Sheffield Hallam University | Centre for Sports and Exercise Science

Sheffield All-Being Well Consortium

Draft Report: Evaluation of the impact of community health champions on secondary beneficiaries

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Background

Evidence of unhealthy lifestyle choices is in abundance in the UK today such as smoking, physical inactivity and unhealthy eating. These unhealthy lifestyle choices are linked to detrimental health conditions such as obesity, cardiovascular disease and coronary heart disease (e.g., Nuorti et al., 2000) with the prevalence of these conditions reportedly increasing over time (e.g., James, 2008). Strategies have been developed and implemented (e.g., Armitage, 2007, 2008) to reduce the prevalence rate of individuals suffering from these conditions; however, there is a lack of successful intervention, which suggests new measures need to be taken.

One such approach is the community health champion programme, a prime example of a public health initiative designed to improve health and wellbeing at an individual, community and environmental level. Health champions are enthusiastic volunteers who use their life experience, and understanding to support and assist friends, families, neighbours, work colleagues and everyone within their reachable community, to make positive lifestyle changes to ultimately lead a healthier life and improve the way people feel about themselves. Health champions succeed in this role as they have the local intelligence, real life experience and knowledge of their communities' skills and resources. Previous examination of the role of community health champions suggests there are a range of benefits (South et al., 2010) with champions themselves feeling confident, empowered and motivated to make changes to their own lifestyle. South et al. (2010) also reports that the community health champions play an important role in increasing confidence, self-esteem and self-belief, improvements in physical and mental health and lifestyle, and increased awareness and knowledge of health issues for the individuals they work with. To date however, there is a lack of strength within the evidence base supporting this premise and therefore provides the rationale for commissioning this piece of evaluation work.

Reminder of project brief

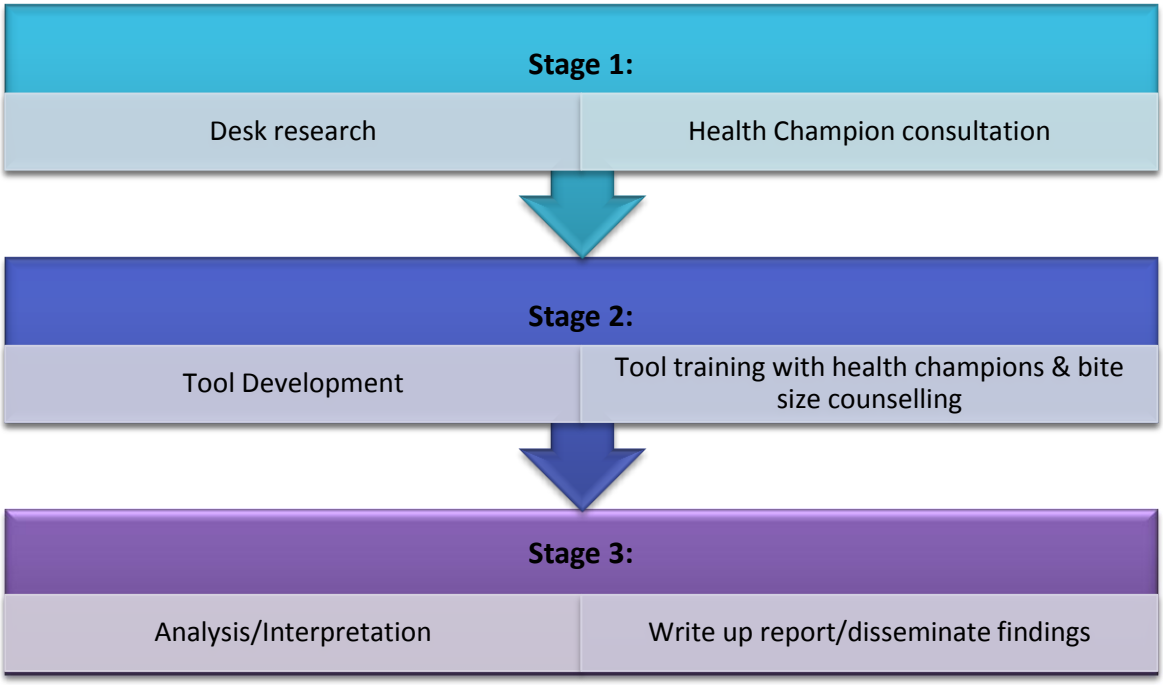
The reader is directed to the commission specification and the tender response for the full outline for this piece however for the purposes of brevity a brief reminder is provided here.

Anecdotal evidence appears to suggest that the community health champions has a positive effect on the lives of those they support, however there is a lack of empirical evidence to provide a definitive picture.

Thus, the aim of this project was to evaluate the impact of community health champions on the wider broader beneficiaries through the following objectives:

1. Measure the effect of the community health champions on secondary beneficiaries' unhealthy lifestyle choices (e.g., smoking, physical inactivity).
2. Measure the effect of the community health champions on secondary beneficiaries' self-esteem, confidence, and wellbeing.
3. Measure the secondary beneficiaries' perceptions of the impact of health champions.

The approach taken to this project can be seen below in Figure 1.0. The following section will detail the outcomes from each phrase demonstrating how the delivery matched the objectives set in the commissioning brief.



Stage 1 Review

This initial stage of the project consisted of two main phases; desk research and consultation with community health champions and their host organisations. These phrases will be discussed in this section.

Desk Research

Review of Health Behaviour Measures

The initial phase of the desk research was to examine previous tools measuring health-related behaviours and those that have been used to measure the effect of supportive others. Key words used to direct this search included *support*, *behaviour change* and lifestyle improvement. Measures of self-esteem (e.g., the Rosenberg Self-esteem Scale, 1965) and social support (e.g., the Partner Interaction Questionnaire; Cohen & Lichten, 1990) were included in the desk research to identify questions examining constructs measured to reflect the beneficial effect of supportive others and to consider response scales used. Other scales were also considered such as the Physical Appearance State and Trait Anxiety Scale (PASATAS: Reed et al., 1991) to provide an indication of how constructs that might be sensitive for respondents are measured whilst reducing chances of upsetting respondents. Information about these measures are included below.

The Rosenberg Self Esteem Scale (Rosenberg, 1965): The scale consists of 10 items (e.g., 'on the whole, I am happy with myself') designed to assess global self-esteem. The scale employs a 5-point likert scale ranging from 1 (not very true of me) to 5 (very true of me). Previous research (e.g., Gray-Little, Hancock & Williams, 1997) has reported that the scale has good psychometric properties, with alpha reliabilities ranging from .72 to .88. More recent research (e.g., Robins, Hendin, & Trzesniewski, 2001) has also demonstrated that the scale is reliable and has good construct validity.

Partner Interaction Questionnaire (Cohen & Lichtenstein, 1990; see appendix 2): The scale is a 20 item questionnaire (e.g., Comment that smoking is a dirty habit) that was initially developed to be used to measure the effects of support in smoking cessation. Cohen & Lichtenstein reported that the modified version has strong psychometric properties with

Chronbach alphas of .89 and .89 for the positively scored items and .82 and .85 for the negatively scored items. Thus the modified version of the Partner Interaction Questionnaire maintained the reliability demonstrated in the original version.

Whilst the types of questions used were based on existing reliable measures such as a modified version of the Partnership Interaction Questionnaire (PIQ; Mermeistein et al., 1983), the terminology employed to create the questions that formed part of the tool were based on that used in the interviews and focus groups with the host organisations.

Physical Appearance State and Trait Anxiety Scale (Reed et al., 1991): The scale is a 16 item questionnaire designed to measure state and trait anxiety related to overall body image, where specific body segments scores can be calculated. The scale has a 5 point Likert-type scale ranging from 0 (not at all) to 4 (exceptionally so). This measure has demonstrated strong reliability, for example Etu and Gray (2010) recently reported a Cronbach's alpha of .89 for the state version of the scale.

Extension of desk research

The desk research was also driven around the benefit of supportive others for health and wellbeing and later shaped by the analysis of the focus groups and semi-structured interviews with host organisations.

A key element of behaviour change is social support, which can be the decisive component that allows an individual to make a positive modification in their life. Previous research (e.g., Park, Tudiver, & Campbell, 2012) has demonstrated that social support is effective in helping smokers to quit and alcoholics to reduce their alcohol consumption. For example, May, West, Hajek, McEwen and McRobbie (2007) reported that social support was effective in modifying smoking behaviour over a short-term period. May et al. (2007) also reported that the friends and colleagues support and smoking behaviour are more important than that of a partner and those in one's household. Health-related research examining the benefit of social support has identified links with increased feelings of confidence to overcome the health and/or lifestyle issue they are experiencing (e.g., REF). This effect is a

more accurate reflection of increased self-efficacy, where individuals feel more confident in specific situations and to achieve specific outcomes.

Research has also suggested that supporting others to improve their health and lifestyle can increase feelings of empowerment (e.g., Wiggins, 2012). Empowerment has been a contested term with regards to what it actually means. However, a consistent thread through definitions of the term suggests individuals or groups receive an increased feeling that they are able to achieve to designated outcome. Research examining the benefit of empowerment has tended to focus on disadvantaged and marginalised groups, such as women in male dominated countries and settings, and minority racial ethnic groups (Foster, Dixey, Oblerlin & Nkhama, 2012).

Social isolation has been reported to have debilitative effects on individuals where that person may increasingly become withdrawn from society (e.g., Nicolson, 2012). Reducing isolation has been shown to have a variety of benefits that are physical, social and mental (e.g., Kumar, Calvo, Avendano, Sivaramakrishnan & Berkman, 2012). Individuals may become isolated as a result of health inequalities and even as a consequence of aging and this health problem is becoming more prevalent in certain groups of individuals (Nicholson, 2012). Individuals that experience social isolation often lack engagement with others and experience reduced social belonging (Nicholson, 2009). Previous research has identified risks associated with social isolation, for example, Hanson (1994) suggested that older adults who become isolated have an elevated risk of excessive alcohol consumption. Social isolation often goes unrecognised as it is not a health problem that is routinely checked by healthcare providers (Nicholson, 2012).

Evidence from host organisations

The engagement of the community health champions and their associated host organisations was deemed central to the success of this project. It was essential from the project outset, that the health champions were involved and consulted as they hold the skills and knowledge about what works and why, and what doesn't work and why within their communities. A one size fits all approach was never adopted here, however it is important to note that the early phrases of this work aimed to achieve a solid, consistent

foundation with which tools could be based and then later adapted, for use in the different communities.

Method

Semi-structured interviews and focus groups were conducted with five host organisations, selected by the commissioning team at Sheffield Well-being consortium and project leads at Sheffield Hallam University: *Darnall Wellbeing; Manor and Castle Development Trust; Sharrow Community Forum; Heeley City Farm; Zest healthy living centre*. Organisations were selected according to the length of the time they had engaged with the health champion program as well as the location of the host organisation, aiming to provide a representative sample of communities across Sheffield.

The semi-structured interviews and focus groups were employed as they provide an evidence-based structure, yet remain flexible, allowing time for the health champions to discuss topics that naturally emerge through conversation, which they deem important to them. An interview schedule for can be found in appendix 1.0 which was designed to enhance the reliability and validity of the interview process. In brief, topics included the roles of the health champion, examples of the types of activity they are currently involved and discussions regarding the client base they routinely see. The language used reflects every day conversation to ensure it would be suitable for translation where appropriate and is easily understood by the volunteers and general public.

All sessions were audio recorded and analysed by several members of the project team in order to develop emerging and consistent themes.

Summary of findings

Focus groups and interviews with host organisations identified the typical individuals that the health champions worked with varied by socio-economic class, occupation, culture, age as well as level of need and health status. However, clients were consistently described as having low confidence, are unhappy or experiencing low mood, suffering from mental health issues, unemployed, but importantly want to make a change. Having contact with the community health champions helps to increase clients' motivation to make a change.

The important element of this programme is to adopt a friendly approach to supporting individuals on the behaviour change journey. Frequently, program's success is measured by clear behavioural outcomes such as stopping smoking or reducing alcohol, however the evidence emerging from the health champion consultation here is that this community programme helps build an infra-structure whereby individuals feel supported and empowered to make a change, whatever it might be, to help them feel better. The frequency and intensity of support given by health champions is dictated by the client, hence no structured pathway exists and support is client centred.

Emerging themes

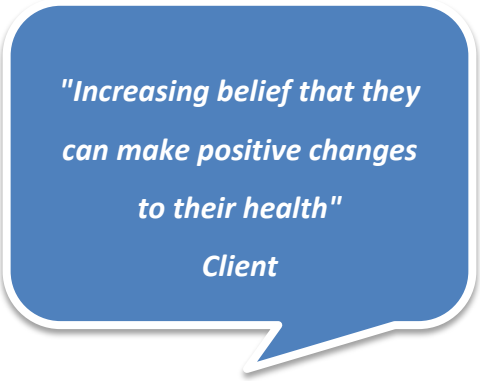
On the basis of the interviews and focus groups with health champions, six themes were identified social support, confidence, empowerment, breaking down barriers, benefits associated with health champions and social isolation. The evaluation of the impact on secondary beneficiaries concentrated on ***social support, confidence, empowerment***, and ***reducing isolation*** as the main benefits of the health champions, with the other two themes considered as processes that aided individuals to make positive changes to their behaviour and lifestyle. The analysis grouped the raw data (terms used in interviews and focus groups) into overarching themes which represented the discussions with host organisations (see

Figure 1). These four construct were discussed as vehicles that allowed clients to break down barriers that had previously prevented positive lifestyle changes. Consequently, the tool was constructed to measure the four constructs (social support; empowerment; social isolation; confidence) that emerged from the focus groups and interviews with host organisations. The tool was developed with the research from stage 1 of this project in mind.

First order themes (see figure 1)

Social Support: This theme emerged based on perceptions that the health champions support others providing encouragement and a 'springboard' to bounce ideas off about how to overcome various obstacles. **For example,**

Confidence: Feedback from host organisations suggested that the health champions can help clients to increase their confidence. Reponses alluded to increasing individuals' belief in themselves to make positive changes, to improve clients' attitudes towards making positive changes, and that an inverse effect might be apparent by simultaneously reducing anxiety and increasing confidence. **For example,**



Empowerment: Empowerment was a term that was mentioned in most of the focus groups and interviews with host organisations. Discussions surrounding the transformation of individuals from when the health champion first starts working with a client to that person making steps forward to improving their health, and that by providing education and increased awareness of how clients may make positive changes and that this would have an empowering effect on clients. **For example,**

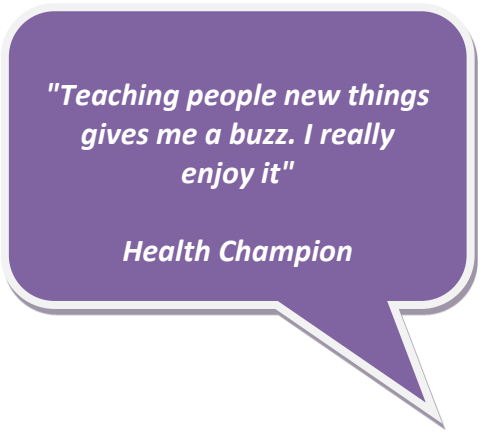
> ***"Empowering themselves to make a change"***
>
> ***Client***

Breaking down Barriers: Responses from the host organisations, suggested that the health champions play an important role in overcoming the variety of barriers that have prevented individuals from adopting healthier behaviours. These obstacles are suggested to be a mixture of actual and perceived barriers. In helping clients to overcome these barriers, health champions sign post clients to receive the support most relevant to the client that individual specific barriers can be reduced by considering the working one-on-one with the client to consider alternative solutions, that the non-structure approach that the health champions take is beneficial to allowing the client to progress in a client-centred manner and that the benefits of the health champions can have a ripple effect by the transfer of knowledge between individuals in a community. **For example,**

> ***"Doing something they would never have dreamed of"***
>
> ***Client***

Benefits associated with health champions:

Data collected here confirmed the passion and enthusiasm held by health champions which anecdotally is consistently one of the strongest criteria of success for the program. Feedback from the hosts organisations regarding the benefits of the heath champions concentrated on overcoming obstacles that is perceived as a direct benefit of the health champions and breaking down the barrier of communication, which often means problems individuals may have go unnoticed and support is lacking due to a lack of communication with supportive others. **For example,**



Social isolation: This theme included discussions around loneliness and reducing isolation. Host organisations suggested that individuals that come to their organisation and attend their events may feel marginalised in their communities and often feel alone. The health champions are perceived to play a key role in re-engaging individuals into their community and reducing feeling of isolation. **For example,**

A number of health champions discussed the importance of providing social support for their clients and how this has a positive effect in modifying existing attitudes towards behaviour change, encouraging and assisting clients in making the initial steps in altering behaviour and offering an available source for clients to use for advice and knowledge about possible ways to improve overall health and wellbeing. Health champions mentioned a number of positive effects of their interactions with clients that were evident as the process progressed, such as gaining improved confidence and self-esteem.

"Reducing isolation by getting people out of the house"

Client

What was also of interest from the analysis was that the process of being a health champion provided rewards for the health champions as well as the client. Health champions discussed how much they enjoyed being a health champion and the positive feeling *("buzz")* they received from observing positive changes in people's lives as a result of their involvement. This may be key in increasing the number of health champions across Sheffield and the motivation of existing health champions to continue in their role.

The evidence collated here, suggests the community health champions play an important role in increasing individuals' social support, self-esteem, confidence and empowerment. Thus, in respect to the **primary aim to evaluate the impact of community health champions on secondary beneficiaries**, these psychological correlates, in addition to the behavioural outcome measure (change in behaviour) must be considered in tool development.

Community Health Champions play an essential role in:

- **Building Social Support**
- **Raising Self-esteem**
- **Improving Confidence**
- **Creating a culture of empowerment**

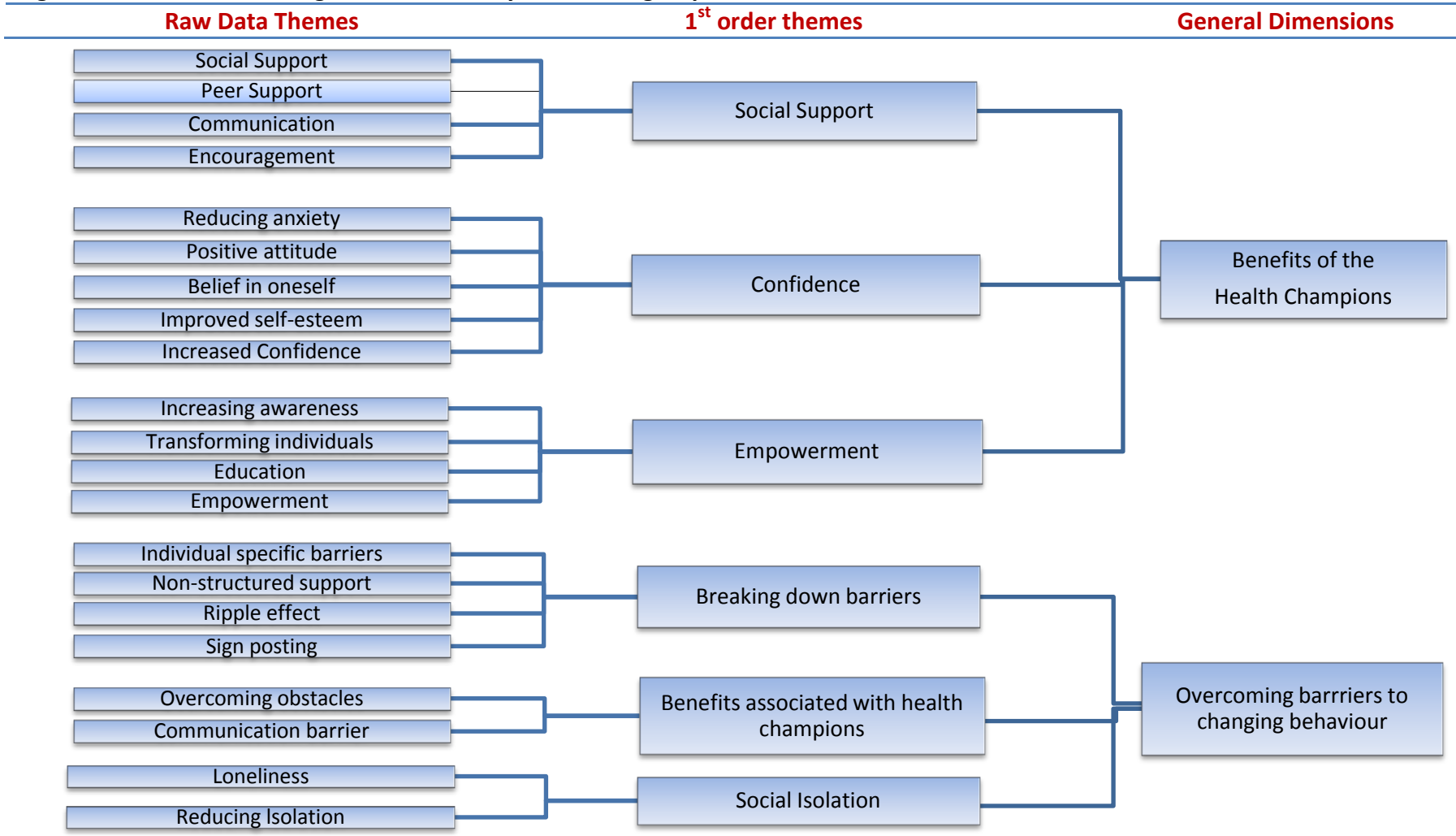
Tool Development

Based on the method and data collected, a draft version of the evaluation tool was designed for distribution amongst the selected community health champions. It is important to note here that this tool is evidence underpinned and uses existing literature as a rationale. It has been developed to open discussion further with health champions and for them to use in the real setting. Therefore, for the purposes of ownership for the health champions this has been developed with the intention for each host organisation to pilot and amend in a way, if needed, which is appropriate for their community. At no point throughout this piece of work is a one size fits all deemed appropriate, therefore the tool was developed to account for the range of individuals and needs that are supported by the health champions.

The tool developed to be used by health champions consists of three elements:

1) The first consists of 16 questions to measure clients' perceptions of social support, empowerment, social isolation and confidence. Clients respond using a 5 point likert scale ranging from strongly disagree (-2) to strongly agree (+2).
2) The second element consisted of 20 questions to measures the impact of the health champion on clients' perceptions of social support and confidence. Clients respond using a 5 point likert scale ranging from strongly disagree (-2) to strongly agree (+2).
3) The third element of the tool consisted of a grid task where clients are required to insert a cross to represent their feelings about their relationship with the health champion measures social support, empowerment, social isolation, confidence and anxiety.

Figure 1: Themes that emerged from the analysis of focus groups and interviews



Preliminary testing

Prior to disseminating the tool amongst the nominated host organisations, it was preliminary tested using three members of the general public. This was to ensure the tool was clear to read, well-presented and items were understandable. Overall, the tool was deemed suitable with only two minor amendments required.

Tool Pilot: Health champion consultation

The intention was to conduct interactive workshops with the five host organisations actively engaged in the consultation phase, to gather feedback on the tool and for the research team to offer practical tips on how to complete the tool with clients. However, discussions were only possible with three (***Manor and Castle development trust, Sharrow Community Forum and Heeley City Farm***) host organisations, with the remaining two centres ***(Zest Healthy living centre and Darnall wellbeing)*** receiving an email, tool attached, to cascade electronically across their community networks. Due to delays outside of the project's control, feedback is continuing to be collected at the time of writing this report.

Workshop case study: Sharrow Community Forum

For the purposes of brevity, a summary of the workshop held at Sharrow Community forum is discussed here to showcase the positive support for the project and the involvement of wider communities in helping to build a tool which can be applied through the health champion program.

In August 2012, a small group of community health champions, coordinators, and representatives from the project team (Sheffield Hallam) and commissioning team at Sheffield Wellbeing consortium were involved in a workshop to trial the tool. The primary purpose was to gain insight of the discussions between the research team and the Host Organisations.

Overall, the response to the tool and the psychological constructs to which it is based on was positive. The health champions reinforced the importance of the constructs and agreed the summarised the aim of their roles well. There were however some reservations to the length of the tool, some of the terminology used and its layout. Modifications were made on the basis of feedback and amended copies of the tool redistributed amongst the sample of hosts using the channels previously discussed.

Challenges and Constraint

Due to the time of year (e.g., Ramadan and summer months) and changes occurring at host organisations, response rates were low. Despite, intense follow up attempts with host organisation the response rate still remained disappointingly low. Due to the factors discussed above, stage 3 of the tender response proved challenging, and the intention to collect data from the health champions to evaluate the impact of secondary beneficiaries was not achieved in its entirety. Whilst data collected has not met the initial intentions of the project, a draft tool has been developed to act as a discussion point for further adaptations which can now commence with the Host Organisations, to assess the impact of the health champions at a more convenient time that is likely to have fewer constraints.

Consequently, the draft tool was distributed to all host organisations and a member of the project team attended a meeting with representatives from host organisations to promote the tool and raise awareness of the importance of their engagement. Ideas generated during this meeting on ways to adapt the tool, have been incorporated into a new design for further consideration by the health champions. It is the intention to showcase the learning from this phase at a health champion conference in October 2012. See Appendix 3.0.

Next Steps

Whilst this project provides an indication of the impact of community health champions on secondary beneficiaries, the short time scale for data collection can only provide a snapshot of the effects of health champions. A longer time frame to collect data on the effects of health champions is required to identify whether the positive effects reported in the present project are observable. A major limitation of previous interventions for unhealthy lifestyle choices is that positive effects observed over a short period of time are not maintained for longer durations and therefore any effects achieved maybe lost.

It should be noted that the overall aim of evaluating the effect that the health champions have on secondary beneficiaries has identified four main constructs that appear to be an accurate representation of the role that the health champions play. This strength has identified a platform for future work examining the effect of the health champions on

individuals in the community. It is therefore recommended that the results of this project are considered as a vehicle for future work to progress the broad understanding of the beneficial impact of community health champions.

Acknowledgements

We would like to extend our gratitude to the host organisations that gave up their time to contribute to the focus groups and interviews. We would also like to thank Nigel and Lisa for Sheffield Wellbeing Consortium for their continued support throughout this project.

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Appendix

Appendix 1: Semi-structured interview schedule

Questions	Prompts
In your own words, how would you describe the role of a health champion?	*day to day role, responsibilities, typical day as a health champion, what is involved*
Tell me about the clients you currently work with?	*how often do you see them? what do you do? existing paperwork? time spent with them? 1:1?*
What are the main priorities of the clients you work with?	*PA, smoking, common topics discussed,* *how are these decided? what does this depend on?*
How do you currently measure client progress?	*diaries, records,* *who sets this target*
How do you know if the support you are giving the client is helping?	*a feeling, feedback, written records.* *if a client disengages how do you manage this.*
What impact do you think you have on individuals you work in?	*how would you demonstrate this* *example client you deem a success*
If you were to sum up the benefit to a client/community from seeing a health champion would they be?	
what do you think is the best way to demonstrate the work you do?	showcase what you do? present findings? how would you sum up the benefits?

Appendix 2: Health Champion Evaluation tool

Thank you for agreeing to answer some questions about your health behaviours and the community health champions. Your participation is greatly appreciated and is extremely valuable.

The questions below are not intended to question the health champions, only to collect information about your thoughts regarding your interactions with the health champions and visits to activities organised by the health champions. There is no right or wrong answers. **We ask only that you answer every question as honestly as possible**.

The statements below in relation to the health behaviour(s) you are seeing the health champions for. Please use the scale to indicate your response.

Strongly disagree	Moderately disagree	Neither agree or disagree	Moderately agree	Strongly agree
-2	-1	0	1	2

1. I feel supported in changing my behaviour.
2. I find the encouragement of others to change my behaviour unsupportive.
3. I believe I can change my behaviour.
4. I feel changing my behaviour is too difficult.
5. I want to change my behaviour.
6. With support I believe I can change my behaviour.
7. I feel empowered to change my behaviour.
8. I am unsure I have the skills and abilities to change my behaviour.
9. I am confident I can change my behaviour.
10. The thought of changing my behaviour is daunting.
11. I am unconcerned about changing my behaviour.
12. Attempts by others to support me change my behaviour are unhelpful.
13. I have the skills and abilities to change my behaviour.
14. Changing my behaviour is important to me.
15. I feel changing my behaviour is too challenging.
16. I have no desire to change my behaviour.

The questions below relate directly to your interactions with the health champions. Please use the same response scale below to respond to the statements.

Strongly disagree	Moderately disagree	Neither agree or disagree	Moderately agree	Strongly agree
-2	-1	0	1	2

1. The health champion has confidence in my ability to improve my behaviour.
2. The health champion has criticized my unhealthy behaviour.
3. After speaking with the health champion, I feel alone in improving my behaviour.
4. The health champion helps me to feel confident about my skills and abilities to change my behaviour.
5. The health champion has encouraged me to stop my unhealthy behaviour.
6. The health champion has offered suggestions of how to improve my behaviour.
7. The health champion has doubts about my ability to improve my behaviour.
8. I feel less confident that I can change my behaviour after speaking with the health champion.
9. The health champion has congratulated me on my decision to improve my behaviour.
10. The health champion has provided me with a soundboard to express my thoughts.
11. I feel confident of my skills and capabilities thanks to the health champion.
12. The health champion has made me feel like I am a burden to the health champion.
13. The health champion shows little interest in what I have to say.
14. I feel I can contact the health champion.
15. The health champion increases my belief in myself to change my behaviour.
16. Meetings with the health champions decrease my confidence in changing my behaviour.
17. The health champion helps me to believe in my capabilities.
18. I feel down after interacting with the health champion.
19. The health champion helps me to feel confident in my ability to change my behaviour.
20. After meeting with the health champion, I feel less capable of changing my behaviour.

Please insert a cross (X) in the grid below to represent how you feel in relation to your relationship with the health champions.

Encouraged Unsupported Supported Discouraged	Confident Anxious Calm Unconfident
Empowered Unfocused Focused Disempowered	Included Incapable Capable Isolated

The best thing about the health champions for me is... (List up to 5)

1.

2.

3.

4.

5.

Demographic information

Male ☐ Female ☐ (*please tick*)

Age…….. years

The health champions have been helping me for…….. years…….. months

I have seen the health champions approximately…….. times.

I am seeking assistance from the health champions to help me to……

……

...……

…...……

……...

I want to improve/maintain my behaviour because.....

.....

.....

Thank you for completing the questions above. Your time and effort is appreciated!

The Community Health Champions

Appendix 3: Health Champion Evaluation tool amendments

Thank you for agreeing to answer some questions about your health behaviours and the community health champions. Your participation is greatly appreciated and is extremely valuable.
The questions below are not intended to question the health champions, only to collect information about your thoughts regarding your interactions with the health champions and visits to activities organised by the health champions. There is no right or wrong answers.
We ask only that you answer every question as honestly as possible.

The best thing about seeing the health champion for me is… (List up to 5)

1. ……
2. ……
3. ……
4. ……
5. ……

Please answer the statement using the faces below:

I want to see a health champion….

- to help get me out the house
- help me to change my lifestyle
- to see a friendly face
- I have no desire to change or see a health champion

I feel …..

- supported to change my lifestyle
- changing my lifestyle is too difficult
- empowered to change my lifestyle
- changing my lifestyle is important to me
- ……

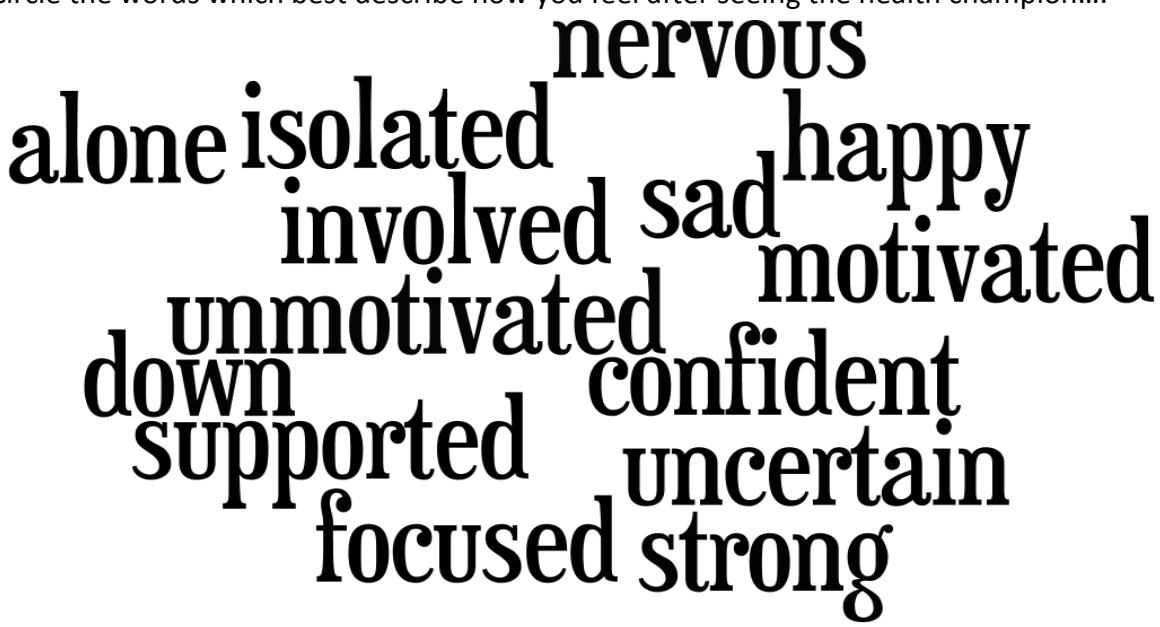
I have …..

- the skills to change my lifestyle
- support of others to help me change
- no desire to change my lifestyle
- the confidence to change my lifestyle

- ……

About you and the health champion

Circle the words which best describe how you feel after seeing the health champion….



Circle the words which describe how the health champion has helped you /why you wanted to see the health champion…