



Queensland
Government
Queensland Health

*2005 Evaluation of the Healthy
Weight Program*

SUMMARY REPORT



A weight management and healthy lifestyle program for Aboriginal and Torres Strait Islander communities

Introduction

The Healthy Weight Program is a healthy lifestyle and weight management group-based program for Aboriginal and Torres Strait Islander adults. The program, modified from the *Lighten Up to a Healthy Lifestyle* program in 1997, encourages participants to seek a healthy lifestyle through good nutrition and physical activity and teaches life skills to be incorporated into their daily lives. It consists of a series of program modules that cover a range of topics and a number of health screenings that are rolled-out over approximately a three-month period.

The objectives of this Healthy Weight Program evaluation were to: evaluate the participant data and identify barriers affecting delivery of the program and strategies that may assist to improve the delivery of programs by Healthy Weight Program facilitators.

How the evaluation was done

Data was collected from participants at three screening sessions (start of program; mid-program; and post-program) during programs run around Queensland from June 2004 to June 2005.

In addition to this, key informant interviews were conducted with Healthy Weight Program facilitators around the state nominated by Population Health staff. The interview questions were matched to the recommendations of the *1996-1999 Health Weight Program Evaluation Report*.

Results

Full screening data were only available for 34 participants who participated in the Healthy Weight Program across the State from June 2004 to June 2005 (with partial data available for 43 participants). Healthy Weight Program



attendance data available suggests there were a total of 432 participants in programs during this time period.

Baseline measurements showed:

- All participants were overweight or obese: Females - 13% overweight, 48% obese; Males - 67% overweight, 33% obese.
- Mean BMI: Females - 37.1 kg/m²; Males - 28.5 kg/m².
- Mean waist circumference: Females - 118.6 cm; Males - 103.7 cm.

Post-program outcomes (i.e., Screening one and Screening three comparisons) showed:

Over half of participants lost weight. Range of participant weight change: 6.5 kg weight loss to 5.3 kg weight gain.

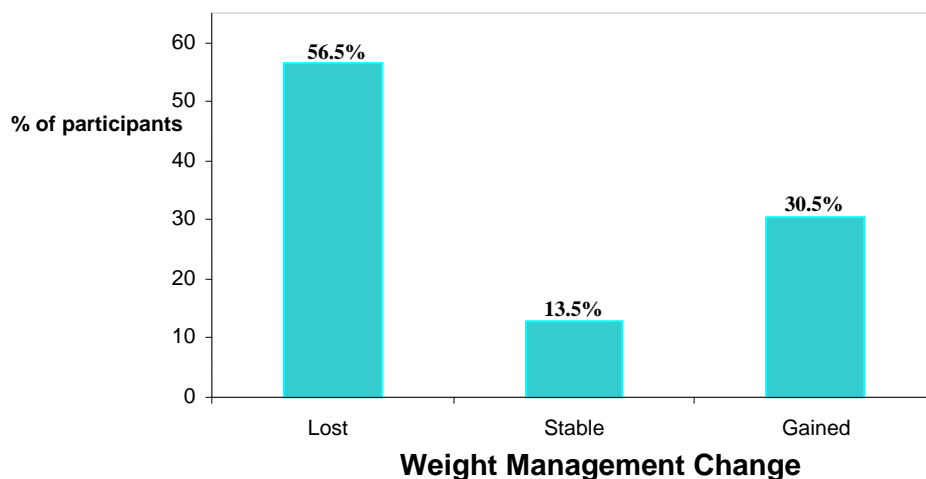


Figure 1: Weight change for HWP participants between Screening one and three (n=23)

Over half of participants lost centimetres from their waist. Range in waist circumference change: 16 cm loss to 4 cm gain.

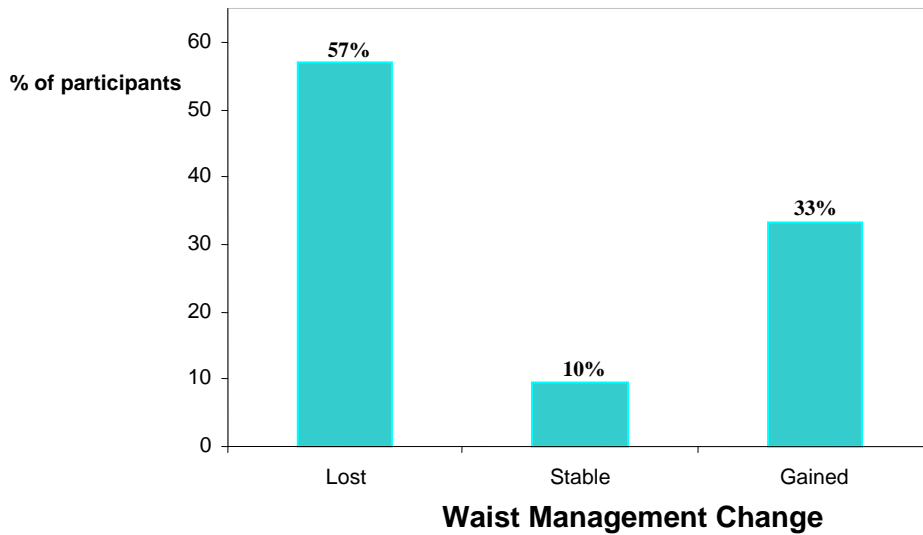


Figure 2: Change in Waist Circumference measurement for HWP participants between Screening one and three (n=21)

Over 60% of participants lost centimetres from their hips. Range in hip circumference change was from a loss of 6.6cm to a gain of 9.3cm.

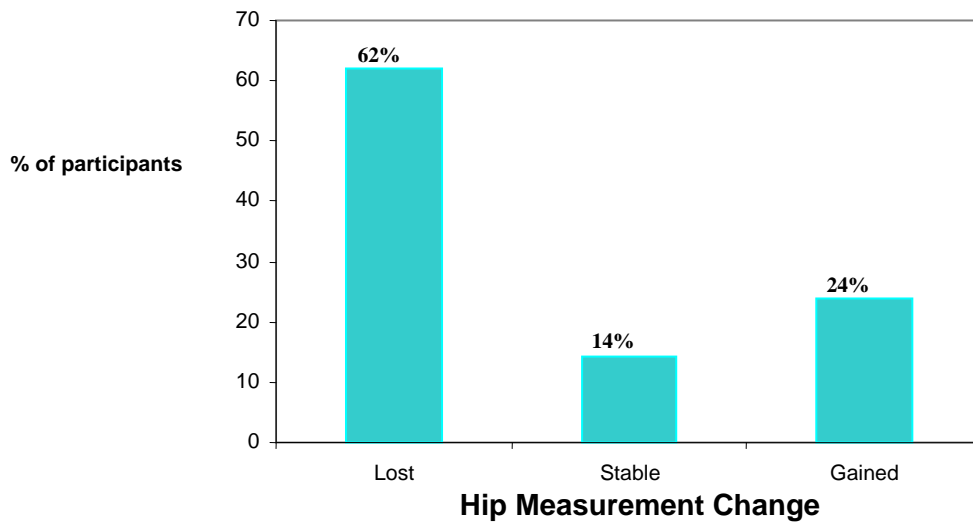


Figure 3: Change in Hip Circumference measurements for HWP participants between Screening one and three (n=21)

The largest change observed via the qualitative questionnaire was the proportion of participants who indicated they were eating at least two serves of fruit every day. This increased by 50%.

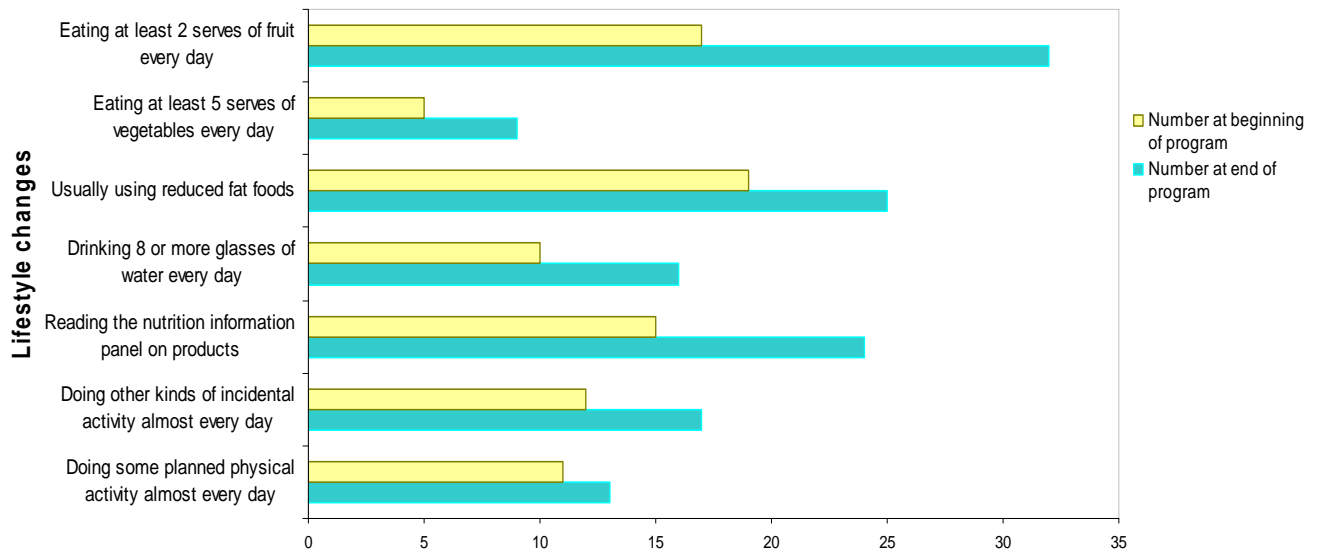


Figure 1: Lifestyle Changes for HWP participants

Facilitator data

A number of barriers to running the Healthy Weight Program and suggestions to address these barriers were identified by facilitators via key informant interviews. Key barriers raised included :

- Time the program was offered;
- Lack of funding to provide catering or incentives;
- Stigma of involvement in the Healthy Weight Program;
- Poor attendance and high attrition;
- Transport;
- Facilitator capacity;
- Venue availability;
- Difficulty of evaluation.



Discussion

Post-program outcomes were generally positive as shown through the individual participant screening data and qualitative data. This revealed that the majority of participants achieved reductions in body weight and waist/hip circumferences; and showed some modest positive change in terms of their lifestyle behaviours. Unfortunately, no data is available to measure whether these physical changes and behaviours have been sustained over the long term.

Significant and ongoing problems continue to exist with the Healthy Weight Program. A number of barriers raised in the 1996-1999 evaluation report have been raised again in this report, despite following through with a number of the recommendations for increased support and coordination for the Program after the previous evaluation.

The lack of consistent marketing and promotion for the Healthy Weight Program across the state was identified as an issue needing urgent attention. Consistent with this issue, identified referral systems (internally and externally) and active promotion of the program and its benefits are crucial to support Healthy Weight Program facilitators. The other key barriers can be categorised as follows:

- Evaluation difficulties;
- Program participation and attrition rates;
- Facilitator capacity;
- Reach to male participants.



Recommendations

Streamline and simplify the Healthy Weight Program data collection and evaluation requirements;
Investigate alternative and more flexible modes of delivery of the messages;
Develop some specific Healthy Weight Program marketing and promotion to increase awareness of and support for the program. This also involves increasing referral pathways to the Program, and specifically targeting male participation;
Increase local level support, promotions and coordination to Healthy Weight Program facilitators, as well as cross-linkages between Healthy Weight Program and Lighten Up processes at Area Health Service and Statewide levels;
Investigate additional training organisations for delivery of training and professional support;
Invest in a partial economic analysis of investment versus reach in the Program now that the first round positions associated with this increased investment are established. A number of these recommendations, plus many more specific recommendations mentioned in the discussion section, need to be considered by the Healthy Weight Program Statewide Working Group and factored into the three-year work plan that will be developed in early 2007.

Conclusion

The evaluation has helped make recommendations to try to address long-standing issues with delivery and uptake of the Healthy Weight Program throughout the state. Although the comparative effectiveness of other strategies to promote healthy weight, nutrition and physical activity in Indigenous communities have not been investigated, it is likely that a group-based program, such as the Healthy Weight Program, will continue to have a role in a multi-strategy approach to address chronic disease in Indigenous communities in Queensland.