



Evaluation Weigh in at Work – Stobhill patient information centre (PiC)

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Content

	Page
1. Purpose of Paper	3
2. Executive Summary	3
3. Background	3
4. Weigh in at Work Model at Stobhill Hospital	4
5. Findings and Areas for Further Developments	4
5.1.1.1. Attendance and profile of participant	4
5.1.1.2. Job banding	5
5.1.1.3. Weight	5
5.1.1.4. Physical Activity and Mood	7
5.1.1.5. Handouts	8
5.1.1.6. Venue and staff involvement	8
6. Discussion and areas for further development	8
7. Recommendations and Cost Associated	9

References

Appendix

Weigh in at Work, New Stobhill Hospital

1. Purpose of Paper

This paper aims to:

- Describe and evaluate the Weigh in at Stobhill Patient Information Centre (PiC)
- Highlight any areas of improvement and propose recommendations to continually develop the service.
- Identify the cost for roll out in an additional PiC setting as well as in a NHS setting without access to PiC.

2. Executive Summary

The weigh in at work toolkit was developed by Health at Work as a resource, aimed to support weight loss/weight maintenance groups within workplaces. The toolkit was used in the delivery of an 8 week programme at the PiC at Stobhill. A total of 129 people attended with an average attendance of 63 people per week. The total weight loss over the 8 week pilot was 66.6kg equalling an average weight loss of 0.64kg per person, although average weight loss of those attending for 6 - 8 weeks, doubled from 1.03kg to 2.13kg.

3. Background

The level of obesity and its impact on health is well documented with the latest figures from the Scottish Health Survey (2010) stating that 63% of 16-64 year olds are overweight or obese. Individuals with a BMI > 30kg/m² have a 51% higher sickness absence rate than those in the normal weight range and are 25% less likely to be employed (Scottish Government 2010). The workplace makes an ideal setting to introduce Health Improvement initiatives, as we spend 60% of our waking hours and consume on average a third of our daily calorie intake at work (Healthy Working Lives). Below are the main national and local drivers highlighting the importance of workplace health interventions.

- Chief Executive Letter (CEL) 1 (2012)
- Preventing overweight and obesity a route Map towards healthy weight (2010)
- NHSGGC Staff Health Action Plan

NHS Greater Glasgow and Clyde (NHS GGC) is dedicated to improving staff health. Health at Work has developed the Weigh in at Work pack as part of the Staff Health Action Plan and was piloted at Stobhill Hospital Spring 2012.

4. Weigh in at Work Model at Stobhill Hospital

The PiC was chosen as it is a well known location for staff, has a designated room, big enough to allow individuals some privacy and accommodate 2 sets of scales. An added component in choosing this location is that staff within the PiC is trained to capitalise on brief intervention techniques, which take a multifaceted approach to health behaviour change. PiC staff is further trained in literacy awareness as well as REHIS: Elementary food and health, all useful when running groups.

The programme was available as a drop in service, every Monday between 10am-4pm for 8 weeks. It offered staff the opportunity to be weighed, receive brief verbal support and obtain some hand outs from staff. Clinical advice was not given, neither was more intense 1:1 provided. The drop in service ensured that shift workers were captured and people were able to attend during break/lunch times. The service was promoted outside the staff canteen a week prior to starting

Additional nutritional support was provided to PiC staff from Health Improvement leading on nutrition, physical activity and weight management, who attended each week for the full day. The purpose was to offer experienced support and obtain an understanding of what further implementation of such a model (or reduced model) would entail.

The tool kit consists of information for the facilitator and various handouts for photo copying for the participants. These handouts included healthy packed lunches, food labelling, snacks and tips to be more active (appendix 1)

Personal data such as name, height and weight were recorded and their BMI was calculated at weeks 1 and 8. Goal setting of a 5% weight loss target was discussed, with a general weight loss target of 0.5-1kg per week. Each new contact was recorded into PiC's patient information enquiry database (PIED) by PiC staff.

Information was collected via a survey and participant weight cards. In addition, data was collected pre and post the health at work "pedometer challenge".

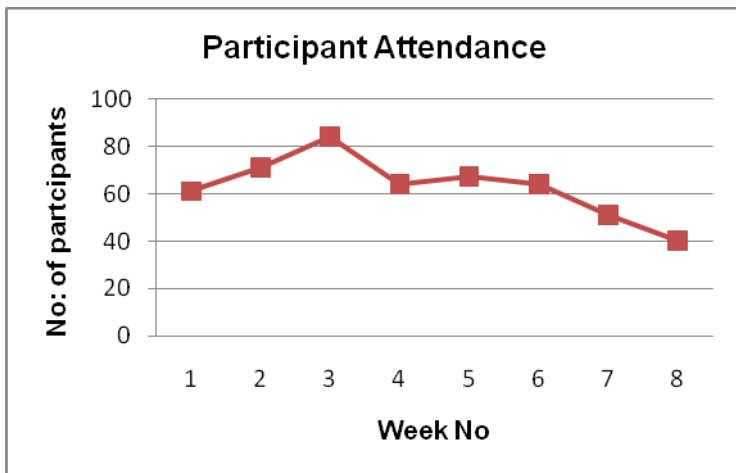
5. Findings and Areas for Further Developments

A total of 19% (n= 25) of the participants who attended the service were already within a healthy BMI range. This was discussed with those participants and whilst the service helps them to maintain and monitor their weight, no weight loss was expected. Participant's weight was taken at every point of contact (weekly). A total of 27 people completed the survey.

5.1. Attendance and profile of participant

The service attracted 129 participants and attendance was high with an average of 63 people attending each week. The weekly attendance can be seen in table 1 and in appendix 2.

Table 1: Participant Attendance

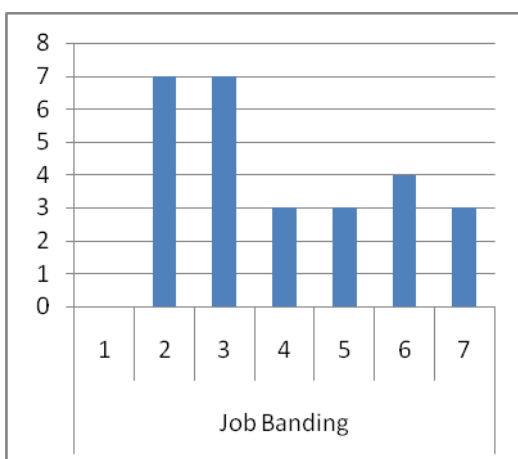


Fifty percent of participants attended 4 or more sessions throughout the 8 week period. Attendees were mainly women between 45-54 years old. A total of 15 men have linked into the service. One participant was in the age band 16-34 years of age. (appendix 2).

5.2. Job banding

Where information (n=27) regarding banding was obtained, the programme was successful attracting attendance from those in job band 2 and 3. Table 2 below shows job band distribution.

Table 2. Job Band Distribution



5.3. Weight

Total weight loss over the 8 week pilot was 66.6 kg, not including those attending once (n = 27). The average weight loss was 0.65 kg per person.

Table 3 below, illustrate that those participants who attended 4 or more weeks had a higher weight loss. In fact between weeks 6 and 8 weight loss doubles from an average of 1.03kg to 2.13kg. This would suggest that the more sessions a participant attends the more successful they will be in achieving their weight loss targets. This is further supported as those attending for 3 weeks or 8 weeks had more or less the same starting weight but weight loss was higher having attended 8 weeks.

Slow weight loss (average 0.69kg) following 3 weeks attendance may have been a de motivating factor for many individuals, which would also explain the fall in attendance in the latter half of the pilot. It will therefore, be important that any facilitator provide ongoing encouragement for participants promoting attendance.

Reading the table – The X axis on the left illustrates the average start weight and the X axis on the right, illustrates the average weight loss. The Y axis illustrates the number of weeks attended. Each week (excluding week 1), has two plotted points (one square and one diamond) illustrating the results on that particular week.

Table 3: Starting weight, attendance and weight loss

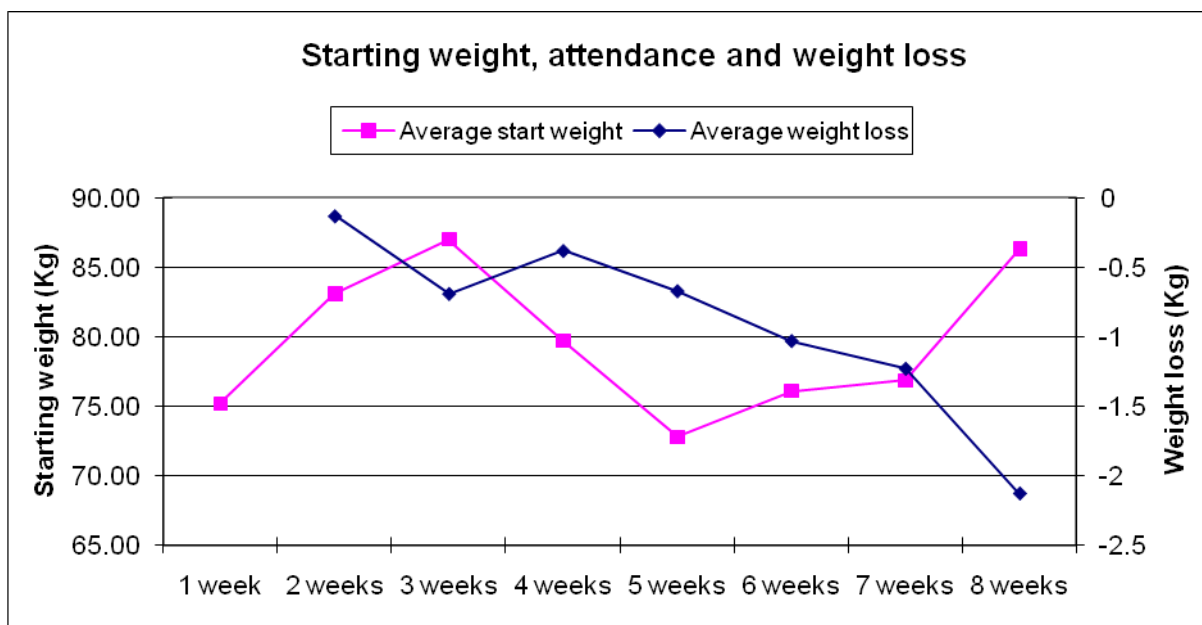
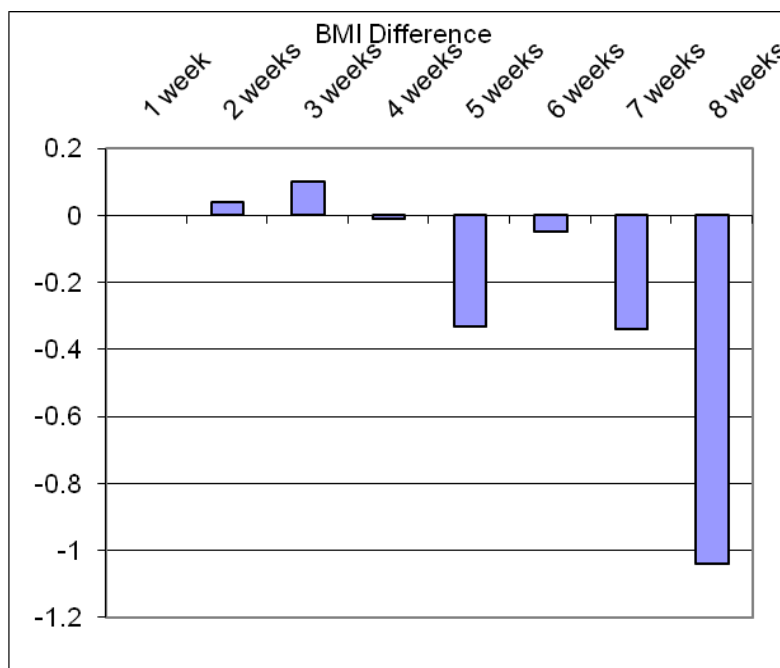


Table 4 below follows a similar pattern. Those participants, who attended for only two to three weeks, have a small increase in their BMI. It is only by 4 weeks attendance that most participants start to experience weight loss.

Table 4: BMI difference and Attendance



Results also show that although 55.8% (n=72) of participants lost weight. Although 20.9% (n=27) of participants gained some weight, it is not possible to know if weight gain would have been more if not attending the programme.

Furthermore, none of the participants lost equal to or more than 5% of their original body weight which was the initial weight loss goal set at week 1.

When participants with a BMI >35 were identified, seeking further support from the Greater Glasgow and Clyde Weight Management Service (GGCWMS) was discussed. However, the majority were reluctant to ask their GP for a referral to be made.

Some participants raised an interest in having their waist measured as they felt their clothes becoming looser, despite weight loss not being reflected on the scales. This was a de-motivating factor and despite verbal explanation and encouragement many felt that they were not making progress.

5.4. Physical Activity and Mood

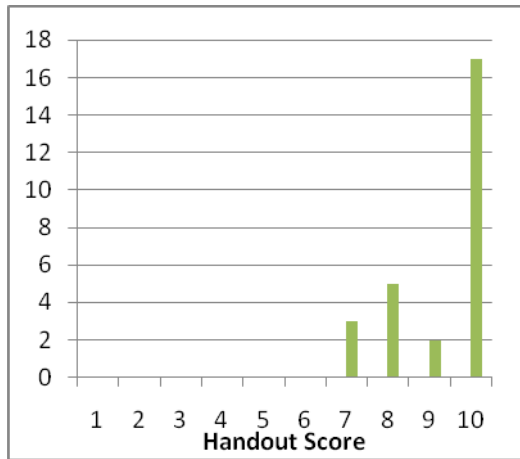
The surveys, which were carried out pre and post a pedometer challenge show that post challenge, all participants were physically active on at least one day of the week, with the majority (63%) active at least 3 days per week. Interestingly, prior to the challenge 25% of participants felt that they were active 5+ days compared with only 2.6% after the challenge. This skewed result may have been caused by the participant's clearer understanding of physical activity messages post challenge.

Participants were asked to rate their mood on a scale of 1-5 (1 = highest). Pre pedometer challenge 34 of the participants rated their mood as 3 or below. Post the challenge only 4 participants rated their mood as below 3 (appendix 5).

5.5. Handouts

The participant handouts scored highly with 63% of participants rating them as excellent (table 5). Many have been using the handouts in conjunction with information booklets from national weight loss programmes.

Table 5. Rating of Handouts



Although handouts scored highly with the majority of participants, staff became aware that photocopying in black and white often made images difficult to distinguish. Furthermore, the BDA food facts do not cover all the topics raised by participants such as smoking and weight gain, family nutrition and recipes. Several participants were identified by PiC staff as having literacy difficulties and adjustments were made focusing on verbal interaction as opposed to the provision of the written handouts.

5.6. Venue and staff involvement

The majority of participants from the survey (n = 32) thought the location was excellent. Utilising the brief intervention technique often lead participants to discuss the multiple factors which contribute to their weight management and staff was on occasion, able to redirect participants to additional services such as bereavement, counselling services and caring, alongside weight management.

Two participants were referred to the family healthy weight programme, Active choices eating smart (ACES), 1 to Active ABC: active after breast cancer and some to the smoking cessation drop in, which is also held within the PiC.

The majority of participants were keen to interact, often seeking further information or encouragement on their progress. During busy weeks, time with participants was limited.

6. Discussion and areas for further development

Waiting times were raised as an area of improvement by several participants, as many attended in their break/lunch times.

The brief intervention approach which was adopted throughout the pilot allows participants to discuss other factors related to their weight management. This often

required more staff time and impacted on waiting time. Having 2 members of staff during busy periods therefore proved essential.

As weight loss seemed to be linked to length of attendance, establishing why participants exit early through anonymous feedback would help staff to modify the service in the future.

The BMI chart currently contained within the pack stops at 97.7kg, meaning that a manual calculation has to be used for participants who weigh more than this. This is a potentially embarrassing situation for the participants when recognising that they do not fall within the limits of the chart.

Participants living out Greater Glasgow and Clyde area cannot be referred to the Glasgow weight management service (GGCWMS), via their GP or occupational health. Confirmation of local weight management provision is needed in each implementation area, to enable the joining up of services and the option of further support for the participant.

There were a small number of men attending the service regularly, 8 of them attending 4 or more sessions. However, several of the male participants verbally raised the need for a more structured 'eating plan'. Furthermore, the issue of weighing men and women together is a possible source of embarrassment for some participants, with some women requesting to be weighed alone. A 'men only' hour was discussed as a possible step forward.

During particularly busy weeks, providing additional resources, diverting focus on waiting would be a method of providing further information and visual interest. There are bookable resources available from Health at work including:

- Pop up banner stands
- Test Tubes – available as fat/sugar/salt facts
- Food choices/grub game
- Artery model
- The consequences of obesity 3-D display
- How to gain 5lbs in 4 weeks (A display to show how consuming two 330mls soft drinks and one chocolate bar a day for 4 weeks can lead to 5lb weight gain)

Facilities within the PiC sites would further allow Power Point slides to be shown. Slides could be designed to give further information on weekly topics.

7. Recommendations and Cost Associated

The Weigh in at Work proved to be a successful model delivering a weight management programme in an NHS setting for staff. Rolling this programme out where possible, would increase the opportunities for staff accessing services supporting the maintenance of, or progression towards a healthy weight. Although the programme successfully engaged with staff and seemed to fill a need in an acceptable and favourable way, areas for further considerations were identified.

Delivering the programme in a PiC setting is not an option in many NHS venues. Further considerations and an estimated costing have therefore been included for both options (appendix 7).

PiC Roll out

- Estimated cost £1,200
- High cost associated with significant amount of staff time (60 hours) required to manage the drop in service and the additional staff requirement due to the number of participants and backfill for PiC staff during the first 4 weeks.

Other NHS venues

Within other NHS venues the cost will depend largely on the facilitator's job band. Estimated costs are based on allowing for 2 hours each week with two facilitators for the first 2 weeks. No additional support is required in other NHS venues.

- Estimated cost £233-£330 per venue.

References

<http://www.healthyworkinglives.com/advice/workplace-health-promotion/healthy-eating.aspx>

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

The Scottish Government (2010) Preventing Overweight and obesity a route map towards a healthy weight. Edinburgh. Scottish Government. Available from <http://www.scotland.gov.uk/publications/2010/02/17140721/0>

http://www.checkmylifestyle.com/assets/0000/0664/LORES_Health_at_Work_Strategic_Plan_2011-14.pdf

Appendices

Appendix 1: Participant Handouts

<http://www.bda.uk.com/Downloads/WWfirststeps-zbda008.pdf>

<http://www.bda.uk.com/foodfacts/HealthyBreakfast.pdf>

<http://www.bda.uk.com/foodfacts/PackedLunches.pdf>

<http://www.bda.uk.com/foodfacts/HealthySnacks.pdf>

<http://www.bda.uk.com/Downloads/WWh-snack-zbda005.pdf>

<http://www.bda.uk.com/Downloads/WWpackedlunch.pdf>

<http://www.bda.uk.com/Downloads/WWswapsave-zbda002.pdf>

<http://www.bda.uk.com/Downloads/WWgetfit-zbda004.pdf>

<http://www.bda.uk.com/Downloads/WWs-work-zbda006.pdf>

Appendix 2: Participant Numbers

Date	Week	Number of weigh ins
30/01/2012	1	61
06/02/2012	2	71
13/02/2012	3	84
20/02/2012	4	64
27/02/2012	5	67
05/03/2012	6	64
12/02/2012	7	51
19/03/2012	8	40

Appendix 3:

	Age	Male	Female
Gender		15	113
16-24	1		
25-34	4		
35-44	12		
45-54	28		
55+	15		

Appendix 4: Job Families

Job Family	Number of participants
Assistant administrator	1
Auxiliary nurse	1
Domestic assistant	4
Health care support worker	5
Medical secretary	3
Nursing staff	6
Occupational therapy support worker	1
Optometrist	1
Orthotist	2
Radiography assistant	2
Radiographer	1

Appendix 5: Pedometer Challenge

Physical activity or exercise includes activities such as walking briskly, jogging, Cycling, swimming, gardening etc which makes you feel warmer or slightly out of breath. This could be one 30 minute walk or three 10 minute walks in a day. How often do you participate in moderate physical activity for at least 30 minutes?

	Pre		Post	
	Response %	Response Count	Response %	Response Count
5 + days per week	25	15	3	1
4 days a week	18	11	3	1
3 days a week	15	9	63	24
2 days a week	13	8	24	9
1 day a week	13	8	8	3
Never	15	9	0	0

How do you rate your mood on a scale of 1-5 with 1 being the highest and 5 being the lowest of mood?

	Pre		Post	
	Response %	Response count	Response %	Response count
1	20	12	30	11
2	23	14	60	22
3	35	21	11	4
4	18	11	0	0
5	3.3	2	0	0

Appendix 6: Participant handouts which would be beneficial in the future include:

- NDR: Worried about gaining weight when you stop smoking - £16.00 for a pack of 20 - www.ndr-uk.org/Healthy-Eating/5-Worried-about-gaining-weight-when-you-stop-smoking.html
- The British Heart Foundation: Eating well booklet – Free www.bhf.org.uk/publications
- Health Ed Co – Handy portions tablet - £6.85 for 50 http://healthedco.co.uk/storefrontB2CWEB/simplesearch.do?action=process_simple_search

Appendix 7:

Considerations:

	PiC	Other NHS Venues
Staff coverage	<ul style="list-style-type: none"> • 2 members of staff during busy periods (10am-1pm) for first 4 weeks due to the high numbers of participants. • 1 member of PiC staff available for remaining time of day (10am-4pm) for 8 weeks • Sessional worker needed to cover other PiC enquiries during busy periods (10am-1pm) for first 4 weeks 	<ul style="list-style-type: none"> • 2 members of staff for first 2 weeks (2 hour drop in at each venue each week) depending on numbers • 1 member of staff available for remaining 6 weeks
Staff training	<ul style="list-style-type: none"> • REHIS: Elementary food and health course • Health related behaviour change training • Weigh in at work training session. • Literacy awareness training 	<p>Although it would enhance the knowledge of any facilitator to be trained in REHIS, BC techniques and literacy issues, the minimum is:</p> <ul style="list-style-type: none"> • Weigh in at work training session.
Resources	<ul style="list-style-type: none"> • Weigh in at work handouts • Additional visual and written resources for display at waiting times • Service directory to additional services 	<ul style="list-style-type: none"> • Weigh in at work handouts • Leaflets to additional NHS services
Additional staff time (inc	<ul style="list-style-type: none"> • PiC staff time 	<ul style="list-style-type: none"> • Health at work staff time

promotion, photocopying, admin and further enquiries)		
Additional recommendations	<ul style="list-style-type: none"> • Conduct an EQIA • Consider how to reach other groups such as men • Retention of attendance to be considered as weight loss is closely linked to length of engaging with intervention • Future data collected should be enhanced to include data requirements in line with other NHS HI programmes 	

Costing:

	PiC	Other NHS Venues
Staff Coverage	PiC staff (Band 5) <ul style="list-style-type: none"> • £900 based on 60 hours @ £15/hr Sessional worker (Band 5) <ul style="list-style-type: none"> • £180 based on 12 hours @ £15/hr 	Facilitators (Band 3-5) 2 hours/week <ul style="list-style-type: none"> • £212 - 300 based on 20 hours per venue @ £10.6 - £15
Staff Training	<ul style="list-style-type: none"> • Free for NHS staff 	<ul style="list-style-type: none"> • Free for NHS staff
Resources	<ul style="list-style-type: none"> • Additional resources - £22.85 	
Additional staff time (inc promotion, photocopying, admin and further enquiries)	PiC staff (Band 5) <ul style="list-style-type: none"> • £52.50 based on 3.5 hours @ £15/hr 	Facilitators (band 3-5) <ul style="list-style-type: none"> • £21.2- £30 based on 2 hours @ £10.6-£15
Total Cost	<ul style="list-style-type: none"> • £1142.35 	<ul style="list-style-type: none"> • £233.20- £330 (per venue)