

# Adult Healthy Weight Market Engagement: Key Findings (July 2023)

## Delivery models

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- Weight loss is the main motivator for attending a healthy weight programme.
- Participants found the peer group support invaluable and was critical to the success of their weight loss.
- There were a number of participants who did not enjoy the weigh-ins, presentation, or content of the sessions.
- The overall length of the programme was felt to be just right.
- Participants would like to have seen more supporting leaflets and workbooks.
- Offering sessions in localities where participants could travel to easily was seen as a success.
- Wider health interventions i.e. blood pressure and cholesterol checks were valued by participants.
- Participants identified the inclusion criteria as quite prohibitive and should not be based purely on BMI.
- Participants felt the sessions were run by experienced and knowledgeable staff who were supportive, motivational, and approachable.
- More could be done to promote the programme by past participants rather than by the local authority or district provider.
- The timings of sessions is restrictive to the working age population.
- Having flexibility to subcontract within the programme is beneficial.
- Ward focussed sessions have seen engagement from the South Asian community increase.
- The tracksuit approach can be seen as non-clinical.
- Male participation has been a challenge and some providers have struggled to attract males.
- Launching services from scratch has been challenging for some providers.
- Administration of the programme has been a barrier to service delivery.

## Physical activity

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- Enabling participants to participate in physical activity and a range of physical activity is crucial to the success of the programme.
- The most popular physical activity was walking, followed by gym sessions and exercise classes, swimming, tennis, and tai chi.
- Programme retention has been when physical activity has been included.
- Some providers initially struggled to engage with participants from the BAME community as a proportion of participants struggled with body image and body confidence issues – addressing these psychological issues was a key success.
- Funding has made the provision of physical activity more prohibitive – in future, a small charge to participants may be more cost effective.



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## Venues and logistics

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- The location of the venue and the timing of the session were identified as being of the highest importance to participants.
- Some providers identified that the service being 'free' is crucial to engagement whereas others feel that participants do not value 'free' provision.
- Providers recorded a high number of self-referrals into the programme, but the number of referrals from GPs and NHS Health Checks has been disappointing.
- Some participants found the different referral pathways from district councils or leisure providers confusing along with online referral enquiry forms.
- Providers identified that closer working with GPs, clinicians, and health coaches will improve referrals in the future.
- There is a need to offer pre and post course support to participants.
- Delivery staff on short-term contracts caused challenges with motivation, retention, and commitment. Despite rising programme costs, there was no increase in funding from the commissioner.
- The programme is too large for one person to manage and/or deliver and admin support is vital – this has impacted on evening and weekend delivery.
- The Service Specification was confusing (inclusion of physical activity) and is deprivation the best measure for inclusivity when the provider knows the 'place'.

## Marketing and promotion

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- Participants reported the highest number of referrals came from a GPs.
- The participants that self-referred identified it is very challenging to find out about the programme with many finding out accidentally. Facebook was the most common source of social media referrals.
- Participants would like to know where the session will be held and how much it will cost to travel there in advance of signing up.
- Providers identified that a wide range of marketing tools had been used to promote the programme – Facebook, banners, leaflets, press releases etc.
- Some providers successfully engaged with PCNs who sent text messages on their behalf or hosted events at GP practices.
- One provider was blocked by their own internal communications team when wanting to use Instagram (to appeal to a younger audience).
- Some providers have their own in-house marketing team, whereas others don't.
- All marketing messages should retain a local feel as that is what resonates.
- Providing information in different languages was identified as a barrier.
- People can be sceptical of a 'free' programme with some providers reporting that residents thought it was a scam.



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- Association with football clubs can be seen as barrier for some participants.
- A co-ordinated branded approach is required for consistent messaging across all districts, but the language relating to healthy weight is crucial.

## Barriers to engagement

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- Participants identified that knowing about the programme had been the largest barrier to attending. A small proportion reported they felt fit and healthy and did not need to attend.
- It is important that participants understand the programme aims, eligibility criteria, referral route, assessment criteria, programme content, session, and programme length and that there is follow up at programme completion.
- Offering a funded (free) programme helps remove financial barriers.
- Male engagement is a challenge across all districts.
- Engagement with those with disabilities is a challenge.
- Delivery by some third-party providers has had limited success.
- Providers identified that participants looking for a 'quick-fix' can affect motivation.
- Venues need to appeal to both rural and urban users – there are challenges delivering the programme in rural locations including broadband access.
- Waiting times influence retention and participation.
- Some providers identified that having male delivery staff for female sessions has affected engagement.
- There has been an increase in participation for socialisation reasons post COVID.
- The name 'Adult Weight Management' is seen as too clinical with some participants unaware of what they had signed up for.
- Providers acknowledge the need for a 'buddy system' to encourage attendance.

## KPIs and programme outcomes

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- The vast majority of attendees identified that their health had benefitted from attending a programme and they were now making healthier choices.
- Participants want to record their individual progress.
- Participants value the post-group support networks.
- The programmes could be more inclusive for participants whose first language isn't English.
- More promotional work with GPs is required, including referral routes.
- Measuring weight is an easy indicator of success.
- Collecting data from the BAME community has been a challenge (language).
- There is too much data recorded at pre-week 0.
- Providers would benefit from more guidance on what data to collect at week 26.



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- More qualitative data should be recorded, and the impact on a person's life i.e. lower blood pressure or enrolment on a fertility programme.
- The collection of other metrics i.e. blood pressure or waist measurement is easier for participants to relate to.

