



# Assessing participants' perceptions on group-based principles for action in community-based health enhancing physical activity programmes: The APEF tool



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## ABSTRACT

In community-based health enhancing physical activity (CBHEPA) programmes, group-based principles for action such as active participation, enjoyment, and fostering group processes are widely advocated. However, not much is known about participants' perceptions of these principles as there are no assessment tools available. Therefore, this article describes the development of the APEF (Active Participation, Enjoyment, and Fostering group processes) tool and reports on its implementation in a Dutch CBHEPA programme. Indicators for the principles have been identified from literature research, interviews with professionals, and secondary analysis of three group interviews with 11 practitioners. To address the identified indicators, the APEF tool was developed, pretested, and used in 10 focus groups with 76 participants.

The APEF tool consists of eight statements about group-based principles for action, on which CBHEPA participants vote, followed by in-depth discussion. The voting procedure engages participants. Spider diagrams visualise participants' perceptions of group-based principles.

The APEF tool addresses the challenge of relating group level outcomes to individual outcomes such as physical activity behaviour. The tool facilitates as well as evaluates group-based principles for action, it stimulates dialogue and is culturally sensitive, but it needs strong facilitating skills to manage group dynamics.

## 1. Introduction

Since the publication of the Ottawa Charter for Health Promotion (WHO, 1986), professionals are challenged to work explicitly with principles for action considered important to modern health promotion (Gregg & O'Hara, 2007). The principles for action for health promotion, defined by WHO (1986), highlight empowering, participative, holistic, equitable, intersectional, sustainable and multilevel strategies, emerging from health promotion research and practice, ranging across a continuum (Gregg & O'Hara, 2007). At one end of the continuum, characteristics of 'modern' health promotion principles are found: holistic, ecological, constructionist, egalitarian, and salutogenic, emphasising participatory processes and health as a resource for living. At the other end, characteristics of more conventional health promotion principles are found, based on biomedical, behaviourist, and reductionist approaches to health, targeting 'at risk' people with behaviour change strategies.

In the Netherlands, community-based health enhancing physical activity (CBHEPA) programmes aim to reduce inequalities in health and promote physical activity behaviour (Ministry of Health Welfare and Sports, 2011). Socially vulnerable groups, e.g. people with low socio-economic status (SES), people who are unemployed, of non-Dutch origin, with chronic disease(s), or overweight (Hildebrandt, Bernaards, & Stubbe 2013), engage less in sports and physical activity compared to high SES groups (Wendel-Vos et al., 2009). CBHEPA programmes promote physical activity to improve individual health and well-being, to realise public gains in terms of reduced health care expenses, and to reduce inequalities in health and physical activity behaviour across population subgroups (Herens, Wagemakers, Vaandrager, van Ophem, & Koelen, 2013).

Dutch policy for CBHEPA programmes builds on at risk as well as participatory and egalitarian principles for action. Principles for action take effect at multiple levels and in different programme phases (Herens et al., 2013). At the individual level for example, health education is

Abbreviations: APEF, Active Participation, Enjoyment, and Fostering group processes; CBHEPA, Community-Based Health Enhancing Physical Activity; CoM, Communities on the Move; FG, Focus Group; HEPA, Health Enhancing Physical Activity; SCT, Social Cognitive Theory

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directed at vulnerable groups to increase physical activity and reduce weight. At the group level, principles for physical activity and health promotion in use are community participation, empowerment, enjoyment, and learning processes (Hagberg, Lindahl, Nyberg, & Hellénus, 2009; Laverack, 2006a; Saan & de Haes, 2008). These group-based principles for action are expected to contribute to the success and effectiveness of CBHEPA programmes because they leave room for adjustment to contextual needs on the one hand, and, as the programme's constituents, can be implemented in different contexts and settings on the other hand (Kok, Vaandrager, Bal, & Schuit, 2012). The relevance of group-based principles for action in the field of physical activity and health promotion is widely recognised and reported. As far as we know however, there is a lack of evidence on their contribution to the effectiveness of CBHEPA programmes, e.g. increase in physical activity at the individual level. The assessment of principles for action at the group level is not yet clearly operationalised, and tools for addressing this issue are lacking, as we have found in our literature search (see Section 3.2). Consequently, little is known about how CPHEPA programmes address the group-based principles for action and how they are valued by stakeholders. Therefore, in this study, we developed a tool to assess participants' perceptions on group-based principles for action. In line with modern health promotion principles for action, we took a constructionist and participatory stance, engaging stakeholders in the different steps to develop and test the new tool. In this paper, we describe the development of the tool and guidelines for its implementation.

First, we set the scene for developing the tool for group-based principles for action in Dutch CBHEPA programmes by presenting the case of Communities on the Move (CoM), which has been subjected to an effectiveness study (Herens et al., 2013; Herens, Bakker, van Ophem, Wagemakers, & Koelen, 2016). Next, we describe the explorative strategy to develop an instrument to assess participants' perceptions on the group-based principles for action: Active Participation, Enjoyment, and Fostering group processes (APEF). Thereafter, we describe the results of the APEF tool in 10 focus groups and the experiences of both participants and researchers regarding implementation of the tool. Detailed results obtained on groups' evaluation narratives on the principles for action have been published elsewhere (Herens, Wagemakers, Vaandrager & Koelen, 2015). We discuss the APEF tool and conclude with lessons learned on implementing it for CBHEPA programmes targeting socially vulnerable groups.

## 2. Setting the scene for assessing principles for action at the group level

CoM was developed and disseminated (2003–2012) by the Netherlands Institute for Sports and Physical Activity (NISB) – since 2016 the Dutch Knowledge Centre Sports – and targets socially vulnerable groups. CBHEPA programmes, such as CoM, use an ecological perspective on health (Sallis et al., 2006), emphasising the interaction between factors within and across the different levels of intervention (Glanz, Rimer, & Viswanath, 2008; Herens et al., 2013). CoM defined a set of principles for action at individual, group and programme level. As part of an on-going evaluation study of CoM, we sought to evaluate group-based principles for action.

Group-based principles for action, defined in CoM, are active participation, enjoyment, and fostering group processes (Herens et al., 2013). At group level, CBHEPA programmes build on social cognitive theory (SCT) (Bandura, 2004), social learning theory (Bandura & McClelland, 1977), and the concepts of social capital (Putnam, 2001), participation (Pretty, 1995), and enjoyment (Hagberg et al., 2009; Raedeke, 2007). SCT explains behaviour as a product of the interplay of individual, behavioural, and environmental influences and underlines that individuals learn from one another by observing and operating collectively to achieve change (Bandura, 2004). Social capital enables people to share information, to provide social support, and to collaborate in order to achieve certain goals that cannot be achieved

working alone (Morrens, 2008). Active participation, or level of engagement of participants in a group, (Hyyppä & Mäki, 2003; Lindström, Hanson & Östergren, 2001; Pretty, 1995) and social engagement, or level at which participants participate in activities and social connections, are related to social capital (De Leon, Glass, & Berkman, 2003).

Involving the target group, and making programmes culturally sensitive, are actions that thrive on a participatory and egalitarian perspective in physical activity promotion (Gregg & O'Hara, 2007), in which target groups are actively involved in decision making throughout the programme (Aldridge, 2014; van der Deijl, Etman, Kamphuis, & van Lenthe, 2014; Withall, Jago & Fox, 2011). In addition, participatory processes facilitate the development of capacities, learning, and empowerment (Rice & Franceschini, 2007), and enable and empower people to gain control over their lives and the determinants of their health (Koelen & Linström, 2005; Wagemakers et al., 2008).

Monitoring real-world interventions and improving the engagement of socially vulnerable groups in physical activity research suggest constructionist (Patton, 2002), participatory, and action-oriented research (Green, Glasgow, Atkins, & Stange, 2009; Wagemakers, Vaandrager, Koelen, Saan, & Leeuwis, 2010; Wallerstein et al., 2011). Therefore, primarily constructionist evaluation criteria need to be used in assessing principles for action at group level, such as engaging those with less power respectfully and collaboratively, respecting multiple perspectives, reflexivity, doing justice to the integrity of unique cases, and contributing to deepening understanding and dialogue (Patton, 2002). Thus, our study fits with the key principles for action for physical activity promotion strategies in socially vulnerable groups as defined by the WHO: 1) involve target groups in all stages of programme development, 2) make programmes culturally sensitive, 3) develop and maintain partnerships and adopt an ecological approach, 4) monitor real-world interventions, measure long-term adoption and maintenance, and 5) improve the recruitment of the target group in physical activity research studies (WHO, 2013, pp. 7–8).

## 3. Development of the APEF tool

We used an iterative, exploratory design to identify indicators and measurement instruments of group-based principles for action. Scientific and practice-based evidence on group-based principles for action were combined to develop the APEF tool in three phases (Fig. 1): a) to identify indicators of principles for action, b) to search for measurement instruments to assess principles for action, and c) to operationalise the group-based principles for action into statements.

### 3.1. Identifying indicators of group level principles for action

Expected output and outcomes of group-based principles for action in CoM are programme adherence (active participation), programme satisfaction (enjoyment), and group learning (fostering group processes) (Herens et al., 2013). First, to define and operationalise these concepts, we conducted a literature search to identify indicators, based on existing theories, for group-based principles for action in sport and physical activity. The Scopus database was used (Appendix A). Inclusion criteria were professional discipline (e.g. health, social science) and language (English). Group-based principles for action and theoretical concepts were included as search terms in combination with the inclusion criteria physical activity, sport, full text availability, and a focus on team or group level. Second, using purposive sampling in order to collect practice-based information, we conducted semi-structured interviews, with the two NISB professionals providing CoM training. They were interviewed about CoM group-based principles for action and known instruments to assess indicators for principles for action in sport and physical activity groups. The Appreciative Inquiry technique (Cooperrider, Whitney, & Stavros, 2005) was used to stimulate an open and positive interview. Third, we conducted a secondary analysis to

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