

**Moulsecoomb
Shape-up
Programme
Evaluation**

Shape-up Programme Evaluation Report

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1 Acknowledgements

We would like to thank all of you who gave your time to take part in this evaluation process. Without your participation your views and issues would not have been known.

A big thank you must also go to the Moulsecoomb Community Leisure Centre for allowing us to use their venue and facilities.

2 Introduction

The Shape-Up programme had been designed and run in partnership by Katie Clark, Community Dietitian and Lynn Smyth, Fresh Ideas Worker to help motivated people to manage their weight and be healthier by making gradual changes to their lifestyle. The Health Counts Survey (2003) had found 16.2% of respondents from East Brighton were obese compared to 10.2% city-wide. Their partnership has brought to the area additional resources, expertise and opportunities to help tackle the increase in prevalence of overweight & obesity.

The overall aim was to be more effective in facilitating people to lose weight and maintain their weight loss in the long-term by incorporating cognitive behaviour therapy techniques throughout. It would also offer in the future an opportunity for lay people and practice nurses to be trained in setting up further groups.

Participants joined the group via a referral from his / her G.P. or practice nurse. It was run over a twelve-week rolling programme so people could join at anytime, which covered various topics such as Regular Eating, Physical Activity and what's on in Moulsecoomb area, Cooking and adapting recipes and Maintaining lifestyle changes (see appendix 1).

3 Publicity

The programme was promoted through posters and leaflets displayed in Doctors Surgeries, Moulsecoomb Community Leisure Centre, Moulsecoomb Health Centre and Winterbourne Centre. (see appendix 2).



Above publicity featured in the Argus highlighting Erika Adler, Community Worker for eb4U, preparing healthy fat-free minestrone soup with members of the Shape-up programme.

4 Methodology






Participatory Appraisal (PA) research tools and techniques were used; these were used in an enjoyable way to draw out people’s ideas and knowledge. This method of research enabled anyone who took part to express his or her opinions and actively become part of the process, which creates a more active community.

Quantitative data had also been collected on participants, via GP referral information and weekly weight measurements.

5 Monitoring

A participatory appraisal (PA) coding system was used in order to monitor participants who took part. This enabled us to ensure we carry out a rigorous process and could see the participants’ opinion in relation to how many weeks that they had previously attended.

Coding of Process

1	2	3	4	5	6	7	8
				  			

Each participant was given a coloured star and they identified how many sessions they had attended.

It was found one person had attended 2 topics and another 8 topics three people had attended 5.

6 Verification

Verification is an essential process that gives participants the opportunity to verify the issues and to notice any omissions. (To be carried out further on in the process).

7 Process

It was found the **time and day** was suitable for most people, with a recommendation that a “slightly earlier” time of 10.30am instead of 11.30am would be the ideal.

The **location** of the Shape-Up programme was accessible to everyone; they had attended using different methods of transport, walking, bus and car.

The room used in the Moulsecoomb Leisure centre was a large spacious room and participants were asked if they were **happy with the room** and how it was arranged. One participant who had attended two sessions would have liked a “little more privacy” when being weighed, the others were happy with how the room was laid out.

Participants were asked **how useful and relevant** had they found the different topics and information.

It was found that all participants had thought the sessions were very useful and relevant. There was a general consensus that the programme was run as a weight check and members did not feel bullied but supported, comments include “weight checked not bullied”, the “step-o-meter was helpful” it had motivated them to walk more.

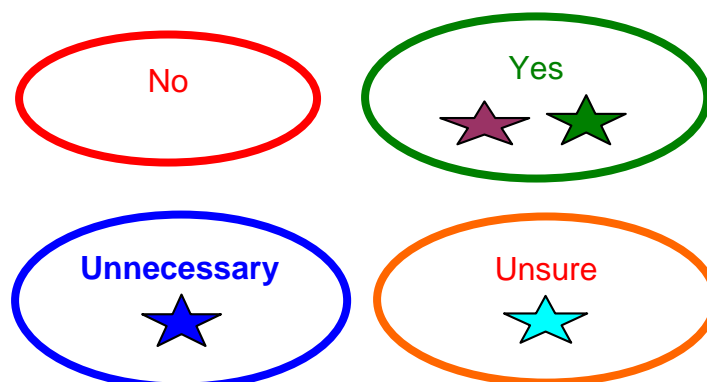
All had thought the topics were presented in an understandable way, and the dietitian had a vast knowledge, “she knows more than what she says”. However, several thought it “might be nice to recap from the following week”, this would add to the learning process as they “learnt by listening then reading afterwards”. The reading materials, which were given each week, were considered about right.

Everyone had felt they were given an **equal opportunity to participate** in the group discussions and was listened to by the facilitators and others in the group.

All the topics each participant had attended **had been liked**; none were identified, as being liked least. Although, thorough discussion some of the topics were highlighted, “liked cooking [demonstration] most we had lunch”, it was evident that the group enjoyed the social interaction as well as trying healthy food. Eating out was thought to be really useful by one member even though they thought they were “quite aware already”, as she did eat out on a regular basis. Making healthy choices was also identified as a useful session.

Members were asked if they had felt the need for **ground rules** as none had been set so far.

The findings were as follows:



8 Outcomes

Following the evaluation of the 'process' of the Shape-Up, the next step was to look at outcomes. Were people attending Shape-Up losing weight?

8.1 Methodology

As mentioned Shape-Up is a drop in facility, so people may attend at any time throughout the programme. For this reason it was decided to take a snapshot look at all the people who have attended 3 or more sessions over the last 24 weeks. (This was done 19th March 2004). These people were split into groups according to how many sessions they had attended. Out of interest we looked at sex and age of attendees.

Each week at the beginning of the session people are weighed. From this weight loss could be calculated.

8.2 Results

Attendees:

Over the last 24 weeks a total of 20 people have attended Shape-Up.

Most were women, only 2 were men. Age range 21 to 74 years.

Co-morbidities included: cardiovascular disease (3 people), hypertension (5), hypothyroid (2) depression (4) Asthma (3) and Hyperlipidaemia (3).

Weight loss:

Out of the 12 people who attended 3 or more sessions, average Body Mass Index was 39 kg / m². All but 1 person lost weight and that one person maintained her weight.

No. of sessions attended	< 3	3 to 5	6 to 11	12 or +
Number of attendees	8	6	2	4
Average age of attendees	46	49	45	58
Average weight loss (kg)	-	1.8	5.2	3.0
Average % weight loss (%)	-	1.7	4.5	3.2

The variation in weight loss was between 0 to 6.6 % of original body weight. The average total weight loss was 2.8kgs; the average percentage weight loss was 2.7%.

8.3 Discussion

The results of the audit are limited because Shape-Up has only been running 24 weeks. Having only completed two 12-week programmes, we had fewer people who had attended for 12 or more weeks. People who attended only once or twice were excluded from the audit, but it was noted that two ladies (age 27 and 29 years) attended only once, both had young children.

All but one person lost weight. The average percentage weight loss was 2.7%, and for those people attending over a 3 month period was 3.2%, which is on target for the 5% weight loss we would be expecting someone to lose over 6 months.

The Report of Royal College of Physicians 1998 says:
"Successful weight loss should be regarded as a loss of more than 5%"
"A weight loss of 5% of the initial body weight will result in some improvement while a loss of 10% is of major benefit producing clinically useful changes such as lowered blood pressure, reduction in plasma total cholesterol and triglycerides, an increase in HDL cholesterol and significant improvement in diabetic control"

We can assess whether the recommended 5-10% weight loss has been achieved once Shape-Up has been running for a longer period of time.

Evaluating `impact' of Shape-Up

9 Impact

It is often difficult to gauge the wide-ranging impact of a health intervention strategy on the participant or family. However, in this instance using participatory methodology it was possible to assess whether participant's lifestyle changes had any influence on other members of the family.

9.1 Methodology

On the 27th of April we asked participants who had been attending Shape-up more than 3 weeks about the impact coming to the group has had on their lifestyle.

We used a sequence of participatory tools to ask respondents:

- Had their knowledge increased
- What they had learnt that they didn't know before
- What lifestyle changes they had made as a result of coming to Shape-Up
- What impact these changes have had on the rest of the family

Coding of impact

Coding of impact

A total of 4 people took part. 3 participants had been coming for 3-5 weeks and one participant had been coming for more than 12 weeks.

9.2 Results

All participants had reported that their knowledge had increased since attending Shape-Up.

Respondent 1 had gained knowledge following the session on physical activity and the cooking demonstration. She had also learnt more about cooking and adapting recipes since attending Shape-up, in particular adapting recipes to use less fat, sugar and salt.

She also stated “didn’t know that you need 3 portions of dairy food each day” following one `Balance of Good Health session.

When asked what lifestyle changes she has made she said the following:

“Using home made recipes more”

“joining disabled dance group”

“swimming more”

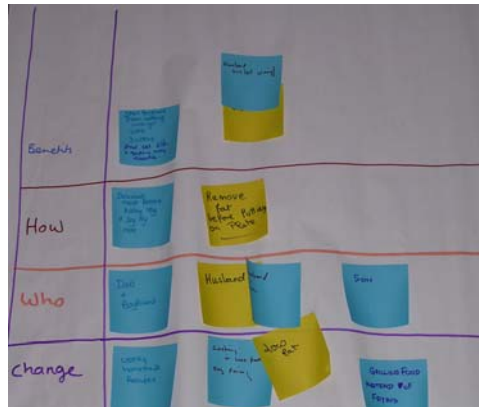
It was shown these changes had an additional impact and benefit, it was found to effect other family members.

The members of family who had benefited from the changes were her Dad and boyfriend; the impact had been the changes in cooking methods. One of the significant results had been her father and her boyfriend had lost weight over the last 3 weeks and was exercising more.

Respondent 2 said she had gained knowledge from the following sessions: Shopping and Labelling, Regular Eating and setting realistic targets.

The changes she had made since coming to Shape-up were as follows: Having a sandwich midday rather than skipping lunch and going to the gym and doing more exercise.

Again, it was found the lifestyle changes had impacted on the rest of the family (she recorded her son as having been the main beneficiary) and it was the change in cooking methods used, grilling foods instead of frying.



Respondent 3 had gained knowledge following the sessions about eating regularly, cooking and adapting recipes and gaining control of eating. She also said her knowledge had increased as a result of talking in the group.

Lifestyle changes made were as follows:
Not cooking with oil or salt and doing more exercise.

Yet again, changes to her cooking methods had affected her son and husband. Her husband had lost weight also.

Respondent 4 (had attended more than 12 sessions). She had been keen to express the fact she already had a good knowledge about healthy eating because her husband had high cholesterol. She had gained more knowledge following the cooking demonstration and talking in the group.

Since attending Shape-up she is cooking with less salt and oil. She had increased her activity levels by swimming and walking more.

The impact on the rest of the family was a reduction in fat.

9.3 Discussion

It was found the Moulseccomb Shape-up had a slow start, it used a self-referral system via the GP or Practice Nurse, which requires motivated people to join.

It was thought running the Shape up Programme at Moulseccomb Community Leisure Centre, gave a positive community image rather than being part of a clinical setting. It was also found that several had become members of the Leisure Centre (since attending Shape-Up) and aided their increased physical activity.

It was highlighted that group work and discussion with peers was valued by attendees and one thought that the “discussion with the group makes it better to understand things”.

It was found that setting smart goals had a significant impact on lifestyle changes, e.g. eat regularly, trying a sandwich at lunchtime, instead of eating nothing until evening. One participant had contributed this small change to her weight loss.

All had lost weight had except one who maintained their weight; should their weight loss continue most participants were on target to lose 5-10% of their original weight.

It was also shown that healthy lifestyle changes had an impact on the rest of the family, which had resulted in weight loss and increased physical activity.

9.4 Partnership working between Katie Clark, Community Dietitian and Lynn Smyth, Fresh Ideas Worker had created **additional value** to the programme, as Lynn is part of multi agency health4U Team and had facilitated referrals to other team members.

Example 1, Ronnie Titley, Sports Co-ordinator had led on the physical activity sessions, ensuring everyone was aware of how important it was to achieve the minimum recommended level of exercise. She had also highlighted the health benefits, plus how exercise can be incorporated within their everyday lives. Programmes of physical activity opportunities were described within the eb4U regeneration programme and other parts of Brighton & Hove.

Example 2, one session had highlighted emotional problems within the group and it was possible to refer members to a drop-in run by Louise Boucherat, Mental Health Development Worker. One participant did share that she had accessed the service and found it the type of support she needed at that time.

Example 3, Erika Adler, Cooking in the Community Development Worker had given cooking demonstrations and advice on healthy eating. Many had identified this as a useful and enjoyable session.

Example 4, one male member of the group had been referred and supported to join a weekly over 50's swimming group, which was an eb4U project. Since the initial contact was made, he had reported he was now swimming up to 40 lengths twice a week.

9.5 Recommendations

Wherever possible the person who prepares and cooks the main meal should be encouraged to attend with the Shape-Up member. Thus enabling them to assist in the necessary lifestyle changes, e.g. adapting recipes and balance of good health etc...

Re-capping at beginning of each session from the following week.

The setting of ground rules helped keep people to subject.

Verification is an important part of the Participatory Appraisal Process and it should be carried out at a later date, to ensure we carryout a vigorous process.

References

The Royal College of Physicians. *Clinical Management of overweight and obese patients with particular reference to the use of drugs.*

The Royal College of Physicians of London: Dec

Health Counts Survey, May 2003, chss University of Kent at Canterbury

Appendices:

Shape-Up Programme

Date	Topic
9th September	Introduction to programme Setting realistic targets
16th of September	Regular Eating - why bother?
23rd of September	Making Healthy Choices - Balance of Good Health
30th of September	Making Healthy Choices - Portion Control
7th of October	Physical Activity and what's on at Moulsecoomb Leisure Centre
14th of October	Shopping and Food Labels
21 st October	Gaining Control of your Eating
28th of October	Winter warmers - cookery demonstration
4th of November	Eating Out
11th of November	Getting Support from others
18th of November	Cooking and adapting recipes
25th of November	Maintaining lifestyle changes