Title: Champions in a lifestyle risk-modification program: Reflections on their training and experiences

Abstract

Issue Addressed: The Waist Disposal Challenge is a lay-led community-based health intervention, in Rotary clubs in Western Australia, aimed at reducing risk factors leading to lifestyle chronic diseases and in particular obesity. Ninety three Lay Health Advisors or Champions were trained to deliver educational sessions to their clubs (for 1300 peers) and implement a BMI competition by taking monthly weigh-ins (for 764 peers).

Methods: A mixed method design was used to explore Champions' experiences with the training program and their perceived role and impact on implementing the program in their clubs in 2010-11.

Results: The qualitative data provided important evidence that initial implementation of this LHA-led health promotion intervention (WDC) has been effective and impacted positively on the Champions and their Rotary Clubs. The results were a good fit in the two social action arenas of the Natural Helper Intervention Model: peer to peer social support and community attachment.

Conclusions: Reflecting on the impact of the program in their clubs, Champions reported overall health improvements at the personal, peer and community levels, enhanced awareness about health related issues, improved health behaviour, and enhanced community capacity.

So What? Champions are an important resource for providing self-management education to people who are at risk of developing chronic conditions, particularly for those hard to reach and where there are difficulties recruiting trained health professionals. Future research needs to explore the characteristics of Champions that impact on the success of community-based programs.

Key words: Lay Health Advisors, Champions, Community health promotion, lifestyle risk modification program, Obesity, Natural Helper Intervention Model.

Background

Obesity is a leading risk factor for chronic disease in the world. Middle aged to older men particularly those living in rural areas are among the population groups that are hard to reach with preventative action and they perform worse in most indices of health[1-3]. However, in a recent systematic review on qualitative studies on obesity, Brown and Gould (2011) found that most qualitative studies are biased towards women, and most programs experienced high attrition from participants[4]. They identified several themes contributing to decision-making around weight loss and management that included: psycho-social and cultural factors, stigma, previous weight loss experiences, personal motivators/ barriers, social and family support, practical resources and realistic expectations. Understanding and addressing these broader factors would improve choices about interventions, increase satisfaction among participants, retention and better outcomes from weight management[9, 10].

Increasing economic and social burdens arising from chronic conditions and their associated risk factors have necessitated the adoption of a proactive, community-oriented, multi-disciplinary disease-prevention and care model. Partnership approaches that rely on Lay Health Advisors (LHAs) as a means to providing community-based system of care and social support have increased[5-7], straddling a variety of health topics and within various communities [6, 8, 9], especially for hard-to-reach and minority populations. Building on the informal helping networks within a community, LHA-based interventions typically identify and train 'natural helpers', individuals whom people spontaneously turn to for advice, support and assistance, and involve them in delivering services[7]. The literature provides evidence that LHA-based models have been successfully implemented at the community level[6, 9-12]. While a few studies have explored the experiences of the LHAs, none have done so a in service club setting and for a hard to reach population group such as middle aged to older men[10, 13-15].

The 'Waist' Disposal Challenge (WDC), a community-based health promotion intervention, was conceptualised based on the Transtheoretical Model which explains the different stages of change common to most behaviour change processes[16, 17] . The program helps participants move through the five stages by employing strategies effective for every stage The WDC was first implemented in a service club setting via Rotary clubs in Western Australia (WA). Targeting mainly middle aged and older overweight or obese men at risk of developing chronic diseases, this intervention promoted weight loss by healthy eating and physical activity. Champions from the Rotary members were recruited and trained to deliver educational presentations to their clubs in order to raise awareness of risk factors for lifestyle chronic diseases and the benefits of healthy nutrition and physical activity (2009-10). They also facilitated a Body Mass Index (BMI) competition between clubs as an incentive (with monthly weigh-ins and a Leader Board) [18].

The Champions' concept is based on the "Natural Helper Intervention Model", a model that guides interventions using lay individuals from communities to bring about behavioural, organisational, community and social changes[5]. This model has three social action arenas: peer to peer support; organisational policies and practices; and community attachment and political dynamics. A series

of intermediate benefits lead to three outcomes: improved health practices; improved coordination of agency services; and improved community competence (Figure 1).

We aimed to train 2 Champions per club, 106 Champions registered and 93 completed the training. Champions self-nominated or were nominated by their clubs for the role. A one day training program was developed with the goal to provide Champions with the knowledge, confidence, skills and resources necessary to implement the strategies of the WDC. The training program consisted of 5 modules:

1. *Overview of the 'Waist' Disposal Challenge - Fighting risk factors for chronic diseases*
2. *Being a Champion – 'The new idea either finds a Champion or dies'*
3. *Running the BMI Competition in your Club*
4. *Nutrition to Assist your 'Waist' Disposal – You are what you eat!*
5. *Physical Activity Session – Move it, or lose it!*

The Champions delivered three educational presentations (modules 1, 4 and 5) to 1300 peers in 52 clubs and facilitated the BMI competition for 764 peers in 36 clubs for a period of 18 months. A WDC website (www.waistdisposalchallenge.com.au) was developed upon demand from Champions attending training to increase the spread of information, interest and knowledge amongst Rotarians and their communities. Champions were trained to enter their club's data on-line, and a competition Leader Board was generated on a monthly basis. Follow-up and support to Champions by the project team were provided during regular teleconferences due to the distance of travel for participants who live in regional and rural areas. During the 18 months period, 16 clubs showed significant reductions in BMI ($P<0.01$), with another 17 clubs showing BMI reductions but these were not statistically significant, and only 3 clubs had a slight increase in mean BMI [19].

This paper focuses on the Champions' experiences with the training program and their perceived role and impact on implementing the program in their clubs.

Methods

Approval to conduct this study was granted by the Human Research Ethics committee of Curtin University. Assessment of the WDC initiative was conducted in two stages in 2010-11: at the end of the training program and at five months from the training program. A mixed method design was used to evaluate the training program and the outcomes in terms of BMI reduction. The quantitative findings from the pre- and post-test questionnaires are reported elsewhere[18]. The qualitative aspect of the evaluation of training by the 93 Champions is reported in this article. The open ended questions at the end of the anonymous feedback questionnaires sought general comments on the most and least useful aspects of the training program.

At the second stage of data collection, all Champions were invited to provide feedback on their role and to share their experiences five months after their training. They were invited to provide verbal feedback in teleconferences or by written feedback if they could not attend the teleconferences, on the following:

- What has been your experience since you took on the role of Champion?
- How has your role impacted on your peers?
- How have you influenced your club in general?
- How did the WDC as a program affect your community?

Data Analysis: Data analysis was conducted in two stages as well. Descriptive quantitative data on the Champions profile was analysed using the SPSS software version 19. The evaluation questionnaire on the training by the Champions was mainly to assess their satisfaction with the program, and the responses were all positive. Researchers went through the responses, selected the most comprehensive comments which have been reported in this article.

Comprehensive notes taken during the teleconferences were hand-coded and analysed independently using thematic content analysis by two researchers and findings compared. Notes were sent to participants for verification. The frequency and distribution of important themes were identified, highlighted, grouped and stored which enabled a series of sub-themes to be developed under the key themes. Credibility and neutrality were addressed by having two researchers independently analyse the data and other team members confirm the themes.

Findings

Profile of Champions

A total of 93 Champions gave feedback on their training program at the end of the training day by way of the questionnaire (100% response rate). Seventy percent of Champions were male and the median age was 57 years (range 25-73 years); Champions spent a median of 5 years (range 0.4-37 years) in their own Rotary Clubs. Seventy percent of Champions held a leadership role in their clubs. One third came from clubs in rural areas. The majority of Champions had a high level of education with 54% having completed a university degree and 31% with vocational or other diplomas. Over three quarters of Champions were employed coming from a range of occupational backgrounds including managerial positions (23%), farming and trades (12%), health and community services (11%) and education (9%).

A smaller group of 20 Champions from all Champions (n=93) responded and participated in reflecting on their role five months following training, either through their involvement in two teleconferences (n=15) or by providing written feedback by email (n=5). These Champions represented 20 clubs from a total of 36 clubs who were participating in the WDC at the time of this evaluation (56% of clubs represented). Twelve men and eight women participated, with 25% representing clubs from rural areas.

Feedback on the training program

The evaluation questionnaire completed at the end of the training session showed that Champions perceived their training as a positive experience, with descriptions such as '*enjoyable*', '*excellent*' and '*insightful*'. The training was described as being well-structured, organised and enabled the Champions to deliver the messages and to implement the program in their clubs. It was evident that Champions felt adequately prepared with knowledge and skills to implement the program following the training:

> *You delivered a well prepared, informative and achievable program. We hope we can rub this off to fellow Rotarians. My hope is that we can eventually roll this out to our community.*

Champions commented on the appropriateness of the information for the target audience and felt that the material was suitable to deliver to lay people. Furthermore, the training helped increase their confidence '*motivational techniques for us as facilitators make our task easier*'. Several

Champions commented on the usefulness of the follow-up information and support that was provided to them after the training was completed. They felt that the ongoing information was valuable to them and has '*increased my confidence levels in promoting and presenting the challenge'* and the development of the project-specific website was effective and helpful.

The Champions' role

The findings related to Champions' role and impact were derived from the data collected from the teleconferences and written feedback. On the whole the Champions reported that they enjoyed their role. Many Champions expressed their gratitude for the opportunity to be involved in the project and saw it as instrumental in improving health for themselves and other club members. They described that the role gave them '*a sense of purpose and achievement*'; they felt '*empowered*' and '*knowledgeable*'. Champions also felt '*motivated that they are bringing about a change*' and felt a sense of responsibility to others.

Champions described their role as instrumental in creating general improvements in health, and they enjoyed the process of receiving training and delivering education and providing ongoing motivation and support to members of their clubs. Champions highlighted the importance of role modelling. They felt that it was necessary for them to be seen as having a healthy lifestyle, which was described as being part of developing a trusting relationship with their peers in the program.

> *Personally as Champion I have tried to model goal-setting and an awareness of the need for balance between food intake and exercise. I am often the brunt of jokes and reprimands and see this as a positive result of this awareness campaign.*

Several Champions described some challenges of their role in helping others to improve their health practice. Challenges mainly included the ongoing difficulty with motivating individuals to change and maintain 'changed' behaviours. They added although the initial enthusiasm and reactions of the Rotarians to the program were encouraging, the Champions required relentless effort to keep that motivation going.

The Champion's impact

In general, the Champion's impact fell into two main themes that resonate with two of the three outcomes of the 'natural helper intervention model': improved health practices and improved community capacity. These themes emerged from Champions' reflections on how their role impacted on their peers, on them personally and the wider club as a community.

Improved health practices and outcomes

Generally the project was seen by Champions as an important one that had the potential to offer benefits to individuals and others. To them, it was a realistic project that could easily be applied by clubs. This positive view from the beginning influenced Champions to volunteer for their role: *Initially I saw the program as an achievable and valuable project...a way to help myself be motivated, and also my fellow Rotarians, some who obviously needed some help.*

Champions reported an increased cognizance among club members about how to improve their health. Creating particular awareness of the relationships between nutrition, exercise, obesity and chronic diseases was described:

Members became more acutely aware of their weight and a need for closer attention to food intake versus exercise. The finer points and the benefits relating to better health, especially as we grow older, came into clearer focus.

Champions were delighted to showcase successes of their fellow members in losing weight and achieving positive health behaviour changes. They also discussed the positive impact that the project had on their own health and behaviour. They internalised their role and applied the messages they delivered to their club to themselves. It was evident that positive health changes among their peers and themselves were seen as a key motivator for Champions in their role.

As our club has been involved for a few years now the other positive is that there has been a gradual overall decrease in the BMI but also many people have actually not increased their weight which is the tendency.

Improved community capacity

This theme describes how the project increased the community competency and capacity of the club to deal with health issues by giving them the necessary knowledge and skills. Furthermore it provided them with information around support networks to make the changes needed for healthier lifestyles. Champions described a strong commitment to their service clubs and its members. It was evident that there is a bond between members and an aspiration to help others achieve good health. Community collectiveness was evident as Champions described members working together to help peers achieve a healthy lifestyle, such as early morning walks, fitness classes and swimming:

We have a regular group of four participating in pool walking (including myself). This has been very successful for those four, with everyone reporting feeling healthier with pain reduction for those with pre-existing conditions… Another small group have attended a Personal Trainer introduction with all expressing their enthusiasm to take this on.

Increased awareness and the importance of the need for individuals to be healthy and responsible for their own health were often discussed by Champions.

They reported that the project taught skills in self-management of chronic conditions. Importantly Champions felt that the program not only created a conscious awareness of health but it provided them with the necessary skills and opportunity to do something about it as a community.

The WDC has created a real talking point amongst members and with weigh-ins it has now become a case of "what gets measured gets done" and hence attention to weight by our members.

At a club level, Champions described changes in club practices as a result of the program. Champions referred to changes in meals and catering and have been proactive in their approach to changing menus to healthy options: *'We have given a lot of thought to the meals being served at the Club, and work with the caterer on a regular basis to ensure that healthy options are available at every Club meeting.'*

Champions indicated that the improvements in health practices spread not only to those directly involved in the project, but to families and infiltrating to the community.

Some participants shared stories of how family members, "secondary beneficiaries", have also adopted a healthy lifestyle. . Champions were able to see the broader impact of their role and the bigger picture of the problem and its consequences:

> *It isn't a short term thing but a life time philosophy we are trying to get across. It is always pleasing to get the positive comments and see the joy on people's faces as they see improvement and get encouragement.*

Discussion and Conclusion

This qualitative data provided important evidence that initial implementation of this LHA-led health promotion intervention (WDC) that had incorporated some broader factors around decision-making within its design, has been effective and impacted positively on the Champions and their Rotary Clubs. The findings are discussed within the framework of the natural helper intervention model[20, 21] and were a good fit in the first two social action arenas of peer to peer social support and community attachment. The program has not been operating long enough to have an impact within the third social action arena of organisation policies and practices.

Improved knowledge of health enhancement behaviours was observed among both the club Champions and their peers. Notable intrapersonal, interpersonal and communal practices were sighted as examples of developed health enhancement skills and behaviours. Increased community capacity was also eminent in that identified changes were observed regarding community commitment and collectiveness, and newly formed social support networks in a number of clubs. This is aligned with findings from several previous studies[5, 10, 14].

Champions were appreciative about the process of becoming peer leaders. The content and the teaching methods of the training program and the level of information delivered during the training were appropriate and manageable for them. This is unlike several other LHA training programs, where participants found the content too intense and inappropriate[13, 22, 23]. Champions in this program expressed pride, control and a sense of authority over the knowledge they acquired through the training.

Success was highly dependent on developing strong relationships and bond between the Champions and the club members. The whole process of becoming a Champion, the engagement with their club members helped the Champions feel connected, empowered and responsible towards their club members. This eventually led to improved community relations, practices and ultimately improved health practices and outcomes[24-26]. The WDC program specifically used ongoing support strategies such as teleconferences, the website, e-mails, one to one telephone calls and other resources to enable Champions to receive continual education and support. It is possible that this prevented Champions from feeling overwhelmed.

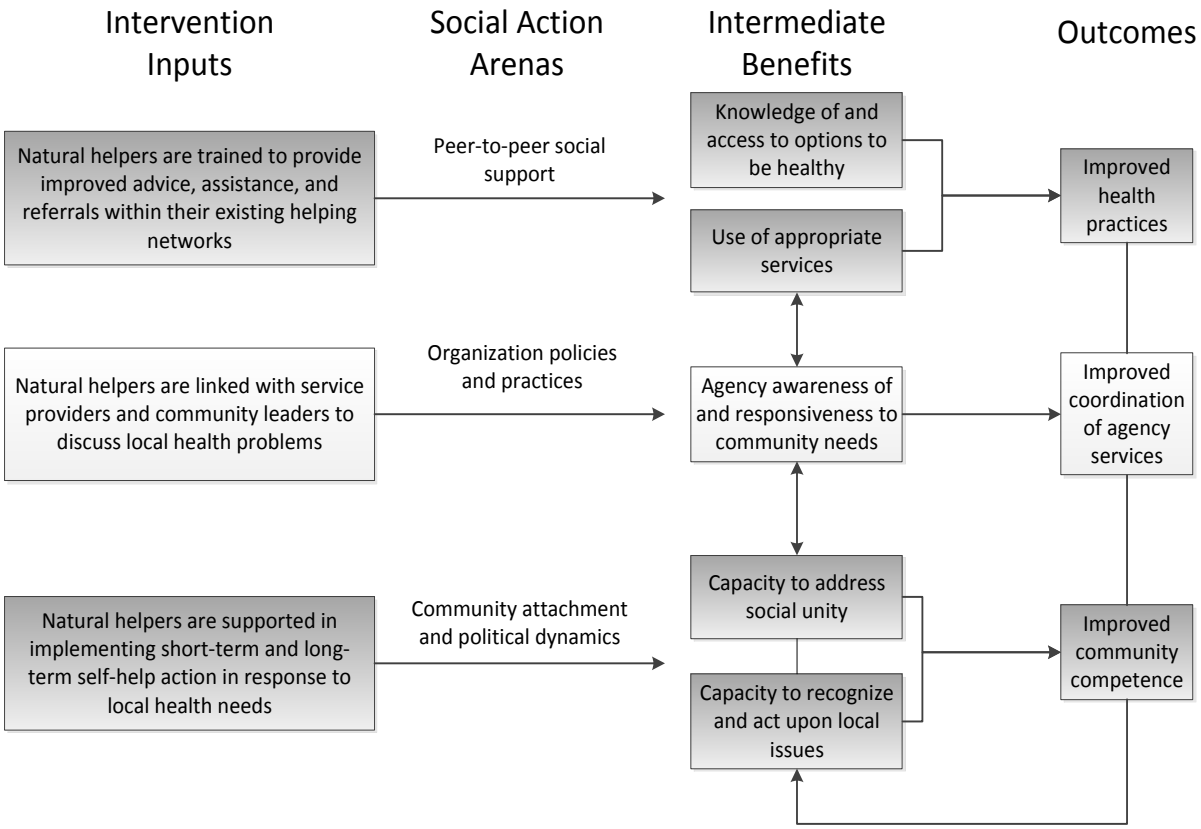
A strong theme of making a difference in their lives and others was considered as one of the major motives of the program being successful in bringing about change. As participants became involved in the Champion led program, it was evident that pre-existing networks, community collectiveness and existing support structures were strengthened and these networks worked to provide motivation and enhancement of health behaviours such as the walking groups, pool walking, swimming which echoes the findings of other studies[10, 27]. This data support previous findings that LHA models enhance empowerment, confidence and capacity building of people from the communities by promoting and supporting individuals who feel responsible for

community improvement, are interested and motivated to seek new knowledge and skills and actively engage others to participate[10, 28, 29].

Some of the limitations include data reported from a self-selected group of Champions who were possibly motivated to give feedback because of their positive experiences. It may well be that those who did not participate could have had a less positive experience (although 56% of clubs were represented). A more formal and comprehensive evaluation of the project is currently taking place eighteen months from training, consisting of self-administered questionnaires and face to face interviews with both Champions and a random sample of their peers. Although Rotarians form a diverse group socially and educationally, the WDC needs to be replicable to men's groups in other settings such as workplaces. We are currently conducting a pilot study in seven industries in a rural area of WA, with a younger group (mainly in skilled or unskilled labour) and preliminary results are encouraging. An adapted version of this program to suit Aboriginal communities in WA is also underway.

Champions are a potential resource for providing self-management education to people who are at risk of developing chronic conditions, particularly those who are hard to reach such as those in rural areas, and where there are difficulties recruiting trained health professionals. Some consideration needs to be taken into the recruitment and retention of Champions and how to support them in their role. Future research needs to explore the particular attributes of Champions that may impact on the successful adoption and reach of community-based programs.

Figure 1: Natural helper intervention model [20, 30]



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