

10.1071/AH16069_AC

© CSIRO 2016

Australian Health Review 2017; 41: 297–307

Readiness of communities to engage with childhood obesity prevention initiatives in disadvantaged areas of Victoria, Australia

Sheila Cyril^{1,2,7} MPH, PhD candidate

Michael Polonsky³ PhD, Professor and Chair in Marketing

Julie Green⁴ PhD, Director

Kingsley Agho⁵ PhD, Senior Lecturer

Andre Renzaho⁶ PhD, ARC Future Fellow, Professor of Humanitarian and Development Studies

¹School of Social Sciences and Psychology, Western Sydney University, Locked Bag 1797, Penrith, NSW 2751, Australia.

²Department of Epidemiology & Preventive Medicine, School of Public Health and Preventive Medicine, Monash University, 99 Commercial Road, Prahran, Vic. 3004, Australia.

³Department of Marketing, Deakin Business School, Deakin University, 221 Burwood Highway, Burwood, Vic. 3125, Australia. Email: michael.polonsky@deakin.edu.au

⁴Raising Children Network, Parenting Research Centre, Level 5, 232 Victoria Parade, East Melbourne Vic. 3002, Australia. Email: jgreen@parentingrc.org.au

⁵School of Science and Health, Western Sydney University, Locked Bag 1797, Penrith, NSW 2571, Australia. Email: k.agho@westernsydney.edu.au

⁶School of Social Sciences and Psychology, Western Sydney University, Locked Bag 1797, Penrith, NSW 2751, Australia. Email: andre.renzaho@westernsydney.edu.au

⁷Corresponding author. Email: sheila.cyril@monash.edu

Appendix 1

Community readiness interview schedule

A.COMMUNITY EFFORTS & B. COMMUNITY KNOWLEDGE OF EFFORTS

14. What is the **community's attitude** about children being overweight?

15. What is the **community's attitude** about using programs that encourage healthy eating and physical activity in children?

16. What is your **community's attitude** towards checking for or monitoring childhood obesity?

17. What are the **barriers to using** these programs in your community?

E. KNOWLEDGE ABOUT THE ISSUE

18. What is the community members' **level of knowledge** about obesity in children? Please explain.

19. In your community, **what information** is available about **preventing** obesity in children?

20. In your community, **what type of information** is available about **checking** for obesity in children?

21. Are **local data** on childhood obesity available in your community? If so, from where?

22. **In what form and from where do people obtain information** on preventing obesity in children in your community?

F. RESOURCES FOR PREVENTION EFFORTS

23. What is the **community's attitude** about supporting these programs with **a) people volunteering time, b) making financial donations, and c) providing space**?

24. Are you aware of any **proposals or action plans** that have been written to address this issue in your community? (*Prompt: Policy, community advocacy plan, recommendations etc*)

25. Do you know if there is any **evaluation of these policies or action plans**, mentioned above?

If yes, on a scale of 1 to 10, how good is the evaluation effort? (with 1 being "not at all" and 10 being "very good")?

1	2	3	4	5	6	7	8	9	10
not at all									very good

Appendix 2

ANCHORED RATING SCALES FOR SCORING EACH DIMENSION

Dimension A. Existing Community Efforts

1.0 No awareness of the need for efforts to address childhood obesity in any capacity.

0.25

0.5

- 0.75
- 2.0 No efforts addressing childhood obesity prevention or early detection.
- 0.25
- 0.5
- 0.75
- 3.0 A few individuals recognize the need to initiate some type of effort, but there is no immediate motivation to do anything.
- 0.25
- 0.5
- 0.75
- 4.0 Some community members have met and have begun a discussion of developing community efforts
- 0.25
- 0.5
- 0.75
- 5.0 Efforts (programs/activities) are being planned.
- 0.25
- 0.5
- 0.75
- 6.0 Efforts (programs/activities) have been implemented.
- 0.25
- 0.5
- 0.75
- 7.0 Efforts (programs/activities) have been running for at least four years.
- 0.25
- 0.5
- 0.75
- 8.0 Several different programs, activities and policies are in place, covering different age groups and reaching a wide range of people. New efforts are being developed based on evaluation data
- 0.25
- 0.5
- 0.75
- 9.0 Evaluation plans are routinely used to test effectiveness of many different efforts, and the results are being used to make changes and improvements.
- 0.25
- 0.5
- 0.75

Dimension B. Community Knowledge of The Efforts

- 1.0 Community has no knowledge of the need for efforts addressing childhood obesity.
- 0.25
- 0.5
- 0.75
- 2.0 Community has no knowledge about efforts addressing childhood obesity.
- 0.25
- 0.5
- 0.75
- 3.0 A few members of the community have heard about efforts, but the extent of their knowledge is limited.
- 0.25
- 0.5
- 0.75
- 4.0 Some members of the community know about local efforts.
- 0.25

0.5
0.75
5.0 Members of the community have basic knowledge about local efforts (e.g., purpose).

0.25
0.5
0.75
6.0 An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community about these efforts.

0.25
0.5
0.75
7.0 There is evidence that the community has specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.

0.25
0.5
0.75
8.0 There is considerable community knowledge about different community efforts, as well as the level of program effectiveness.

0.25
0.5
0.75
9.0 Community has knowledge of program evaluation data on how well the different local efforts are working and their benefits and limitations.

0.25
0.5
0.75

Dimension C. Leadership

1.0 Leadership has no recognition of childhood obesity.

0.25
0.5
0.75
2.0 Leadership believes that childhood obesity is not a concern in their community.

0.25
0.5
0.75
3.0 Leader(s) recognize(s) the need to do something regarding childhood obesity.

0.25
0.5
0.75
4.0 Leader(s) is/are trying to get something started.

0.25
0.5
0.75
5.0 Leaders are part of a committee or group that addresses childhood obesity.

0.25
0.5
0.75
6.0 Leaders are active and supportive of the implementation of efforts.

0.25
0.5
0.75
7.0 Leaders are supportive of continuing basic efforts and are considering resources available for self-sufficiency.

0.25

0.5

0.75

8.0 Leaders are supportive of expanding/improving efforts through active participation in the expansion/improvement.

0.25

0.5

0.75

9.0 Leaders are continually reviewing evaluations of the efforts and are modifying support accordingly.

0.25

0.5

0.75

Dimension D. Community Climate

1.0 The prevailing attitude is that childhood obesity is not considered, unnoticed or overlooked within the community. "It's just not our concern"

0.25

0.5

0.75

2.0 The prevailing attitude is "There's nothing we can do," or "Only 'those' people do that," or "Only 'those people' have that."

0.25

0.5

0.75

3.0 Community is neutral, disinterested, or believes that childhood obesity does not affect the community as a whole.

0.25

0.5

0.75

4.0 The attitude in the community is now beginning to reflect interest in childhood obesity. "We have to do something, but we don't know what to do."

0.25

0.5

0.75

5.0 The attitude in the community is "We are concerned about this," and community members are beginning to reflect modest support for efforts.

0.25

0.5

0.75

6.0 The attitude in the community is "This is our responsibility" and the community is now beginning to show modest involvement in efforts.

0.25

0.5

0.75

7.0 The majority of the community generally supports programs, activities, or policies. "We have taken responsibility."

0.25

0.5

0.75

8.0 Some community members or groups may challenge specific programs, but the community in general is strongly supportive of the need for efforts. Participation level is high. "We need to keep up on this issue and make sure what we are doing is effective."

0.25

- 0.5
- 0.75
- 9.0 All major segments of the community are highly supportive, and community members are actively involved in evaluating and improving efforts and demand accountability.
- 0.25
- 0.5
- 0.75

Dimension E. Community Knowledge about the Issue

- 1.0 Childhood obesity is not viewed as an issue that we need to know about.
- 0.25
- 0.5
- 0.75
- 2.0 No knowledge about childhood obesity is evident.
- 0.25
- 0.5
- 0.75
- 3.0 A few in the community have basic knowledge of childhood obesity, and recognize that some people here may be affected by the issue.
- 0.25
- 0.5
- 0.75
- 4.0 Some community members have basic knowledge and recognize that childhood obesity occurs locally, but information and/or access to information is lacking.
- 0.25
- 0.5
- 0.75
- 5.0 Some community members have basic knowledge of childhood obesity, including means of prevention, and options for testing. General information on childhood obesity is available.
- 0.25
- 0.5
- 0.75
- 6.0 A majority of community members have basic knowledge of childhood obesity, including means of prevention, understanding of high-risk groups and behaviors, and that it occurs locally. There are specific local data on childhood obesity available.
- 0.25
- 0.5
- 0.75
- 7.0 Community members have knowledge of, and access to, detailed information about local prevalence.
- 0.25
- 0.5
- 0.75
- 8.0 Community members have knowledge about prevalence, causes, risk factors, and related health concerns.
- 0.25
- 0.5
- 0.75
- 9.0 Community members have detailed information about childhood obesity and related health concerns as well as information about the effectiveness of local programs.
- 0.25
- 0.5
- 0.75

Dimension F. Resources Related to the Issue (people, money, time, space, etc.)

1.0 There is no awareness of the need for resources to deal with childhood obesity.

0.25

0.5

0.75

2.0 There are no resources available for dealing with childhood obesity.

0.25

0.5

0.75

3.0 The community is not sure what it would take, (or where the resources would come from), to initiate efforts.

0.25

0.5

0.75

4.0 The community has individuals, organizations, and/or space available that could be used as resources.

0.25

0.5

0.75

5.0 Some members of the community are looking into the available resources.

0.25

0.5

0.75

6.0 Resources have been obtained and/or allocated for childhood obesity.

0.25

0.5

0.75

7.0 A considerable part of support for on-going efforts is from local sources that are expected to provide continuous support. Community members and leaders are beginning to look at continuing efforts by accessing additional resources.

0.25

0.5

0.75

8.0 Diversified resources and funds have been secured and efforts are expected to be ongoing. There is additional support for further efforts.

0.25

0.5

0.75

9.0 There is continuous and secure support for programs and activities, evaluation is routinely expected and completed, and there are substantial resources for trying new approaches

0.25

0.5

0.75

Appendix 3

SCORING SHEET

COMMUNITY READINESS INTERVIEWS

ID NUMBER			
Dimension	Individual	Justification	Consensus

	score		score
A (Q2,3,6,7)			
B (Q4,5,8,9)			
C			
D			
E			
F			