readiness related to the existence of coalitions, leadership, partnerships, community knowledge, and local resources.

Community Readiness:

The capacity or ability of a community to take action against an issue.¹

Community Readiness Model:

- Developed by the Tri-ethnic Center for Prevention Research at Colorado State University.
- Used to "guide communities or researchers to better understand the process of community change and to develop effective, culturally-appropriate, and community-specific strategies for prevention and intervention."²

Community Readiness Model:

• The CRM allows the community to match an intervention with their level of readiness to maximize the chances for success.

• It defines 9 stages of readiness ranging from:

No awareness of the problem to a high level of community ownership

1. No Awareness	Issue is not generally recognized as a problem.
2. Denial/ Resistance	 Some concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness	 Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4. Preplanning	 There is clear recognition that something must be done, and there may be a group addressing it. However, efforts are not focused or detailed.
5. Preparation	 Active leaders begin planning in earnest. Community offers modest support of efforts.
6. Initiation	 Enough information is available to justify efforts. Activities are underway.
7. Stabilization	 Activities are supported by administrators or community decision makers. Staff are trained and experienced.
8. Confirmation	• Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
9. High Level of Ownership	• Detailed knowledge exists about prevalence, causes, and consequences. Evaluation guides new directions. Model is applied to other issues.

Community Readiness Model

The Six
Dimensions of
Community
Readiness



Community Readiness Assessment Process

3. Identify 5. Score 4. Conduct 2. Define Interviews to Key 1. Identify Key Target Informants Determine Informant Issue Communities Within Readiness **Interviews** Communities Level

Methods

• Study Population:

• Fifteen community coalitions in Georgia were identified and included in this study. Coalitions with moderate to high levels of interest were included. Coalitions that existed within the last three years and were previously active were also included.

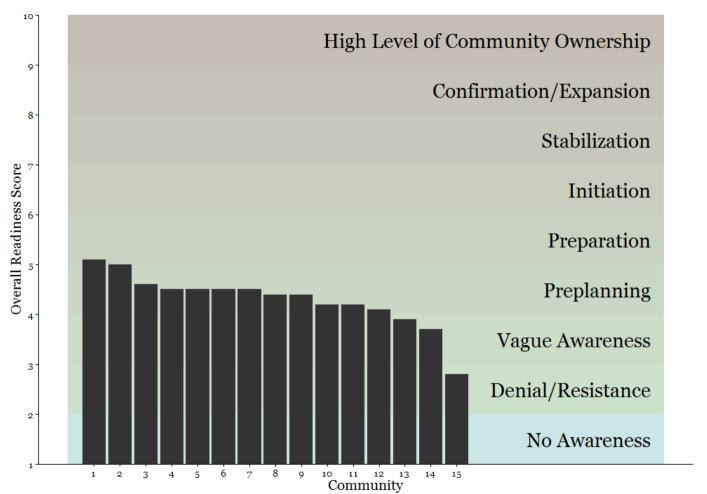
Data Collection:

- Seventy-nine key informant interviews were conducted using a semi-structured questionnaire assessing the six dimensions of readiness.
- The key informants represented different segments of the community (e.g. community planners, healthcare, education, and policymakers).

• Data Analysis:

Data were analyzed using NVIVO and the CRM scoring protocol outlined by the CRM.
Researchers reconciled differences in scores and reached consensus for each dimension. An
overall readiness score was reached by taking the total of all calculated scores and dividing by
the number of dimensions.

Results: Overall Readiness Scores

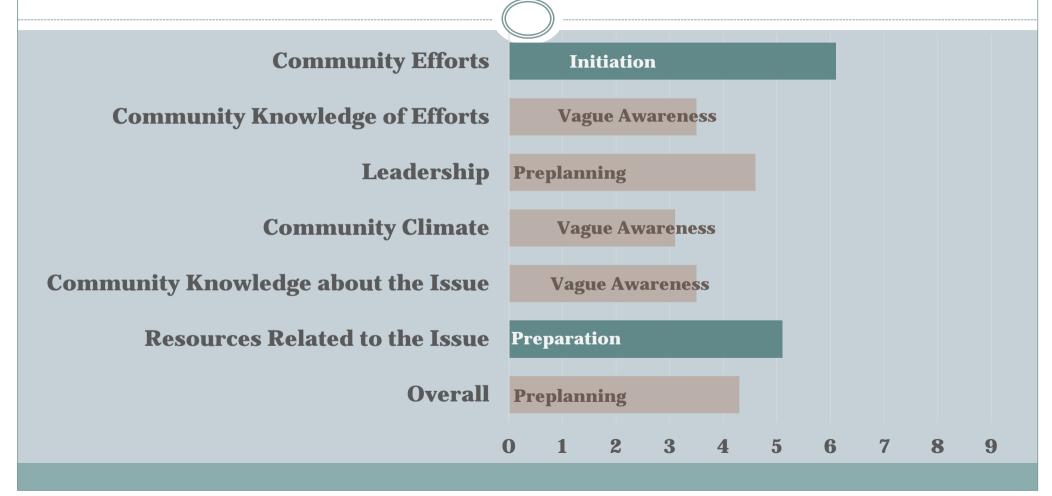


Overall Readiness Scores:

Overall, scores ranged from 2.8 to 5.1 out of 9 points

- 10 out of 15 communities scored in the **Preplanning stage**
- 1 community scored in the **Denial/Resistance stage**
- 2 communities scored in the Vague Awareness stage
- 2 communities scored in the **Preparation stage**

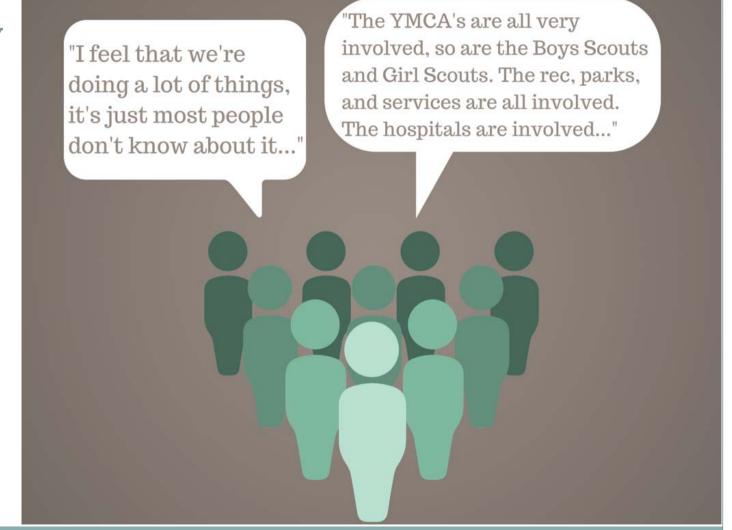
Average Scores by Dimension



Community Efforts

Overall Readiness Score:

6.1 (Initiation)



Community Knowledge of Efforts

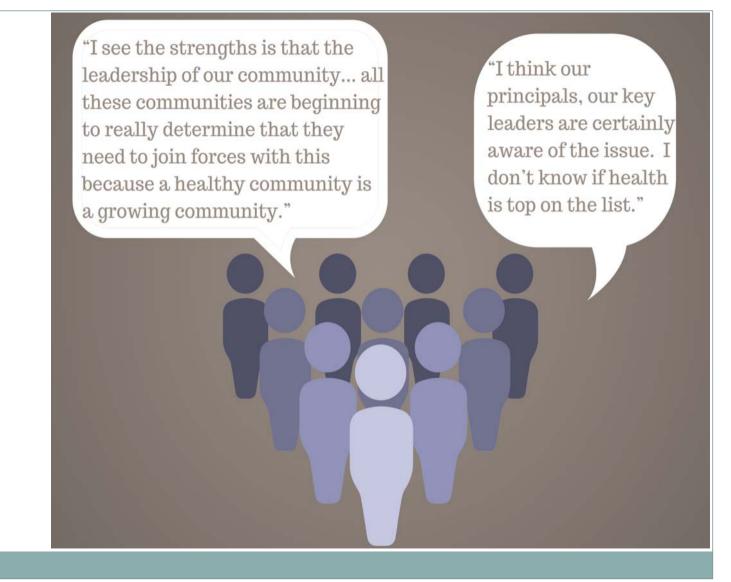
Overall Readiness Score: **3.5**

(Vague Awareness)



Leadership

Overall Readiness Score: 4.6 (Preplanning)





Community Climate

Overall Readiness Score: 3.1 (Vague Awareness)



"In this community and virtually every community in Georgia and nationally, obesity is an abstract concept to most. I don't think the connection has been made as significantly in the community. I don't think the long term connection is really getting through."

Community Knowledge of the Issue

Overall Readiness Score: 3.5 (Vague Awareness)

Resources Related to the Issue

Overall Readiness Score:

5.1

(Preparation)

Collaborations may not need funds tied implementing specific programs, but they may need support for empowering communities with:

marketing

educating

coordinating

collaborating

leading efforts

Discussion

- Of the fifteen communities selected, most were determined to be in the preplanning stage of readiness (there was clear recognition that something must be done, and there was some type of organization addressing it).
 - However, efforts were not always coordinated, widely supported, or adequately publicized.
- The Community Readiness Model is a diagnostic tool that provides insight on the context within which communities are working on obesity prevention.
 - **Limitations:** the model cannot prescribe the details of exactly what to do or to fund in each community. The context across communities differs and prevention strategies must be tailored to ensure appropriate fit.

Conclusion

- Individuals can only make healthy decisions when they have the tools and opportunities to do so. Communities must respond to the obesity epidemic by creating environments that support healthy eating and encourage physical activity.
- There is a need for state action to catalyze efforts to support the establishment of additional coalitions and build capacity to implement childhood obesity prevention programs and PSE change.

Implications for Practice and Policy









This study demonstrated the utility of the CRM for understanding community capacity on childhood obesity prevention and can provide a focal point for future support to communities across Georgia.

Four of the communities subsequently received grants from the Healthcare Georgia Foundation to implement childhood obesity prevention initiatives.

Questions?



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"Change is a process, not an event."

—James O. Prochaska