



# USING THE CONCEPT OF COMMUNITY READINESS TO PROMOTE PHYSICAL ACTIVITY AMONG OLDER ADULTS – THE AEQUIPA EXPERIENCE

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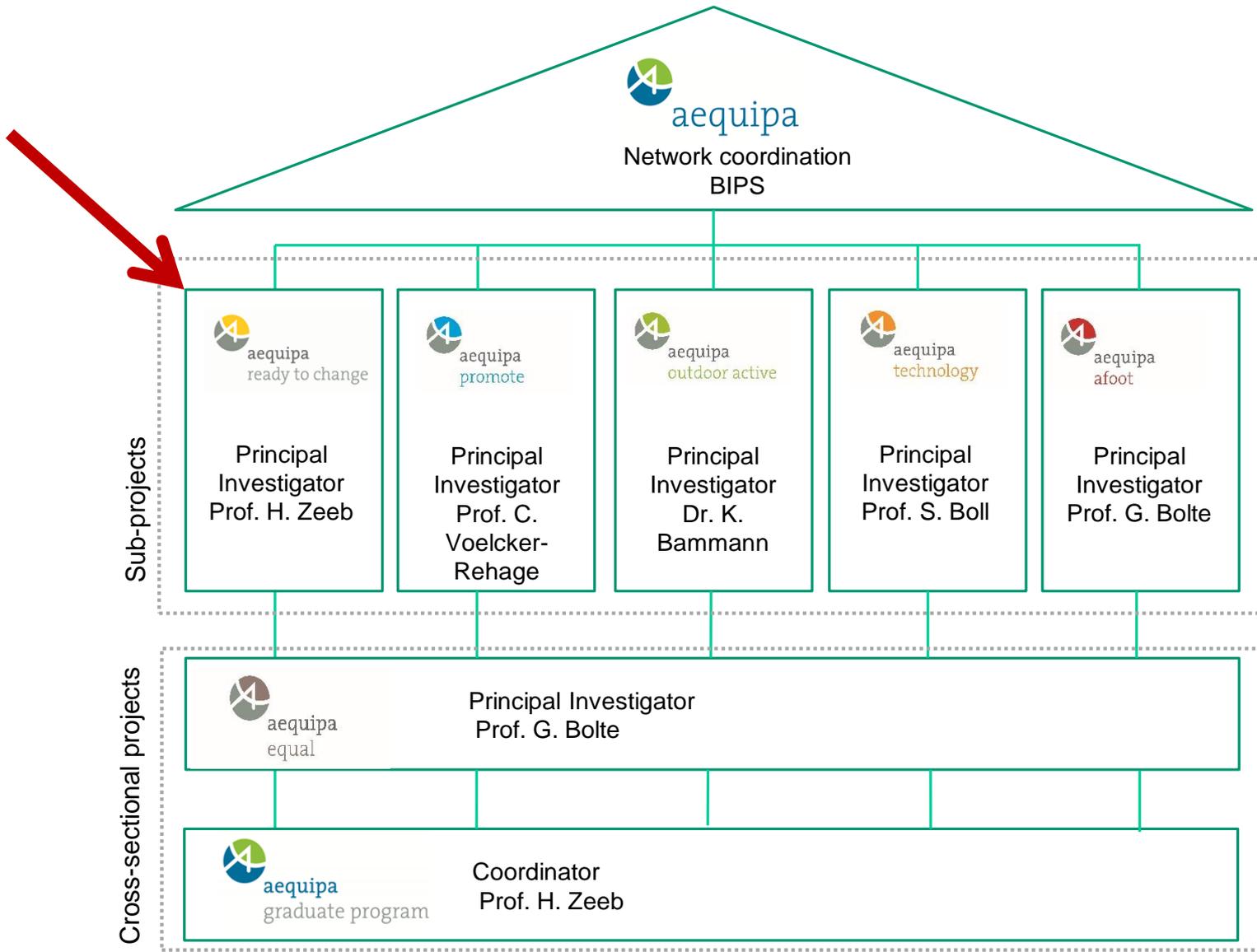
ProHealth 65+ 2<sup>nd</sup> Project conference, Rome, 2016

# Background – what is AEQUIPA?

- Physical inactivity fourth leading risk factor for non-communicable diseases (WHO 2009)
- Only one third of older adults are physically active in Germany (according to the WHO recommended levels)
- Very few tailored prevention programs for older adults
  - Issues of intervention-generated inequality

## AEQUIPA

- A prevention research network in North-West Germany, coordinated by Leibniz-Institute - BIPS
- Topics: Physical activity, healthy ageing, equity



# Background

***„Community Readiness is the degree to which a community is willing and prepared to take action on an issue“<sup>1</sup>***

- The Community Readiness model<sup>2</sup> was developed based on the transtheoretical model<sup>3</sup>
- It is issue-specific and systematically measurable (across multiple dimensions and community segments)
- It measures attitudes, efforts and activities, resources and knowledge of community members and leadership in order to assess a community's readiness to address a (health) issue

# Stages of Community Readiness

- The Community Readiness Model defines **9** stages of readiness (see figure 1)
- Readiness levels for an issue can increase **and** decrease
- The preplanning stage has to be reached before implementing new efforts

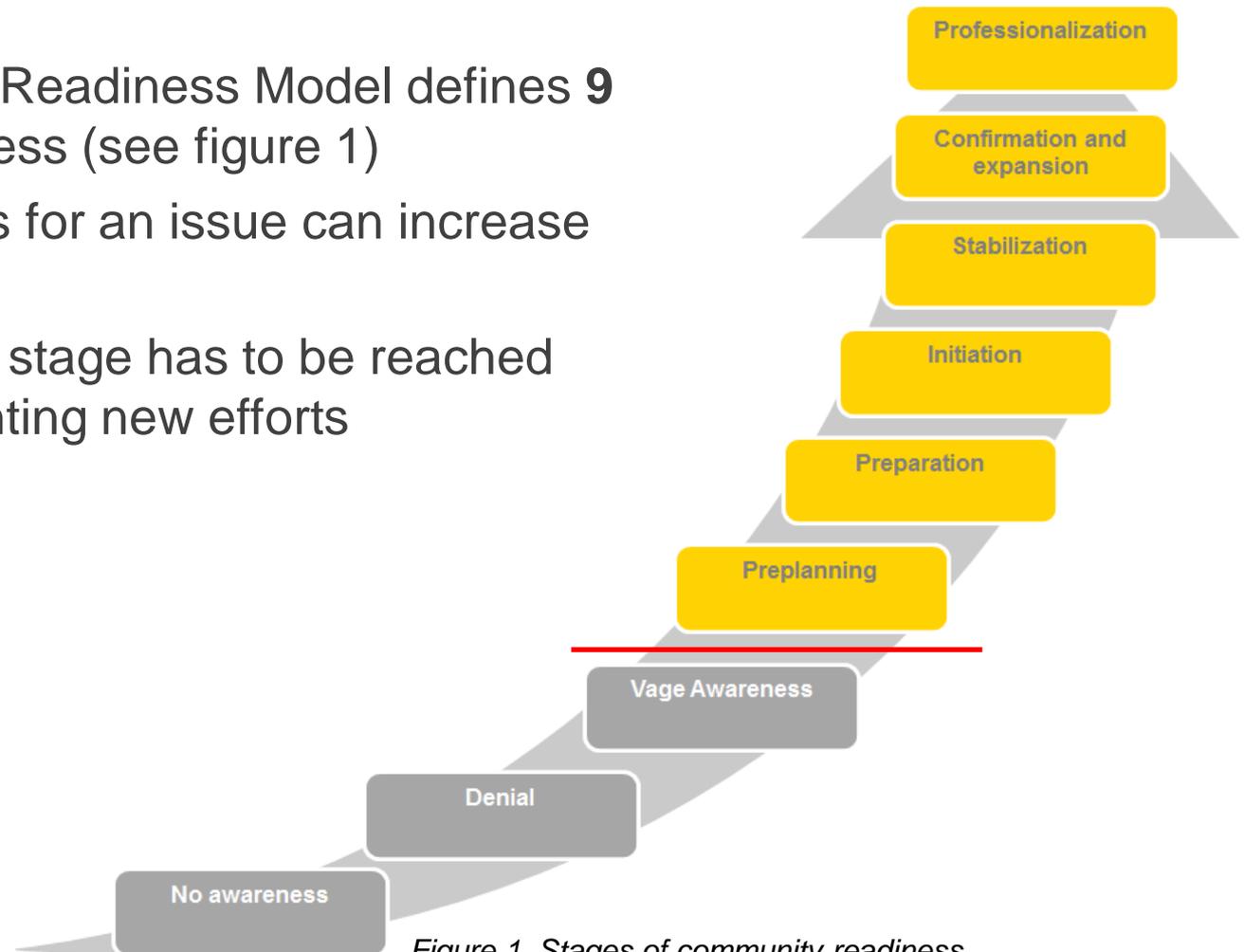


Figure 1. Stages of community readiness

# Objectives - AEQUIPA RTC

- To assess the Community Readiness (CR) for older adults' physical activity (PA) in selected municipalities in the Metropolitan Region Bremen Oldenburg in the Northwest
- To investigate the efficacy and cost-effectiveness of capacity building strategies to increase CR to engage vulnerable older adults (e.g., low SES, obese) in PA interventions
- To examine reasons for (non-)participation in existing PA interventions among older adults

# Municipalities in the Metropolregion Nordwest

N=150

## Community Readiness Assessment (n=24)

Sample of municipalities with a high % of older adults

## Excluded (n=16)

Municipalities with high or moderate community readiness

## Randomization (n=8)

Municipalities with low community readiness

### Intervention Group

Community readiness enhancing strategies  
n=4 (2 rural, 2 urban)

### Control Group

Standard recruitment strategies  
n=4 (2 rural, 2 urban)

### Outcomes

- Reach
- Unequal access
- Cost-effectiveness

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# RTC - Assessment

## Steps of the CRA

- Definition of 23 municipalities (12 rural/11 urban) with comparatively high portion of older adults aged 65-75 years in the Metropolitan Region Bremen/OL
- Identification of key respondents in the municipalities
- Performance of 4-8 Interviews per municipality and double, independent scoring of interview transcripts
- Determination of CRA-Scores per dimension and municipality



# Dimensions of community readiness assessment

## **Community knowledge of efforts**

> e.g. existing PA efforts; strengths/weaknesses of efforts, barriers to efforts

## **Leadership**

> e.g. priority of the issue to leadership, support of leadership for the issue

## **Community climate**

> e.g. priority of the issue to community members support of community members

## **Community knowledge about the issue**

> e.g. knowledge about causes, symptoms and consequences of inactivity, misconceptions among community members

## **Resources related to the issue**

> e.g. funding of current efforts, plans for additional funding

## **Additional questions**

> e.g. hard to reach population groups? Concepts for better reachability

## **Socio demographics**

# Results

## Results:

118 Interviews (12 rural/ 11 urban municipalities)

Response: 58.1%

## Key respondents:

- Sport clubs (n=32)
- Town hall/local central office (n=18)
- Community centres (n=14)
- Elderly advisory board (n=11)
- Neighbourhood management (n=8)
- Community college (n=4)
- Rheumatism self-help (n=4)
- Gym (n=3)
- Local service centre (n=3)
- Bremen home foundation (n=2)
- Physiotherapist (n=2)
- Other (n=15)

# Results

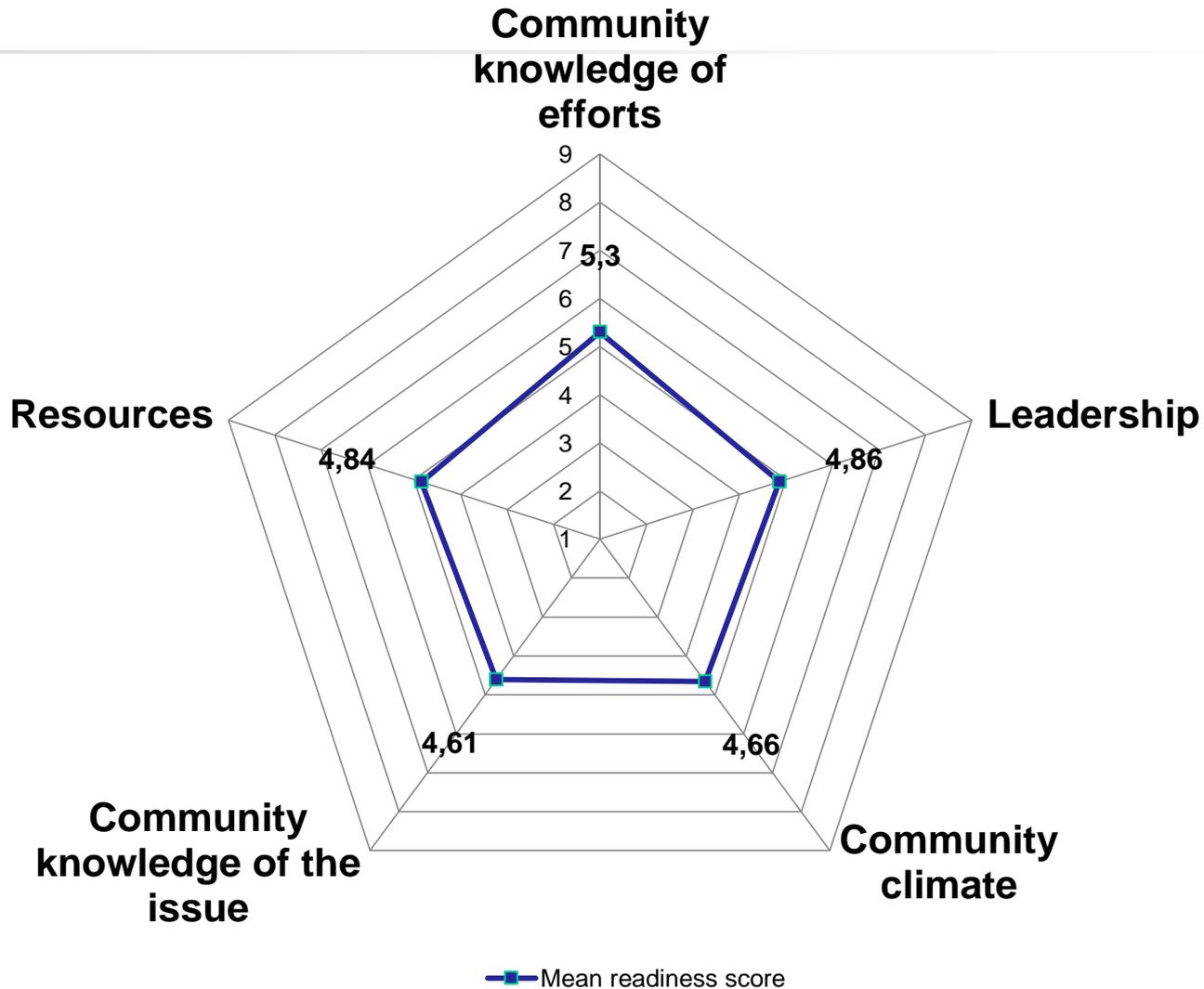


Figure 2. Overview of CRA scores per dimension

# Strategies to enhance Community Readiness

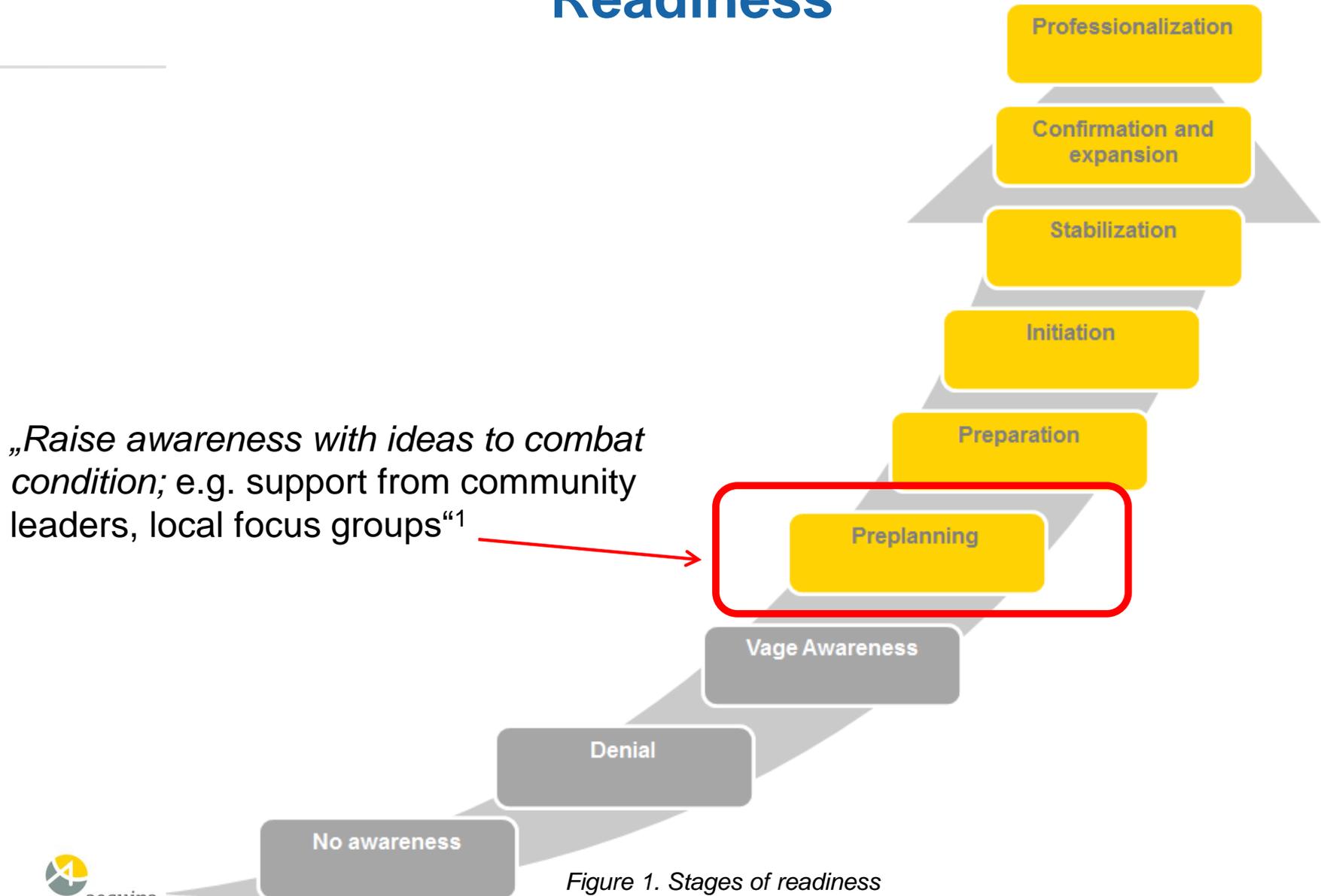
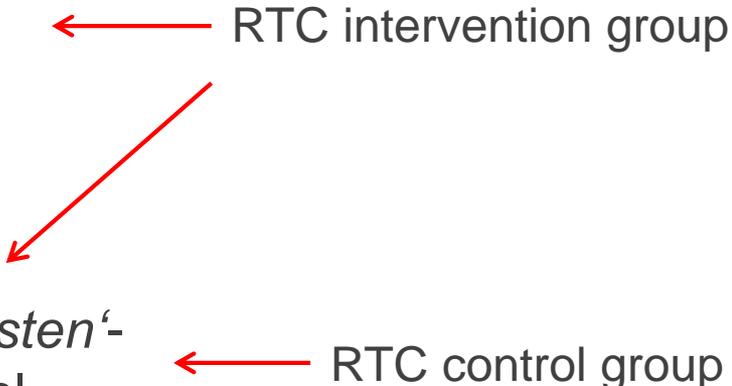


Figure 1. Stages of readiness

# Capacity Building and recruitment strategies

*“Capacity building is the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion.”<sup>4</sup>*

- Development of a tool for local stakeholders
  - Establishment of local working groups
  - Public information events for citizens
  - Standard recruitment for the *‘Fit im Nordwesten’*-intervention trial (media campaign, individual invitation letter, display of information material)
- ← RTC intervention group
- ← RTC control group
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# Capacity Building

## Development of a capacity building tool

- Basic information on healthy ageing and PA
- Practical advice on capacity building (focus on establishing community working groups)

## Community working groups

- Working groups in all (but one) municipalities concerned with PA for elderly people (regular basis)

## Public information events

- E.g. senior organization's anniversary



Picture 1 by D. Gansefort

# Discussion

- The response of 60% indicates a high acceptance among leadership and community members
- Communities are in the preplanning and/or preparation stage
- Slight differences between rural and urban communities
  
- The model is efficient, inexpensive, easy-to-use and it promotes community recognition and ownership of the issue
- It encourages the use of local experts and resources instead of reliance on outside experts and resources
- The process of community change can be complex and challenging, but the model breaks down the process into a series of manageable steps

# Literature

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**”A change is gonna come“  
(Sam Cooke, 1964)**

**Thank you**

[www.aequipa.de](http://www.aequipa.de)

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