



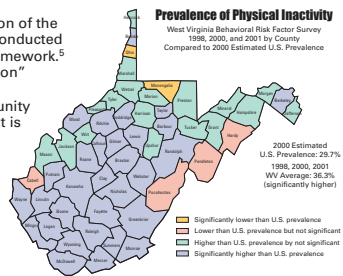
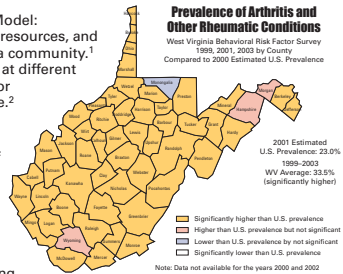
Community Readiness for Adopting the EnhanceFitness® Program in People with Arthritis in West Virginia: Preliminary Results

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BACKGROUND

- ◆ **Readiness:**
 - ◆ The degree to which a community is prepared to take action on an issue.¹
 - ◆ An important factor in determining whether a program can be adopted by a community.²
- ◆ **Community Readiness Model:**
 - ◆ Integrates the culture, resources, and level of readiness in a community.¹
 - ◆ Communities may be at different stages of readiness for implementing change.²
- ◆ **Project:**
 - ◆ West Virginia (WV) has the highest rate of arthritis in the United States and the fifth highest rate of adults who do not engage in leisure-time physical activity (PA).^{3,4}
 - ◆ An intervention is being conducted in conjunction with the Bureau for Public Health in 8 counties in WV to determine if a community-delivered PA program, the EnhanceFitness® Program (EF), is safe and effective for people with arthritis.
 - ◆ A systematic evaluation of the intervention will be conducted using the RE-AIM Framework.⁵
 - ◆ To assess the "Adoption" component of the Framework, a community readiness assessment is being conducted independently of the intervention to determine the likelihood of communities adopting EF after the funded project concludes.

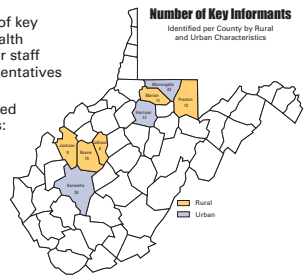


PURPOSE

The purpose of this project is to examine community readiness for adopting EnhanceFitness® in people with arthritis in the 8 West Virginia counties in which EnhanceFitness® will be piloted.

METHODS

- ◆ 108 key informants have been identified in the 8 counties by either the project's Steering Committee, Community Advisory Board, or through internet searches.
- ◆ The most common examples of key informants include county health personnel (15%), senior center staff (15%), extension office representatives (9%), and library staff (6%).
- ◆ A 35-item survey was developed using "Community Readiness: A Handbook for Successful Change."¹
- ◆ The survey addresses potential barriers to adoption of a PA program; level of awareness of past, current, and planned PA programs; and current efforts by community leaders.
- ◆ 12 key informants from each county will be interviewed via telephone for a total sample size of 96.
- ◆ The interviews are digitally recorded, transcribed for analysis, and scored following procedures described in the Handbook.¹
- ◆ The survey provides stage of readiness scores on 6 dimensions.
- ◆ The overall stage of readiness score ranges from 1 (no awareness) to 9 (high level of community ownership).
- ◆ **Analysis:**
 - ◆ This preliminary analysis included data from 47 of the 96 planned interviews.
 - ◆ Descriptive statistics were calculated for all survey variables.



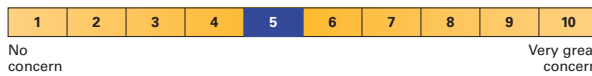
RESULTS

Characteristics of Respondents

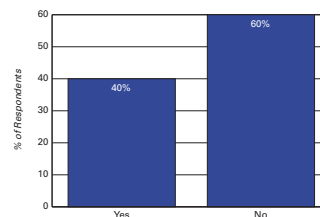
Characteristics	(n=47)	(%)
Respondents' self-defined "community":		
Town	8	(17.0)
City	7	(14.9)
County	26	(55.3)
Multiple counties	6	(12.8)
Type of facility:		
Community organization	26	(55.3)
City/county/state organization	15	(32.0)
Healthcare provider	5	(10.6)
Professional organization	1	(2.1)
Respondents who know adults with arthritis (% yes) (n = 46)	46	(100)
Respondents who work with adults with arthritis (% yes)	22	(46.8)
Respondents who have heard of EF (% yes)	6	(12.8)

Dimension 1: Community Efforts

- ◆ How concerned is your community about physical activity levels in people with arthritis? (n = 47) (mean ± standard deviation, range: 5.2 ± 2.3, 1–10)



- ◆ Are you aware of any current specialized arthritis exercise programs or other efforts to promote physical activity among people with arthritis in your community? (yes: n = 19, no: n = 28)



Dimension 2: Community Knowledge of the Efforts

- ◆ How aware are people in your community of programs to increase physical activity among people with arthritis? (n = 19) (mean 5.4 ± 2.1, 3–7)



- ◆ What are the **strengths** of these programs?
 - ◆ Free or low-cost nature of programs
 - ◆ Social interactions for participants
 - ◆ Positive impact on pain and arthritis
- ◆ What are the **weaknesses** of these programs?
 - ◆ Limited access/availability
 - ◆ Few professionally trained instructors
 - ◆ Costs to maintain programs
 - ◆ Lack of marketing/low awareness of programs

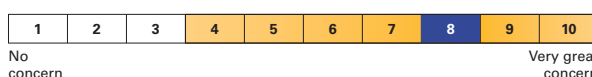
Dimension 3: Leadership

- ◆ Do you know of any **community leaders** who are working to promote physical activity for all community members? (yes: n = 33, no: n = 14)

- ◆ **Who** are the community leaders?
 - ◆ YMCAs
 - ◆ Church leaders
 - ◆ Civic leaders
 - ◆ Government groups
 - ◆ Hospitals and health centers
 - ◆ Schools

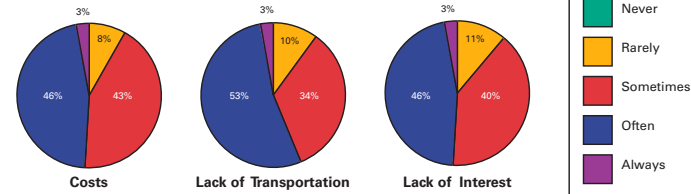
- ◆ What are these leaders doing to **promote** physical activity for all community members?
 - ◆ Organizing walking programs
 - ◆ Increasing general awareness
 - ◆ Offering low-cost exercise classes
 - ◆ Educating the public
 - ◆ Promoting a healthy diet/nutrition at schools

- ◆ Where would you place the **amount of concern** these leaders have about improving physical activity levels for all residents in your community? (n = 33) (mean 7.9 ± 1.7, 4–10)



Dimension 4: Community Climate

- ◆ How **often** do you think the following issues keep people with arthritis from participating in physical activity programs in your community? (n = 37)

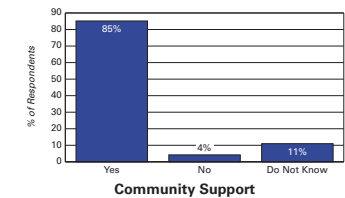
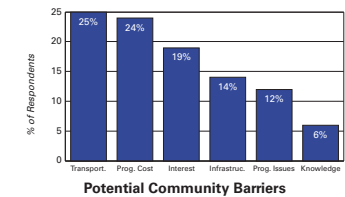


- ◆ What barriers would hinder your community's efforts to promote physical activity programs for people with arthritis?

- ◆ **Examples provided by respondents:**
 - ◆ Lack of transportation
 - ◆ Traffic
 - ◆ Lack of funding
 - ◆ Lack of interest
 - ◆ Lack of support from family and friends
 - ◆ Inadequate sidewalks
 - ◆ Harsh terrain
 - ◆ Not "walker friendly"
 - ◆ Lack of facilities
 - ◆ Location of programs
 - ◆ Weather
 - ◆ Lack of staff and trained professionals
 - ◆ Need for more volunteers
 - ◆ Need for plan to ensure sustainability

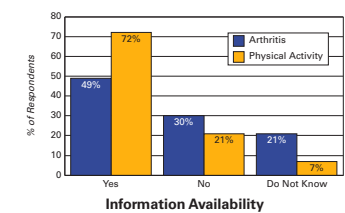
- ◆ Do you think the community would be **supportive** in promoting physical activity programs for people with arthritis in your community? (n = 47)

- ◆ **Common themes:**
 - ◆ People understand the benefits of PA
 - ◆ People are aware of the need for PA programs
 - ◆ PA programs have worked in the past in WV

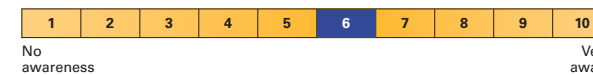


Dimension 5: Community Knowledge about the Issue

- ◆ Is information about **arthritis** and the benefits of **physical activity** readily available to community members? (n = 47)



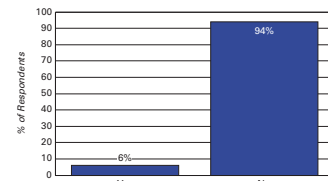
- ◆ How **aware** are community members about the positive benefits of physical activity? (n = 47) (mean 6.5 ± 2.2, 1–10)



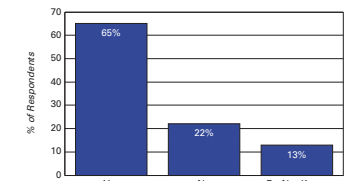
Dimension 6: Resources Related to the Issue

- ◆ Do you know if there are any plans to start **new exercise programs** for people with arthritis in your community? (n = 47)

- ◆ Does your community have an active volunteer base that might help with exercise classes? (n = 46)



- ◆ **Examples provided by respondents:**
 - ◆ EnhanceFitness®
 - ◆ Arthritis Foundation Exercise Program



Dimension Scores

Dimensions	(n = 47)	Mean ± SD (range)
1: Community Efforts		4.0 ± 2.2 (1–8)
2: Community Knowledge of the Efforts		3.0 ± 1.6 (1–8)
3: Leadership		4.6 ± 2.5 (1–8)
4: Community Climate		4.6 ± 1.4 (1–7)
5: Community Knowledge about the Issue		4.6 ± 1.2 (2–8)
6: Resources Related to Issue		3.8 ± 0.8 (1–6)
Stage of Readiness Score		4.1 ± 1.1 (2–7)

Stage of Readiness

- ◆ **Preplanning:**¹
 - ◆ There is clear recognition of the need for more physical activity programs for people with arthritis in WV.
 - ◆ Current efforts are not focused or detailed.

Score	Stages of Readiness
1	No Awareness
2	Denial/Resistance
3	Vague Awareness
4	Preplanning
5	Preparation
6	Initiation
7	Stabilization
8	Confirmation/Expansion
9	High Level of Community Ownership

CONCLUSION

- ◆ The key informants indicated that the 8 counties in WV are in the **preplanning stage of readiness** for changing PA in their communities:
 - ◆ Only 40% were aware of any current arthritis exercise programs.
 - ◆ 70% were able to identify community leaders who were working to promote PA programs in their respective communities.
 - ◆ 85% believed that their communities would be supportive of new PA programs.
 - ◆ Only 6% were aware of any planning to start new exercise programs for people with arthritis.
 - ◆ The greatest barriers to changing PA in rural WV are a lack of transportation and concerns with the costs of implementing and promoting PA programs.
- ◆ Intervention strategies should be aimed at "raising awareness with concrete ideas to address the issue."¹
- ◆ **Future directions:**
 - ◆ Complete the community readiness survey.
 - ◆ Implement the EF intervention in the 8 counties in WV.
 - ◆ Evaluate the intervention using the RE-AIM Framework.⁵
 - ◆ Disseminate the results to community and public health partners

ACKNOWLEDGEMENTS

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