



Weigh in at Work Evaluation

New Victoria Hospital (PIC)

Royal Alexandra Hospital (RAH)

Southern General Laboratory Building (SGH)

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Weigh in @ Work - New Victoria Hospital, Southern General Laboratory building and Royal Alexandra Hospital.

1. Purpose of Paper

This paper aims to:

- Describe and evaluate the Weigh in at Work programme at the New Victoria Hospital, the Southern General Laboratory Building and the Royal Alexandra Hospital.
 - Identify participant characteristics
 - Assess weight maintenance/loss and levels of physical activity.
 - Evaluate the resources used
- Highlight any areas of improvement and propose recommendations to continually develop the programme.

2. Executive Summary

Weigh in @ Work has proved to be a successful model for delivering weekly healthy eating information and weight management support for staff within NHSGGC.

A total of 236 people attended across the 3 sites with an average attendance of 38 people each week. The total weight loss over the 8 week pilot within all three sites was 223kg equalling an average weight loss of 1.19kg per person (excluding those who only attended once).

The programme was successful in attracting both men and women and staff from low job bands. However, despite initial contact, high dropout rates of men indicate that strong consideration needs to be given to the reasons why men are exiting early. The job banding of the participants ranged from band 1-executive, with the majority 60% (n=90) within bands 1-4.

The venue choice within the SGH and RAH was raised as a concern by several staff for a number of reasons including feelings of exposure. These comments will need to be considered in the preparation for further provision of the programme in other sites.

Post survey results show a marked reduction in participants rating their health as poor and also reveal a slight increase in the frequency and length of time spent exercising. There was a keen interest from participants to receive further information on physical activity programmes particularly live active and walking groups as well as smoking cessation services and recipe ideas.

The drop in nature of the programme and the reach to staff make this an ideal platform to promote further health improvement initiatives. Considerations should be given to strengthen the links to additional opportunities regarding the focus of staff health and physical activity during 2013-14 and it is hoped that information on all the above services will be included within the facilitators pack for future groups.

3. **Background**

The Weigh in @ Work toolkit was developed by Health at Work as a resource, aimed to support weight loss/weight maintenance groups within workplaces, together with encouraging a more active lifestyle.

The toolkit was piloted at the new Stobhill hospital within the patient information centre (PIC) in 2012, for an 8 week period. The delivery of this intervention was in line with local and national drivers such as the NHSGGC Staff Health Strategy and CEL 1. An evaluation was conducted following the pilot and owing to its popularity it was decided to extend the programme to further acute sites in 2013.

As patient information centres are not yet available on the majority of NHS GGC sites, the model utilised within the PIC required amendment to consider settings without this additional support, and to extend the reach and participation of staff in low pay grades.

4. **Weigh in @ Work model at The New Victoria Hospital, SGH and RAH**

Venues were identified within the Southern General hospital (SGH) laboratory building and the Royal Alexandra hospital (RAH) through discussion with the healthy working lives team (HWL) and individual site managers. The third site was the patient information centre (PIC) within the new Victoria hospital.

All 3 sites ran the programme as a 'drop in' service for 4 hours, one day per week for a period of 8 weeks. A 'drop in' model was used as this had worked well during the pilot and ensures that a broad range of workers, including shift workers could access the programme.

Sessions were facilitated by PIC staff including a PIC volunteer and Health Improvement staff from Public Health, all of whom hold the REHIS: elementary food and health certificate or a further nutritional qualification. Clinical advice was not given, nor was more intense 1:1 weight management support.

The programme was promoted a week before starting at each site via posters, leaflet drops and an article appeared in staff news. A pre and post questionnaire was designed to capture participant characteristics (profile), establish baseline weight and obtain feedback on the programme.

Each week provided the opportunity to be weighed, receive brief verbal support and obtain handouts from staff (appendix 1). BMI was calculated at week 1 and 8 and a 5% weight loss target was discussed with a general weight loss target of 0.5-1kg per week. Those with a healthy BMI of 18.5-25kg/m² were advised on weight maintenance. The benefit of a 5% weight loss target was discussed with participants as SIGN guidelines 115 state:

"In patients with a BMI 25-35kg/m² obesity related co morbidities are less likely to be present and a 5-10% weight loss (approximately 5-10kgs) is required for cardiovascular disease and metabolic risk reduction"

The programme does not consider an energy deficit diet which the SIGN guideline highlights as a key dietary intervention, as the programme is not intended or designed to provide such structured support. However, participants were

encouraged to reduce their intake of energy dense foods and drinks and supported to choose alternatives, as well as being encouraged to become more physically active and reduce their sedentary behaviour.

All participants were provided with their own weight record card, which was updated by staff at each attendance.

Following the evaluation of the Stobhill pilot it was noted that during particularly busy weeks, time with participants was limited and waiting times were often extended. An additional “Food and Health Tutor” therefore provided short 10 minute sessions on a variety of nutrition related topics parallel to the drop in for 6 weeks at SGH and 2 weeks at RAH. It was hoped that by providing this service waiting times would be reduced as staff would be able to signpost to the tutor for further information as queues developed.

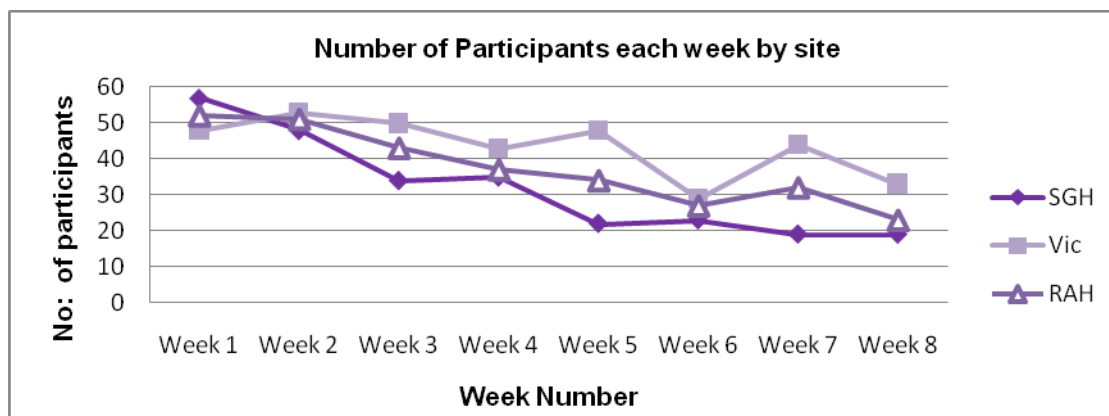
5. Findings

5.1 Attendance and profile of participant

As with most programmes, attendance drops between week 1 and week 8. There is a particular difference in attendance within the RAH and SGH where only 26% and 29% of total participants attended week 8 compared to 41% in the Victoria.

Weekly attendance by site can be seen in Graph number 1 and appendix number 2.

Graph 1:



Across the 3 sites the percentage of participants who attended four or more of the sessions varied between 47% in the SGH and RAH up to 64% in the Victoria. Twenty one percent (n=49) of participants only attended once.

Attendees were mainly women between 41-60 years old, at all 3 sites (appendix 3). Data from The Scottish Health survey (2011) indicate that incidence of overweight and obesity for both men and women increase as we age (Table 1) with 37% of 55-64 year old women being overweight. This may account for the larger proportion of women between 41-60 years old attending the programme. A total of 26 men engaged with the service (appendix 4), interestingly of these 21 only attended 1-2 times.

Table 1- Scottish Health Survey Statistics (2011)

AGE	25-34		45-54		55-64	
	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)
BMI 25-30kg/m ²	27.8	40.8	33.7	45.9	37.2	44.6
BMI 30-40kg/m ²	19	18.6	25.4	29.5	26.8	33.3

Nineteen percent (n=29) of participants reported that they had never tried to lose weight in the past, of these 15 were in job bands 1-4. Of the men that completed the survey 53% had never tried to lose weight in the past compared to 15% of women.

5.2 Job Banding Distribution

Information on job banding of participants was obtained from 149 participants. The programme was successful in attracting attendance from those staff in job bands 2-4, accounting for 60% of participation.

Attendance of participants within job bands 1-4 was greater within the RAH and Victoria (table 2). The venue in the southern general venue, unlike the RAH and Victoria it is separated from the other wards and buildings on the SGH site, this may have impacted on the programmes reach to staff and also the accessibility for staff within other ward areas.

Table 2

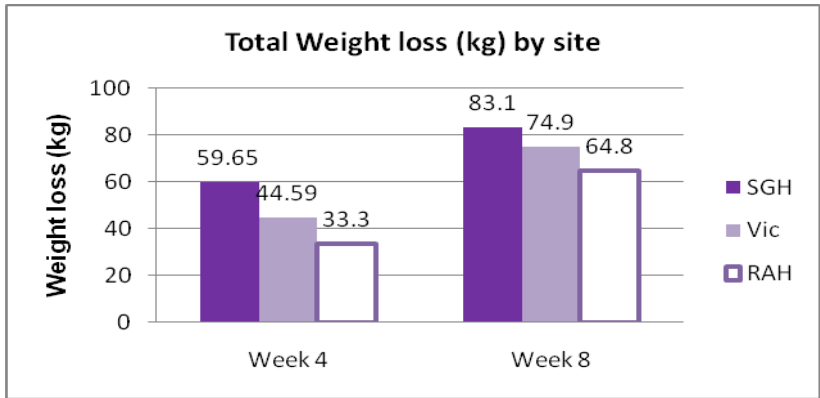
	SGH	RAH	New Victoria
Job bands 1-4	39% (n=14)	76% (n=38)	60% (n=38)
Job bands 5 – executive level	53% (n=19)	18% (n=9)	40% (n=25)

5.3 Weight

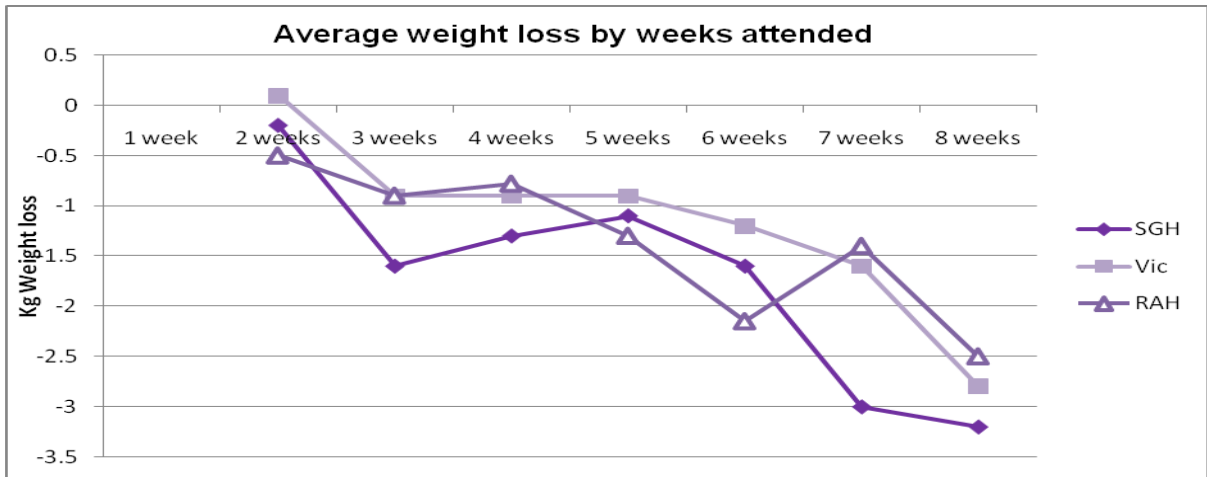
Total weight loss over the 8 week period was 223kg, excluding those who only attended once (n=49), the average weight loss was 1.19kg per person.

Highest weight loss can be noted at the SGH both in terms of total weight loss and average weight loss by number of weeks attended (Graph 2 and 3). Graph 3 illustrates that the greatest weight loss occurs in all 3 sites following 4 or more attendances, suggesting that the more sessions attended the more likely a participant is to reach their weight loss target.

Graph 2:



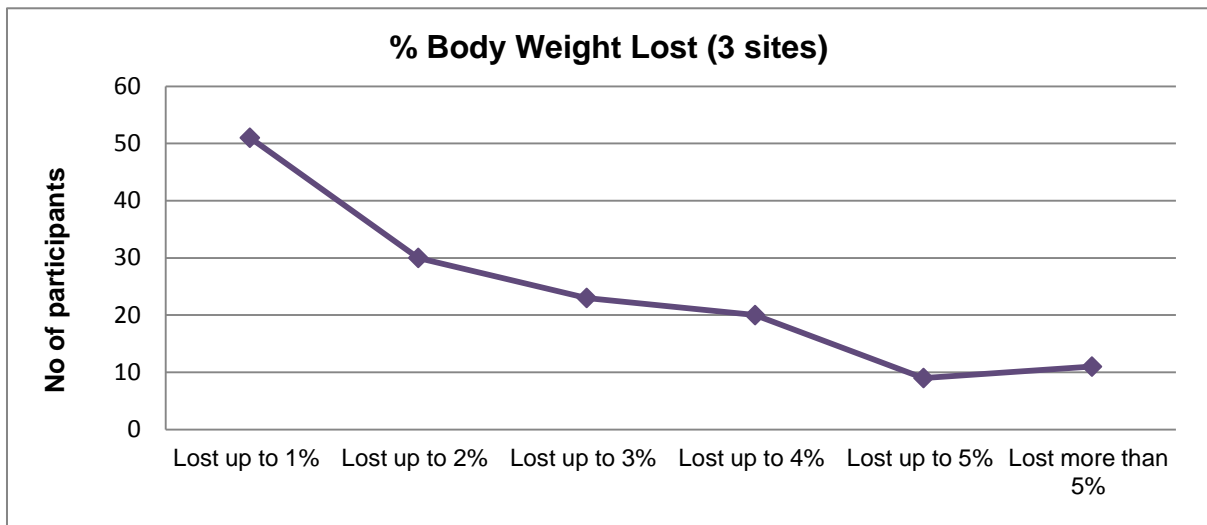
Graph 3:



Graph 4 below shows that 51 participants (27%) lost up to 1% of their original body weight; there is then a decline in participant numbers as percentage weight loss increases, 11 participants (5%) lost up to 5% of their original body weight.

The average weight loss across all 3 sites was 1.4%.

Graph 4:

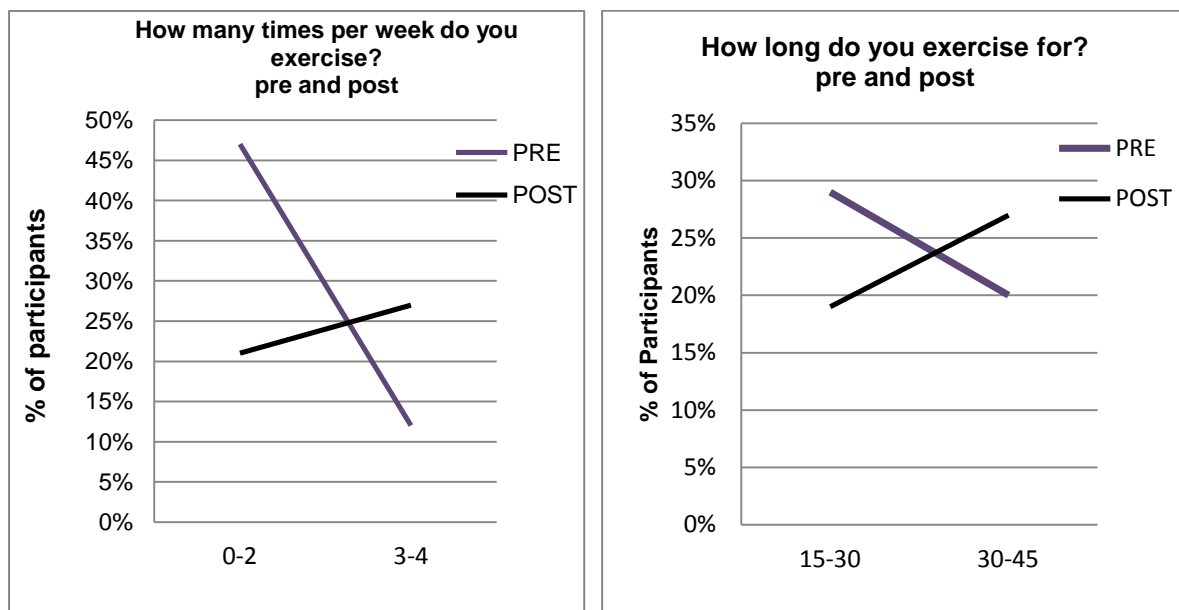


Although 37 participants gained some weight, it is not possible to know if weight gain would have been more if not attending the programme. Furthermore, there were several participants who discussed with staff that their personal goal was fitness and increasing muscle mass rather than weight loss.

5.4 Physical activity and overall health

Participants were asked how many times per week they exercise and for how long (Graph 5 + 6). The pre questionnaire shows that the majority exercised 0-2 times per week for 15-30 minutes. Following Weigh in at Work the majority exercised 3-4 times per week for 35-40minutes. This shows a slight increase in the frequency and length of time spent exercising following attendance.

(Graph 5 + 6)



There were frequent requests for information from participants about physical activity programmes particularly the live active scheme and walking groups. There was also significant interest in the pedometer challenge which commences later in the year; details of interested participants have been forwarded to the relevant member of staff.

5.5 Overall Health

The surveys also captured how participants rated their overall health on a scale of 1-10, 1 being poor and 10 excellent. Both pre and post results show the majority of participants rating their overall health between 6-10 however, post results show a marked reduction in participants rating their health as 5 or below (appendix 5).

5.6 Handouts

The participant handouts scored highly with 46% of participant rating them as excellent. Whilst the handouts have scored highly it should be noted that they do not cover all the topics raised by participants. Efforts were made by staff to obtain relevant information when requested. For example, there were several requests for information on smoking cessation, the Live Active and Vitality programmes.

Furthermore, several of the BDA food fact sheets have been up dated and those used are now out of date. For future programmes it will be necessary to print directly from the website rather than utilising the toolkit.

5.6 Food and Health Tutor

There was input at the SGH for a period of 6 weeks from an external food and health tutor to provide short sessions on a variety of nutrition related topics including hidden fats, takeaways, alcohol, portion sizes and cooking at home. This was an opportunity for users to approach the tutor if they required further information. Sessions within the RAH were ceased after 2 weeks due to the cold temperature at the main foyer.

It should be highlighted that these sessions are not a requirement or linked to Weigh in @ Work. However, the 'drop in' nature of the Weigh in at Work group provided an ideal opportunity to provide further information to users as well as potentially reducing waiting times, as staff were able to signpost to the tutor as queues developed.

As participant numbers at the SGH became relatively low in the latter weeks, the need to re-direct participants to this service was limited. During the first week there were 14 one to one discussions compared to none on the final week. Visual props and handouts which the tutor used e.g. recipe cards and measuring tapes, proved very popular for participants and it may be worthwhile obtaining a selection of these for future programmes.

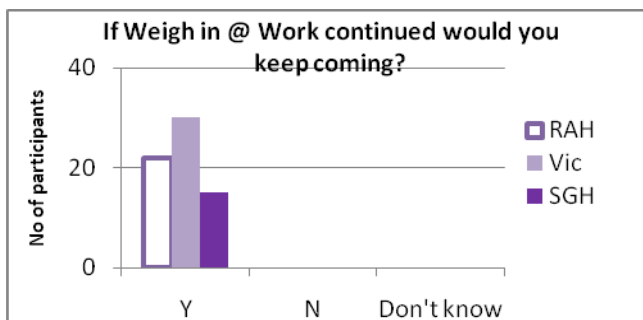
5.7 Participant Feedback

Participants who completed the post survey unanimously selected that they would continue to attend if the service carried on within their site (Graph 7), and all comments received about the programme were positive (appendix 6).

"Thanks to the friendly staff being motivational. Don't think I would have tried as much had you not been here 😊"

"I love coming. I now think before I eat out or how I make a meal. How best to do more exercise. More places in the NHS should do this"

Graph 7:



6. Discussion

Due to the drop in participant numbers particularly within the RAH and SGH, future amendment of the pre and post questionnaires has been discussed. Recognising

why participants exit the programme early would allow improvements to the programme to be made, and allow facilitators of the group to update participants on any programme changes and share any ideas/tips.

At the RAH several participants verbally raised the issue that they were uncomfortable with the location as the room was glass fronted at the main entrance, making them visible to patients and other members of staff. Furthermore, as the room is a waiting area and has a free taxi phone there were occasions that participants had to be weighed whilst visitors and patients waited for a taxi or ambulance.

The SGH laboratory building comprises of 4 floors only accessible with swipe cards. As there is no staff dining room or food servery within the building, staff often mentioned that they rarely left their own department until the end of the day. It could also be noted that the majority of participants within the SGH attended individually compared to the RAH and Vic who attended in departmental groups. The support gained from attending with work colleagues in the latter sites may have contributed to better attendance. However, it should be remembered that weight loss is highest within the SGH; therefore drop in attendance may also be attributable to participants feeling that they require minimal support.

There is a significant drop out rate after 1-2 weeks for men attending the programme, and although no concerns were raised verbally by the participants in these 3 sites, the pilot showed a similar pattern and several of the male participants who attended Stobhill verbally raised the need for a more structured 'eating plan'. The issue of weighing men and women together was also raised as a concern within Stobhill and perhaps these issues need to be considered prior to further roll out to distinguish if this helps to maintain male attendance.

Despite the small increase in frequency and time spent exercising, it should be remembered that the recommendation is currently to do at least 150 minutes of moderate physical activity per week. Therefore, consideration needs to be given to additional ways to promote physical activity services.

All 3 sites were facilitated by 2 staff, which during the initial 4 weeks was necessary as initial contact is time consuming and keeping waiting times to a minimum is essential. Following the initial 4 weeks, the service could be sustained with only 1 member of staff.

Due to the high participation and positive feedback the decision has been made to continue the programme within the Victoria PIC on a weekly basis and within the RAH on a monthly basis which is now facilitated by a PIC volunteer, supported by a PIC officer when required.

7. Areas for further development

- Amendment of questionnaire to collect participant contact details
- Amendment of physical activity question within pre and post questionnaire

- Explore the possibility of sending questionnaires electronically to increase response rate
- Include information on physical activity programmes, smoking cessation services and recipe ideas within future facilitator packs.
- Detailed consideration of each venue
- Consideration of ways to promote continued attendance for men
- Explore the possibility of information sessions from physical activity coaches e.g. live active coaches

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The Scottish Government (2012) Chief Executive Letter 1. Edinburgh. Scottish Government. Available from http://www.sehd.scot.nhs.uk/mels/CEL2012_01.pdf

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The Scottish Government (2011) Scottish Health Survey. Edinburgh. Available from <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey/Publications>

Scottish Intercollegiate Guidelines Network (2010) Management of Obesity: A national clinical guideline (SIGN 115) available from <http://www.sign.ac.uk/pdf/sign115.pdf>

Appendices

Appendix 1: Participant Handouts

Week 1: Eatwell plate

Week 2: Your food diary + healthy breakfasts

Week 3: Healthy packed lunches

Week 4: Healthy snacks

Week 5: Portion Control

Week 6: Takeaways

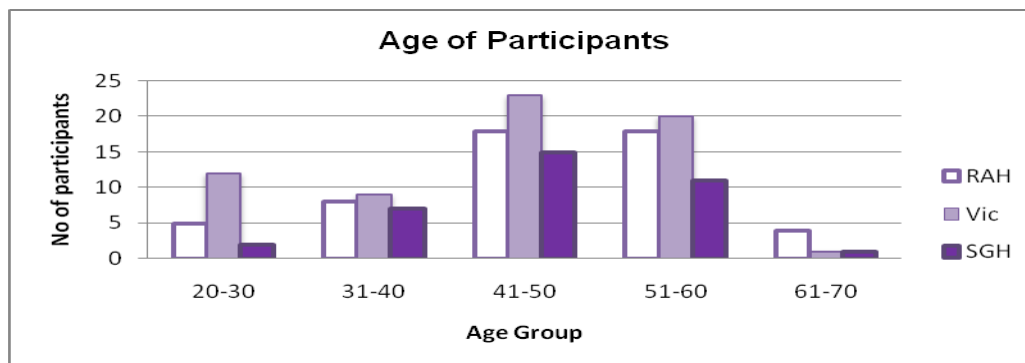
Week 7: Food labelling

Week 8: Physical activity

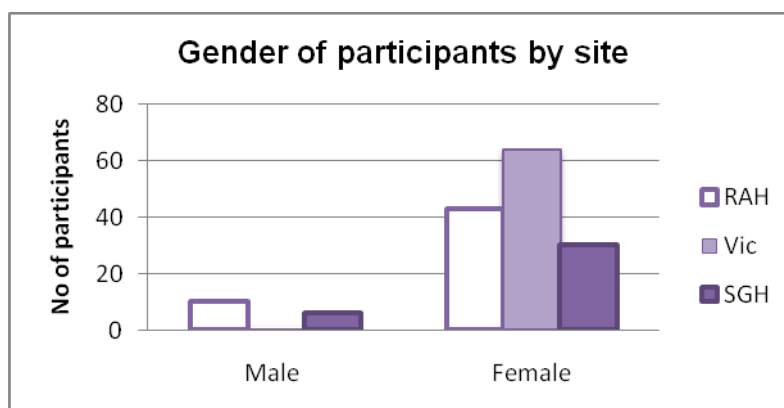
Appendix 2: Weekly attendance

Week	SGH	RAH	Victoria
1	57	52	48
2	48	51	53
3	34	43	50
4	35	37	43
5	22	34	48
6	23	27	29
7	19	32	44
8	19	23	33

Appendix 3: Age



Appendix 4: Gender



Appendix 5: How would you rate your overall health?

	1-4	5	6-10
Pre	15% (n=23)	23% (n=35)	62% (n=95)
Post	3% (n=2)	13% (n=9)	84% (n=56)

Appendix 6: Participant's comments

<u>SGH</u>	<u>Victoria PIC</u>	<u>RAH</u>
<p>"Very useful info handed out"</p> <p>"Excellent service for staff. Great to have such benefits at work"</p> <p>"Thanks to the friendly staff being motivational. Don't think I would have tried as much had you not been here 😊"</p> <p>"Helped kick start my running + health improvement"</p> <p>"The ladies were very friendly, helpful + informative"</p> <p>"Very useful-shame it was only for 8 weeks"</p> <p>"Lovely girls + a wonderfully supportive environment to motivate you to lose weight + lead a healthy lifestyle"</p>	<p>"Girls are fab"</p> <p>"We/I think we were treated very well + very non judgemental to weight/BMI etc. They have been very encouraging + helpful with all the handouts and leaflets etc"</p> <p>"Weigh in is a good resource. Gentle reminders to keep healthy lifestyle up with weigh in and handouts"</p> <p>"pls continue"</p> <p>"I find this service keeps me motivated & easy to attend as at my work place"</p> <p>"I have found this to be really helpful with losing weight"</p> <p>"Staff very good and I am pleased with myself and would be sorry if it stop as I don't feel comfortable going too weight watchers or slimming world. Thank You"</p> <p>"I think this is a great idea and hope that it keeps going. It is so quick and easy to help me keep up a</p>	<p>"I would like weigh in @ work to continue on a regular basis as it has been very helpful"</p> <p>"Please weigh me every week"</p> <p>"I found this very helpful and the staff are so encouraging"</p> <p>"Great for motivation"</p> <p>"Have loved the encouragement (+motivation) provided by the staff. All really positive stuff! Can't believe how much easier it's been with the support in place. Thanks very much!"</p> <p>"Girls all very good and keep you motivated"</p> <p>"Weigh in @ work is exactly what I've been needing, the girls are a huge inspiration + keep me going, will miss the weekly weigh in"</p> <p>"It is a good thing, and helps alot"</p> <p>"Great service – fun and keeps you focused. Plenty of info + suggestions"</p>

	<p>healthy more active life”</p> <p>“Very good. Friendly atmosphere keeps you motivated when you attend weekly. Better than weightwatchers as it is convenient to attend in workplace”</p> <p>“Enjoy coming to class as its at my workplace + girls are all friendly”</p> <p>“The programme is good”</p> <p>“Really enjoyed the class the info + support from Pauline it has been invaluable”</p> <p>“Find it very motivational – as do other girls in my dept”</p> <p>“Keeps me focused and if I have a bad week, it motivates me for the following week”</p> <p>“Keep up the good work”</p> <p>“I love coming. I now think before I eat out or how I make a meal. How best to do more exercise. More place in the NHS should do this”</p>	<p>“Has helped me look at what I eat and how healthy you should be and encouraged me to think about what you put into your mouth the handout where great”</p> <p>“The girls are very efficient at what they’re doing”</p> <p>“Very helpful”</p> <p>“Staff excellent and encouraging without making you feel stupid”</p>
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