Research Report

Kirklees PCT

A Qualitative Insight into Obesity Adult Service Users
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Introduction

The Kirklees Partnership, representing all the main partners' organisations in Kirklees has identified obesity as a major health challenge for the area. An Obesity Programme Plan has been developed to ensure there is a coordinated set of actions in place to tackle obesity. The Plan recognises the partners must invest in social marketing approaches to ensure that local interventions reflect the needs of the target groups. Social marketing has been identified as an approach to improve the effectiveness of interventions that aim to change behaviour.

Kirklees PCT, on behalf of the Council and its partners, commissioned qualitative research to assist in the development of a marketing and communications strategy, focussing specifically on people living in Kirklees who are over 16 years old and have a BMI of 30 or higher and are currently undertaking weight management activity, and have done so in the last 12 months.

The research findings will be used to inform the development of weight management provision in Kirklees and communication with the target audience, thus encouraging participation in appropriate weight management activity.

Project Objectives

The aim of the project was to:

- Prevent year on year weight gain and to achieve weight loss that results in health benefits within the adult population of Kirklees.

The research aim was to:

- Scope the behaviours and motivational issues related to weight management with the chosen target audience to inform current and future weight management provision in Kirklees.

Within these aims, the research objectives were to:

- Identify the key contributing factors towards obesity in obese adults in Kirklees that are undertaking weight management activities
- Identify barriers and facilitating factors influencing the target audiences participation in different weight management activities
- Assess participants' experiences of their success in losing weight from the different weight management activities.

Methodology

The research reported in this document focused on people living in Kirklees over the age of 16 who had a BMI of 30 or higher and who were currently undertaking any weight management activity, including the following:

- Weight management support
- Commercial weight management activities
- Self-help weight management
- Exercise Referral Scheme

Obviously, the various types of activities classed as 'weight management' covers a broad spectrum, and there was considerable overlap between each activity. Respondents attending commercial weight loss activities, for example, were sometimes also using self-help weight management such as the internet, magazines and physical activity, either in tandem with commercial weight loss activities or in the past.

Focus Groups

A series of focus groups were convened with people undertaking commercial weight management activities or engaging in self-help weight management. Focus groups are an excellent means of gaining 'below the surface' feedback, exploring deeper into respondents' attitudes and beliefs to better understand their lifestyle choices and behaviours. They also allow for useful discussion to take place between respondents and there is much we can learn from this interaction.

The four groups undertaken were stratified by age and the *main* type of weight management activity being undertaken. Each group contained a good spread of gender and type of weight management activity undertaken within each type of activity to ensure that different perspectives were gained via the consultation. The composition of the groups is shown in **Table 1** overleaf.

Table 1
Focus Group Composition

Group	Primary Weight Management Activity	Age	Location
1.	Commercial Weight Management Activities	Under 35	Huddersfield
2.	Commercial weight management activities	Over 35	Batley
3.	Self-help weight management	Under 35	Huddersfield
4.	Self-help weight management	Over 35	Batley

The groups above were conducted on the 3rd and 7th of April 2008.

Each focus group lasted for approximately 1½ hours and contained 5-10 respondents. Respondents were given £30 each to thank them for their time and to cover any expenses they might incur by attending the group.

Respondents were recruited on the street and using contacts connected to commercial weight management organisations. A good spread of respondents in terms of type of weight management activity, gender and age was achieved.

People Involved in an Exercise Referral Scheme

In addition to the group discussions mentioned above, it was planned to conduct a number of in-home depth interviews with people receiving weight management support or who were involved in an Exercise Referral Scheme.

We originally suggested a methodology based on depth interviews, as we were concerned that these respondents might be unaccustomed to discussing issues around weight management in a group environment.

In fact, it did prove possible to conduct this research in a group setting and a group discussion was conducted with people who had attended the Get Food Wise & Exercise programme. Seven respondents attended and the group was conducted in Huddersfield at the McAlpine Stadium on the 11th of April 2008.

Ethnic Minority Representation

A focus group was also conducted with members of the South Asian community, the largest minority group in Kirklees.

This group was conducted on 26th March 2008 in Huddersfield. Seven respondents attended, all females who are overweight and drawn from a number of areas around Huddersfield including Almondbury, Birkby, Greenhead, Mount and Oakes. These were mainly older Punjabi-speaking women who spoke relatively little English and the group was conducted via a translator.

All respondents where attendees of the 'South Asian Healthy Living Partnership', run by Mahfooz Shah.

A copy of the group discussion guide used in all the gorups is appended.

Summary of Key Findings

Healthy Living in General

There is good awareness of healthy living as a topic and sometimes reasonable levels of understanding of what this represents. This is driven largely by media coverage. However, this same media coverage is sometimes also causing confusion. Moreover, seemingly contradictory messages can provide those who are not motivated, with the rationale they need to tune out and take no action.

Nutrition and Food Labelling

Levels of understanding about the quality and suitability of different types of food in terms of healthy living vary markedly. In some cases, understanding is very poor, with food labelling often doing little to clarify or educate. Amongst people not undertaking a structured weight management programme, there can be serious misconceptions and a significant lack of understanding, often born of very poor levels of education.

Perceptions of Obesity

People talk about obesity in one of three ways, depending on the extent to which they are acknowledging their own feelings or responding to external perceptions. The word 'obesity' is largely seen as part of medical terminology, whilst the word 'overweight' -- in some ways the most neutral description -- is seen as a term that reflects a societal view and one which has often changed over time. People's experience of being overweight is that they 'feel fat' and it is this feeling or perception that in some ways opens a door to change. However, 'being fat' in another person's perception can often be experienced by the recipient as an insult. It also carries with it very many negative connotations that are widely believed yet largely untrue.

Motivation for Weight Loss

There are many reasons why people are motivated to lose weight but health improvement is far from being the most important in many cases. More frequently, people are motivated because they want to secure an improvement in their physical appearance or in the quality of their relationships with others and sometimes with themselves.

The passage of important life events, such as a new family member can be an important promoter of change. Many had responded to comments from family members and, in particular, from children.

Whilst people occasionally embark on weight loss programmes as a result of having had a health scare, their motivation is more about the avoidance of ill-health, rather than the acquisition of good long-term health. In fact, staying healthy for longer is perhaps the weakest amongst the many motivations as it represents something that is almost an expectation, yet also something that is rather distant and less immediate.

Help from the Doctor

Respondents' experiences of looking to the NHS for help with weight loss were said to very often be disappointing, leaving patients feeling negative and angry.

Experiences of getting help on the NHS are reported as often been disappointing. Many report that GPs are quick to judge, leaving such patients feeling uncomfortable or embarrassed. This can form a barrier to future consultation and lead to related health issues going undiagnosed and untreated.

Those with chronic obesity problems said they often felt that their doctors had lost interest in them or even given up on them.

Barriers to Successful Weight Management

A shortage of time and the cost of attending formal weight management activities are frequently cited as major barriers to attempting weight management. A further and major barrier is self-consciousness and the thought of being seen and judged by others as they attend structured activities. Awareness of facilities beyond commercial weight management is often poor and there is a perception that a lack of childcare may complicate access to facilities. Beyond what might be considered to be functional or rational barriers lies a major emotional barrier; many simply do not believe in their ability to change and so they do not attempt to try.

Promoting Factors

People enjoy group based weight management activities as this promotes a sense of inclusion and community. They want to feel that they are included and acknowledged, whilst avoiding feeling as if they 'stand out'.

Evidence of steady and regular progress is tremendously motivating, as is a non-judgemental approach when participants experience difficulties and do not make progress.

Participants say they also want to try and minimise the experience of feeling 'deprived' and so programs that allow them to eat reasonably "normally" (albeit in moderation), consuming readily available foods rather than special diets or supplements and in which no particular food or activity is 'banned' are welcomed.

It is also important that activities contain an element of enjoyment. Many eschew exercise-based programmes -- often because of lack of confidence and embarrassment -- and the gym is associated with boredom by many. Yet programmes that contain games or other activities that enable participants to lose weight whilst enjoying themselves are welcomed.

Awareness & Experience of Weight Management Programmes

Programmes organised by commercial organisations currently dominate awareness when people think of external sources of help to lose weight. Experiences of these programmes vary tremendously and there is evidence of much dissatisfaction with certain aspects of them, in particular their cost, but also of the way they sometimes handle the potentially embarrassing subject of obesity.

Self-help, therefore, remains the approach of choice for very many, usually in addition to use of commercial programs. However, whilst undoubtedly cheaper, this approach does not necessarily promote the discipline required to achieve success and it also lacks the elements of social interaction and group support, which many feel are tremendously important.

Despite the plethora of self-help diets and commercial approaches, many feel that they are nevertheless limited in their options, perhaps because of their ability to afford help or access it at times convenient to them but mainly because the vast majority wish there was "something else", some other alternative that they have not yet tried.

Awareness & Experience of Publicly-funded Help

People mainly looked to commercial programmes when they searched for help with weight management or loss. Awareness of NHS or Council-funded programmes is very low indeed and currently, very few people expect such help to be available from these sources. For most people, getting help from the NHS means speaking to their GP, receiving leaflets, referral to a dietician or perhaps medication. Many state their disappointment with this, saying that they wish there was more help available in the form of actual schemes or programmes that offer practical help, advice and programmes of activity -- in much the same way as assistance is offered to help people stop smoking.

Identifying Sources of Publicly-funded Help

Research based on using the Google Internet search engine indicates that people using this medium to look for help in their local area are unlikely to be connected with publicly-funded programmes at present. Such programmes need to work harder to promote themselves, avoiding 'newsy' reportage and providing information in ways which are consistent with the way the general public tends to seek help.

Experience of Publicly-funded Schemes

Experience of publicly funded schemes was very limited but the research addressed the views of two groups of people who had direct experience of these -- the Get Food Wise and Exercise programme and also the South Asian Healthy Living Partnership.

Respondents in both these groups were extremely positive about their experiences. The sharing of common goals, the social and community experience, combined with practical help and high standards of education and advice, were all cited as being important elements in their satisfaction. Respondents also praised the commitment of those involved in organising and delivering the schemes, finding this commitment to be an especially important boost to their own motivation.

Desired Facilities

Respondents in the research warmed to the idea of the NHS becoming more involved in offering programmes designed to help people lose weight and eat more healthily. The NHS ‘brand’ arries with it many positive values that translate into particular expectations, such as accessibility, equality, high-quality advice, expertise and commitment to both individual and group based care. There is tremendous support and great enthusiasm for greater NHS involvement in actual weight management programmes. Indeed, many felt that such involvement was well overdue, particularly in comparison to other interventions such as smoking cessation clinics.

Communications

With much demand for greater involvement by the NHS in programmes designed to help people lose weight and live more healthily, many people feel that communications need only be simple, as schemes will effectively 'sell themselves' once people become aware of them. That said, the key elements that make the prospect of a scheme so appealing on expectation of NHS-based expertise combined with a tailored approach for the individual and less emphasis on weight loss per se, with more emphasis on a joined up approach to total lifestyle management.

With the expectation that programmes will be available for free or at very low cost, this is also said to be a key part of any promotional message.

Respondents were also looking for a totally different approach to that used by commercial weight management organisations, eschewing the traditional emphasis on losing weight for specific occasions and ditching 'before and after' images perceived promising unrealistic and unattainable goals. Respondents said they wanted real imagery, featuring real people, to whom they could relate.

Many feel that the natural medium for communication is the doctor's surgery, either via literature or posters there, but especially also using the personal involvement of GPs, recommending the scheme to people whom they feel would benefit.

The involvement of doctors in recommending the scheme is also particularly important to those in the South Asian community. Moreover, this group feel that promotion via the community and via word of mouth would be essential.

Conclusions & Recommendations

The Genesis of Conviction

The relationship between diet & health and the idea that we all have to take responsibility is an idea that is not yet firmly entrenched in the minds of the general public.

There are perhaps parallels here with global warming. For years, it was a concept that few people outside of the scientific community had even heard about, let alone discussed. For many more years, it was something that was in the news but it was speculation; many people denied the reality and only a few on the fringes were prepared to change their lives in anything other than insignificant ways. Only in the last year or so has this become a generally accepted reality, a topic of everyday conversation, something you could talk about in the pub without people thinking you were weird.

The idea of energy conservation and its link to global climate change is at last becoming mainstream. Only now is it getting to the stage where other family members will criticise you if you put too much water in the kettle for a cup of tea, or leave the television on standby overnight.

Healthy eating and weight management is not there yet. We are still at the stage where people do not want to believe it and where the slightest contradiction or anti-commonsense idea in research reported in the media, is seized upon as evidence that there is nothing really to worry about.

Perhaps worse still, many people and especially those who are less educated, experience dietary advice almost as a personal attack on them, a challenge to their freedom to live their lives the way they choose. Others respond almost as if it is a conspiracy to spoil their lives and to deny them the health care that they feel they have every right to expect.

And there is another difference that represents an additional level of difficulty for healthcare providers; turning the television off overnight does not cost anything. Indeed, it will save you money. But we all need to eat and eating less or eating more healthily represents an *increased* cost, both in terms of money and perhaps the loss of pleasure.

Clearly, there is a great deal of work still to be done. However, one of the things we have learned from this research is that there exists a great desire to manage weight and a great deal of dissatisfaction with some of the existing approaches, including not just commercial weight management but also NHS provision.

Aligning Provision with User Motivation

Currently, most of the emphasis in the public domain is on losing weight for reasons of appearance. Health considerations are almost secondary benefits, although an increasing number of people understand these benefits.

There exists not just an opportunity for the NHS to extend its role in helping people to lose weight but perhaps almost even a demand for it to do so. This demand is driven in part by what many see as an inequality between the effort expended by the NHS to help people stop smoking and its current approach to helping people lose weight. In simple terms, people are saying, "If it's that important, why aren't you helping me do something about it?".

And 'help' means more than just advice and leaflets, which is what people perceive they can expect from their doctor at the moment, with a prescription being a further resort in some cases.

In order to address the opportunity it is important that service providers recognise the potential gap between the reasons why *they* would like people to lose weight and the reasons why the target audiences would like to lose weight.

It is important not to 'medicalise' or to conceptualise excess weight as a problem. People aren't interested in the nation's growing obesity problem; they are interested in the fact that their pants are too tight or that they look like an overstuffed cushion whenever they wear a T-shirt and catch a glimpse of themselves reflected in a shop window.

Their awareness of the *need* to change may be driven by them comparing themselves against societal norms. It may be driven by their awareness of being out of breath as they reach the top of the stairs. The realisation of a need to do something to change may come from their anxiety that if they do not, they will not live long enough to see their children get married or their grandchildren take their GCSEs.

Their *motivation* to lose weight (and maintain loss), however, arises from what they feel about themselves, not what everyone else says they should look like. Nor is motivation generated by the promise of healthy life in the future, certainly not when they enjoy "healthy enough" life today.

Between their awareness of the need and their motivation to meet that need lay the barriers of:

- Lack of understanding or knowledge
- Lack of self-esteem, confidence and self-belief
- Limited finances
- Embarrassment (perhaps more accurately described as "shame")
- The practical difficulty involved in changing habits

- The organismic need for pleasure, satisfaction and fulfilment plus the difficulty in denying this need, often against a background of other hardships
- A genuine shortage of time
- A perceived shortage of time, where perceptions of self-need are involved
- Accessibility, in terms of the availability of services at suitable times, inconvenient locations, delivered in ways appropriate for target audiences and in the right language

To be successful, any publicly funded programme must help people to overcome these barriers.

The NHS 'Brand' and Its Promise

In many ways, the NHS 'brand' carries the necessary potential or promise to deliver all of what people want. This is not a case of stretching a brand beyond its natural territory, it is a case of allowing that brand to naturally occupy a territory that many feel it should already be in.

For example, people trust the NHS and they certainly trust the people who deliver NHS services. They know it will be a confidential service that can deal with embarrassing problems. They trust that healthcare workers will have the right training and expertise and (by and large) they anticipate that they will have the right approach and not, for example, be judgemental.

In contrast, consider what the commercial weight management organisations have to offer; uneven patterns of provision, provided by individuals with non-accredited and perhaps even questionable levels of training, delivered often via inappropriate venues to meet the needs of the organisations providing the services as much as the needs of the users. In making a profit, they can be seen to be benefiting from people's misery and this can lead to resentment amongst their "customer base".

To put this into context imagine that the NHS merely *diagnosed* sexually transmitted diseases, provided information but offered no treatment or support to help alleviate the condition. Treatment in this imaginary scenario was the responsibility of commercial organisations, some of which perhaps did not manage the embarrassment of their patients as well as they might. Not surprisingly, people would demand more from the NHS, seeing it as natural for the organisation to provide practical help and support as well as diagnosis and information. They might resent having to pay for treatment, especially if the NHS provided treatment that was free at the point of delivery for other equally serious conditions.

This comparison and imaginary situation makes the point that many people, as they become more aware of the risks to health from obesity, are starting to question the stance of the NHS. They see the provision of services that currently are provided largely by commercial organisations as being natural territory into which the NHS should move.

The Right Approach

One theme that has emerged again and again throughout this research is that of tailoring the intervention to the individual concerned. This is something that the NHS is perceived to be good at because modern healthcare recognises the role of the patient in treating the disease. General approaches to diagnosis, for example, are backed up by individual tests to confirm the diagnosis and by and large, people are treated on an individual basis, rather than in groups. There is recognition of individual circumstances and lifestyle factors in developing the right treatment.

People like this approach but they do not see this approach being applied when it comes to healthy eating, exercise and weight loss. They are aware of general information campaigns and general diet sheets. They perceive that clinicians have insufficient time to tailor this provision to the individual, even when they are referred to a specialist like a dietician. Even when the patient can live with this generalised approach, they often lack the resources necessary to individualise it for themselves.

On the other hand, the other theme that emerged consistently was that people gained confidence and motivation by addressing the problem with others who are in the same situation as themselves. This applies to commercial weight management programmes and to existing publicly funded interventions like the South Asian Healthy Living Programme and the Get Food Wise and Exercise Programme. People achieve so much more when they achieve it with someone else.

Clearly, the right approach means combining individual and group-based approaches so that participants can gain the benefit of each, having the flexibility to get individual advice and support for their individual circumstances and then sharing in their endeavours, their successes and their failures with a group of like-minded individuals.

What the PCT Should Offer

In many ways, the Get Food Wise and Exercise Programme represents an ideal model for the type of provision that the PCT and Kirklees should be offering.

- It combines a high level of individual support with group-based activities
- It makes the expertise of highly trained and motivated individuals available at no or little cost
- It provides a non-judgemental environment
- It addresses problems using a holistic approach and does not focus simply on diet or dieting
- It offers various pathways by which people can come to participate, for example by a GP referral or referral from other specialist services such as rehabilitation

The programme is clearly successful in motivating people to manage real and lasting change in their lives. Participants are committed as a result of participation and the benefits are reflected not just in terms of weight loss and improved physical health but also in terms of psychological benefits.

There is, however, one significant challenge in applying this model to the general population; virtually all of the people who attend have already had some type of major health scare. They no longer enjoy and take for granted the kind of good health that the majority of the population are able to, even if they are heading towards disaster one day in the future. Even the program participants themselves admitted that they would not have been as motivated had they not been through some form of health trauma.

So, on the one hand we have a model that appears to deliver the vast majority of the things that the general population of overweight people say they would like to get but which is missing one possibly-vital ingredient -- conviction and commitment.

Without these factors, it is likely that, whilst the rolling out of this type of programme would undoubtedly help very many people, it would perhaps not help them as much as it could and nor will it help as many people as it could potentially reach.

Of course, it could be and probably is the case that the benefits of extending this type of programme would easily justify the cost longer term. However, for maximum benefit to be achieved, the PCT needs to address the challenge of connecting so-far-relatively-healthy but obese individuals with at least a hint of the anxiety and trauma experienced by people who used to be like them but who are now very much changed by the consequences of experiencing weight related ill-health.

It is notoriously hard to translate hindsight into foresight when attempting to effect behavioural change. However, the PCT have at their disposal group of committed individuals who would be very willing to attempt to pass on their learning and their experiences to those who might be prepared to listen. Indeed, this approach would itself be consistent with what the general population say they want; ordinary people to whom they can relate, talking about realistic targets for change and weight loss.

We, therefore, recommend that the PCT should develop plans to deliver, using its own resources rather than via subcontractors in the private sector, programmes modelled on existing provision, like the Get Food Wise programme.

This programme should deliver education, information and advice utilising a combination of individual and group-based approaches, as appropriate. The approach should be delivered at many levels so that, for example, physical exercises range from chair-based activities to circuit training appropriate to people with different levels of ability.

A holistic approach should be adopted, addressing both body and mind. There is no reason, for example, why advice on relaxation and stress management cannot coexist with healthy cookery demonstrations, fashion advice, assertiveness training and education about the relationship between disease and diet. The holistic approach should extend to the consideration of health generally so for example, diet and exercise information should be connected with topics like smoking, in-family communication, conflict resolution, contraception and information about the menopause.

Access should be provided to a range of different types of health care worker and clinician, ranging from, for example, exercise coaches to dieticians, nurses and from time to time or where appropriate, doctors.

The emphasis should be lifelong change at a level that is right for the individual. This is not about losing weight for your holidays or looking like one of the airbrushed models in the right hand half of the 'before and after' photographs.

Marketing the Programme

When people talk about marketing and communications, there is often an emphasis on mass marketing. In many cases this is appropriate. Whilst we acknowledge that the NHS and Kirklees have a duty to make facilities available to all, the overall success of programmes in delivering long-lasting change may depend on adopting the right approach to introducing them.

In contrast to a mass marketing campaign in which a very large number of people gain some awareness, for example, it may be more appropriate to adopt a highly targeted approach in which a relatively low number (at least initially) become aware of and are motivated to participate in, pilot programmes.

We have already mentioned the importance of utilising people's hindsight to provide relatively healthy individuals with enough foresight to motivate them to change. It may well be appropriate to continue this approach over time, so that 'graduates' of any newly introduced programmes become the ambassadors who take the message to the "next generation" of participants.

Moreover, there appears to be so much potential interest in the NHS developing this type of hands-on intervention that it could be counter-productive to mass-market programmes; it could potentially lead to a demand that cannot be met and ultimately to widespread dissatisfaction. This would obviously make it much harder to relaunch the programme at a later date, for it would already have acquired a bad reputation.

Furthermore, it could substantially enhance the appeal of the programme and indeed the excitement relating to it, if it were initially limited, we might even say rationed, in the early days of its existence. The unavailability of something often makes it even more desirable. Whilst this might appear to generate the potential for "bad" publicity, this would ultimately be helpful in the longer term. The best gyms always have the longest waiting lists, but which came first; the fantastic gym or the demand that enabled it to be funded to a level that makes it fantastic?

A Phased Approach

Of course, it will undoubtedly be necessary to promote the existence of programmes. We suggest, however, that expenditure on promotion can be significantly reduced if the marketing of pilot programmes relies heavily on PR that hints at the 'limited' scope of the programme. For the pilot programmes, much recruitment can be referral from clinicians. This will effectively represent "Phase 1" of the marketing of programmes.

If successful, this will likely generate demand that cannot initially be met -- a waiting list. Any shortfall can be supplemented by further communications activities. "Phase 2" marketing might involve relatively low-cost activities such as the display of posters and the distribution of leaflets via NHS and council run facilities. It can also include publication in media that the Council or the PCT control, such as newsletters and of course websites. However, material published via these media needs to not only announce the news of the schemes but also to provide detailed information about what they are, how they work and how one can access them.

Naturally, it will also be important to address the needs of those who do not regularly attend their GP or visit any other type of health professional. "Phase 2" activities can continue alongside "Phase 3" promotional programmes which by then, may need to include local press advertising, household leaflet drops and, depending on the funding available, local radio campaigns.

As it may be important to actually hear and see people talking about their experiences in their own words, in order to communicate the accessibility of the programmes, it may be necessary to provide follow-up sources of information, such as a telephone line where the caller can hear a recorded message or a website which the potential user can visit in order to see video footage and to access further information.

Theme and Design

Communications materials must be accessible to those in the target audiences, including languages appropriate to the local population.

There should be a markedly different approach to the glamour that typifies many of the commercial weight loss firms' materials.

There should be an emphasis on realism; real people working towards realistic goals, talking about what helps and why the programme has helped them where others have failed. There is a clear case for the use of case studies featuring actual participants -- people speaking in their own words.

The 'medicalisation' of the programme should be avoided and the importance of weight loss for aesthetic and social reasons should be acknowledged at least as much as health-based reasons. Keep in mind that the main reason why people attempt to lose weight is for the former, supported by the latter.

The aim of content should be to empathise with potential users, not preach at them, frighten them or tell them what to do. Acknowledging that very many potential users may already have tried several different approaches yet failed, could be an important part of the message if the message is to overcome the resistance of those who have effectively given up on themselves.

It will also be important to address the barriers that exist, or have existed in the past, including the psychological barriers such as embarrassment.

Emphasising that everyone attending is in the same situation is important as is the message about programme staff being qualified, NHS trained, confidential and non-judgemental. Whilst it will be okay to refer to programme staff using their clinical designations (such as 'dietitian' or 'nurse', for example) it may be important to avoid the use of words such as "leader" or "fitness instructor". The term 'leader' has negative connotations based on commercial weight management programmes and also implies a power imbalance between those running the course and those participating in it. Likewise, 'fitness instructor' conjures up unwelcome images for many, images of those who already possess a physique to which participants may only ever aspire.

Accessibility

Although we have spoken about using limited availability as a potential marketing promotional tool, it is of course important that ultimately, programmes of activity such as the ones we are describing should become available to all.

Ensuring this will mean that programmes should be offered for free at the point of delivery or at least at very low cost. Completely free options should be available to those on the lowest incomes. Cost is, for many, the biggest and the first barrier that has to be overcome.

When it comes to the times at which programmes are run and also the composition of those programs in terms of participants, it is clear that organisers will have to work hard if they are to completely meet the needs of everyone who would like to attend.

The ideal is that programmes should be run at different times during the day and in the evening as well. There should be all-female classes and certainly classes where even the more traditional and perhaps older South Asian women can be assured that they will feel completely at ease.

Obviously, it might be tempting to believe that timing of classes and their composition should be considered together; for example, all-female classes being offered only during the day, alongside childcare/crèche facilities. However, our findings suggest that it is easy to jump to unhelpful conclusions and that nothing should be taken for granted. Ultimately, it may be important to survey local needs or to simply ask early adopters to comment on the timing and type of groups in order to fine tune the programme for future generations of users.

Programmes need to be run in venues that are accessible and which do not promote undue security concerns for females who may be attending alone. Many will be reluctant to travel, especially in the evening and so a number of different venues may need to be considered. The availability of public transport is important as is provision for parking, especially for disabled participants or those with otherwise limited mobility.

In Summary

There is an enormous need for public authorities to do more to convert the, as yet, not-fully-emerged understanding of the connection between obesity and ill-health into the kind of action that leads to people taking more care of themselves in a sustained way.

In the past, much of the desire to change has arisen for aesthetic reasons and these reasons are now being joined increasingly by a consideration of the impact on health. Previously the almost exclusive domain of commercial organisations, the NHS has so far been slow to join the battle to help people lose weight, in terms of practical, supportive and ongoing interventions.

As more and more people realise the connection between health and their weight, so they are becoming increasingly aware of a gap which, in their minds, should naturally be filled by publicly funded services.

Moreover, the NHS ‘brand values’ represent a near perfect fit with people's needs because unlike the commercial organisations, the NHS can put the needs of the participant first and has arguably the greatest body of knowledge and expertise that it can bring to bear on the problem.

Existing programmes, currently available to only a few who perhaps have the greatest need, have enabled the NHS to develop a body of practical experience and a series of activities and interventions that appear to work extremely well for those who have experienced them. There is a pressing need and indeed a public demand for these to be rolled out and made available to greater numbers of people. However, there is also a need to ensure that the experiences of those who have attended these programmes are used as a resource in persuading those who have yet to be convinced of the pressing importance of weight loss in cases of obesity.

In communicating the existence of new schemes, there is the opportunity to use the latent demand for publicly funded programmes to generate a kind of "cachet", specialness or even exclusivity which can act as a platform to generate awareness, appeal and demand. This approach could potentially reduce the cost of marketing the programmes, enabling more funds to be devoted to provision.

Referral by doctors and other clinicians will start out and should remain an important way in which potential participants are connected with programmes. However, in the longer term, it will be necessary to engage in mass social marketing activities, including leafleting and above the line media advertising.

Even so, the approach should be one that emphasises accessibility and which has with it a realism that is all too sadly lacking in many commercial weight loss programmes' marketing activities.

Context

The Region

The Kirklees Metropolitan District is the seventh largest metropolitan district in England and the largest not based on a major city[1]. Its population was recorded as 398,200 in 2006.

The area has broadly average levels of income deprivation, but with significant pockets of poverty[2].

In terms of lifestyle, the region's eating, drinking and smoking habits are similar to the country as a whole and the same is believed to be true of exercise levels[3].

However, in terms of the region's health, life expectancy is lower than the national average (males 75.9 years v 76.6; females 80.1 v 80.9 years) and the population shows higher than average ratios of deaths from strokes, lung cancer, suicide, cervical cancer and coronary heart disease[4].

Obesity

In the UK, obesity is commonly measured in terms of Body Mass Index (BMI). The following are the commonly accepted definitions of BMI:

- BMI 25-30 – overweight
- BMI 30+ - obese
- BMI 40+ - morbidly obese

The focus of this research project was on people with a BMI of more than 30, ie obese or morbidly obese.

[1] Kirklees Fact Sheets 2007
[2] Kirklees Fact sheets 2007
[3] Kirklees Health Profile 2007
[4] NHS Health Profile 2007 produced by the Association of Public Health Laboratories.

Detailed Research Findings

Health Awareness

Healthy Living in General

There is good awareness of "healthy living" as a topic and sometimes-reasonable levels of understanding of what this represents. This is driven largely by media coverage. However, this same media coverage is sometimes also causing confusion. Moreover seemingly contradictory messages can provide those who are not motivated, with the rationale they need to 'tune out' and take no action.

Respondents said they were aware of much greater emphasis being placed on healthy living. They pointed to the increase in the number of television and radio programmes talking about this subject. In particular, they commented that the news carried at least one story about health and diet on an almost-daily basis.

Many said that they had now reached the point where they were no longer receptive to such messages. This appears to be caused by:

- A combination of resistance to messages that many feel they can do nothing about for themselves

- What they see as confusing or contradictory messages.

For example, many of the stories concerning items that are potentially unhealthy or 'dangerous' form a staple part of diet, particularly when incomes are limited.

One example mentioned by respondents, current at the time of the research, was the story about sausages and how 'eating even one sausage per day' can *'cause'* bowel cancer (increases the risk but interpreted in this way by many).[5]

Many respondents across the groups referred to a story carried on the radio on the day of the research conducted in Batley; someone on a healthy diet comprising a very large proportion of fish had been found to have very high levels of mercury in her bloodstream. As a result, she was now being told to eat lean meat -- a message that respondents thought conflicts with advice to reduce consumption of meat.

[5] See, amongst many, Daily Mail 31st of March 2008 *http://www.dailymail.co.uk/pages/live/articles/health/healthmain.html?in_article_id=550729&in_page_id=1766&ito=1490*, leading one reader in Tamworth to comment "According to these and many other statistics, I should have been dead long before I was born."

An extreme and for some, ridiculous, example of this given by respondents was recent advice to reduce consumption of water because drinking too much had now been found to be dangerous.

At best, this situation is leading to a lack of clarity or confusion amongst better-educated or more motivated individuals. In some cases this is leading to individuals adopting a position that no food is inherently bad for you and that the best strategy is 'everything in moderation'.

"It's in the media but it completely goes over my head". Weight Management Group, Huddersfield

At worst, there is evidence from these groups to suggest that the plethora of messages, many of which are experienced as confusing or contradictory, is giving many less-motivated individuals all the reason they need to justify their position, encouraging them to take less action. This type of reporting is in some cases actually reducing any unease they feel as a result of their awareness of unhealthy lifestyles.

Whilst many take the view that they will worry about severe ill health or disability if and when it happens, some of the older women in the South Asian group said they worried now about their health causing them to become increasingly dependent on younger relatives.

"I always pray – God please don't make me dependent on people. Take me while I am still walking". South Asian Group

Nutrition and Food Labelling

Levels of understanding about the quality and suitability of different types of food in terms of healthy living vary markedly. In some cases, understanding is very poor, with food labelling often doing little to clarify or educate. Amongst people not undertaking a structured weight management programme, there can be serious misconceptions and a significant lack of understanding, often born of very poor levels of education.

Whilst some respondents in the groups, more notably in the groups who had undertaken structured, programme-based, weight management, claimed to have a sufficient understanding of healthy eating, for many, this awareness was limited to which foods are 'good' or 'bad'.

So-called 'junk food' was said to be affordable, readily available, appetising and more convenient. These factors were all important in influencing the dietary choices of respondents, especially amongst those who were both financially and time poor.

"By the time you've been shopping at Morrisons, paid the taxi there and back, it's cost you £20. It's cheaper to go to the takeaway; probably only about a tenner". Engaged in Self-Help Weight Management, Batley

Many simply do not look at food labels. This was more noticeable in the groups where respondents were not undertaking any formal or structured weight management activity.Even when they do look at labels, many suggested that they still did not fully understand them. On probing, it became clear that this lack of understanding went beyond the presentation of nutritional information on food products.

The so-called 'traffic light' system of food labelling, whilst aiming to simplify things, is perhaps not leading to greater levels of understanding. Respondents indicated that they could interpret these symbols as 'stop, go and caution' but without really understanding *why* they are coloured this way. Moreover, there is some evidence of confusion between similar but unrelated schemes such as the red and green days used at Slimming World.

There was also evidence of a lack of understanding between different types of content such as carbohydrate, fat and protein. The use of calories as a unit of measurement of a food's energy content was a well recognised yet not widely understood concept. For example, particularly amongst those engaged in Self-Help Weight Management (SHWM), but in other groups to an extent, respondents gave various and often widely differing estimates as to the appropriate number of calories which should be consumed by men and women on a daily basis. These ranged from 1800 (women) to 3500 (men).[6]

Also concerning were other misapprehensions or misunderstandings; in the self help weight management group in Batley for example, one respondent maintained that coffee is fattening because of its caffeine content. Another suggested that the calorific impact of foods can be reduced if they diluted -- adding a mixer to a spirit, for example -- even if the whole of the drink is then consumed. A couple of respondents in this group also maintained that "*anything green doesn't have many calories*". Whilst true in some cases (celery for example), they also maintained that this would be true of beans. Finally, another misconception was that the same number of calories has a different impact on weight loss or gain, depending on what food they are in. So, according to this view, 100 calories consumed in the form of a chocolate biscuit is worse (from a weight loss perspective) than 100 calories consumed in the form of, say, mashed potatoes. Perhaps what is happening here is that people are confusing the idea of the calorific content of the food with the constitution of our food in terms of carbohydrates, sugars and fats or perhaps even with the glycaemic index (GI) of the food.

[6] Department of Health Estimated Average Requirements (EAR) are a daily calorie intake of 1940 calories per day for women and 2550 for men.

A lack of knowledge was found across all age groups, even amongst those who are now in their 20s, where we might have expected changes in the school curriculum to have impacted in over recent years.

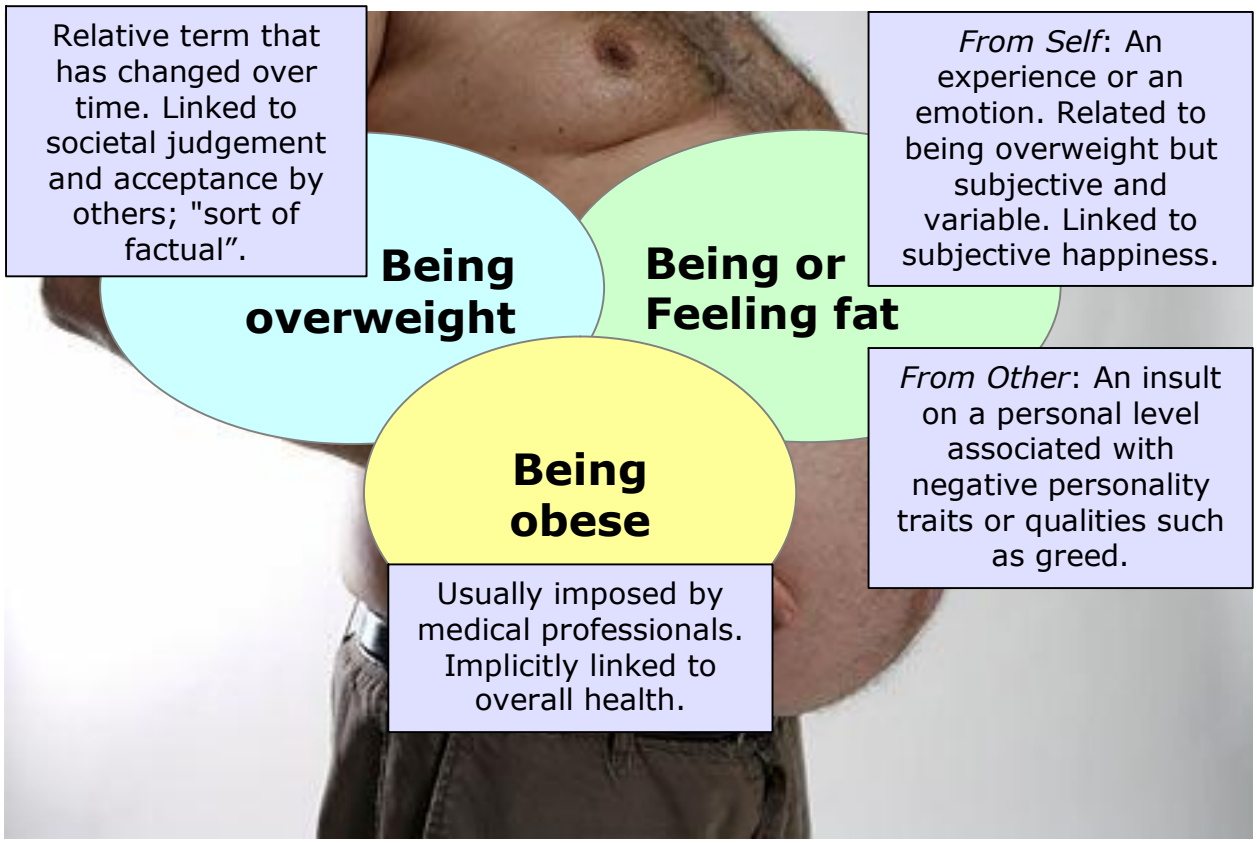
In the South Asian group, problems in understanding food labelling were compounded by many respondents possessing poor levels of literacy, even in their first language and often no ability to read English.

Perceptions of Obesity

People talk about obesity in one of three ways, depending on the extent to which they are acknowledging their own feelings or responding to external perceptions. The word "obesity" is largely seen as part of medical terminology, whilst the word "overweight" -- in some ways the most neutral description -- is seen as a term that reflects a societal view and one which has often changed over time. People's experience of being overweight is that they "feel fat" and it is this feeling or perception that in some ways opens a door to change. However, "being fat" in another person's perception can often be experienced by the recipient as an insult. It also carries with it very many negative connotations that are widely believed yet largely untrue.

Virtually none of the respondents in these groups used the terms 'obese' or 'obesity' when talking about themselves. This is a word that they associate with doctors and health care professionals; in their view it is the 'medicalisation' of a problem that they view as having existed throughout time. They would talk of seeing themselves as "overweight" and in the environment of these groups, where they were talking with people in the same situation as themselves, some spoke openly and without apparent embarrassment about "being fat".

The way respondents discussed the issue can be broken down in three ways:



The way people talk about the problem reflects the source of the sentiment, with external perceptions often experienced as judgemental. In social marketing terms, it is important to focus on the internal experience of being or feeling fat in order to empathise and thereby increase motivation and minimise resistance to the message.

"Being overweight" is a term that respondents say reflects norms. Many in the groups spoke of how these norms have changed over time, for example, citing the glamour girls of the 1950s and 60s.

*"Marilyn Monroe was a size 16".*Weight Management Group, Batley

"When I look at the TV all I see is thin people, and I think – wait a minute, why am I not thin?" South Asian Group

Respondents also spoke extensively about the influence of the media, the fashion industry and what they saw as the current trend towards smaller (and thinner) norms -- the so-called 'size 0' phenomenon.

The significance of this way of referring to the problem is that it allows people a number of reasons to effectively avoid the issue:

- It isn't me that has a problem; it is society that has a problem with its perceptions
- It's a fashion issue, not a health issue
- Being overweight is a lifestyle choice, perhaps a rebellion
- There is little point in trying to lose weight because I will never look like one of the images which society values, so why bother?

"Being fat" (sometimes also referred to as "feeling fat") is the most personal way that respondents talked about the issue.

"If someone says you are fat that is an insult. But I know I am fat. I look at myself in the mirror – if I can bear to – and I know I am fat. There's no denying it. It's a fact". Weight Management Group, Batley

"They call you fat. It doesn't sound very nice, and it's not very nice". South Asian Group

When people talk about themselves as being fat, they are taking ownership of their situation and if we can reach out to them on this level, it is powerful, persuasive and yet, of course, highly emotional. It is obviously a sensitive area and any approach on this level requires care. Some of the women in the groups became visibly upset as they spoke about themselves in this way.

There was clear evidence from the groups that 'being or feeling fat' is a subjective term; it is not necessarily related to society's expectations and respondents spoke of feeling this way at times without there necessarily having been any change in their actual weight. Examples of this included

- Looking at a photograph from a night out or a holiday that happens to capture you in a particularly unflattering pose (cellulite, double chins, "spare tyres" etc)
- Experiencing an article of clothing as feeling tight
- Suddenly finding it harder to find something attractive which fits.

"I looked at myself and thought 'oh my God is that me?!". Weight Management Group, Batley

"It's the difference between buying what you want to wear and buying what will fit". Engaged in Self-Help Weight Management Programme, Batley

As mentioned previously, "feeling fat" is personal and highly subjective. It can lead to respondents either under or overestimating the scale of the problem. For example, two of the respondents in the weight management group had previously lost a great deal of weight and, in their own terms, had become "obsessed with exercise."

One woman in particular had lost a great deal of weight and described feeling fantastic during this process, to the extent that she tried to maintain this feeling via further weight loss, well beyond the point at which it was healthy for her.

"I went down to a size 10. I was spending two hours at a time in the gym three or four days a week. I didn't just have a six-pack I had an eight-pack!" Weight Management Group, Batley

At the other extreme, respondents in the groups who were not currently undertaking any form of weight management spoke of how they convince themselves that the size they are is normal.

"More or less everyone you know looks like you so you think it's normal. You know it isn't really but you're stuck with it, there's not a lot you can do about it, so you say to yourself it's okay". Engaged in Self-Help Weight Management Programme, Batley

"People who love you, love you for who you are". Weight Management Group, Huddersfield

'Being fat', when not used in reference to oneself, was associated with people being insulting and at very least unsympathetic. Some respondents said that this was the most hurtful way that someone can refer to someone who is overweight. Others, however, particularly those in their 20s, said that it was okay to use this term between close friends.

When used in this external way, this term carries with it very many unsympathetic, unhelpful and highly negative connotations. Examples mentioned in the groups included:

- Being greedy
- Being lazy
- Even being unclean, unhygienic or smelly
- Having lesser values or moral standards

"People saying things like 'she dun't sweat much for a fat lass'".Engaged in Self-Help Weight Management Programme, Huddersfield

"People ask me if I've seen anyone (been out with someone) and I say no because I don't. The only people who want to go out with you are those who think that because you're fat, they will be able to get what they want at the end of the night". Weight Management Group, Batley

'Being obese' was a description that respondents used only in the context of talking about their dealings with doctors and other health professionals. 'Obesity' is the way in which people refer to the whole collection of ways in which excessive weight is linked to poor health.

Many reported disappointing experiences of dealing with health professionals (of which more later) so this term had negative connotations for many we spoke with.

"It has to be about me, rather than 'the nation's growing obesity problem'". Weight Management Programme, Group, Huddersfield

Obesity is seen as being a nationwide population problem. It is impersonal and so even though many respondents will acknowledge that they are obese, or even report having been told they are 'clinically obese', it is somehow easier for them to distance themselves from ownership of their own personal experiences and problems. That said, this does not mean that healthcare and perceptions of one's own health does not have an important role to play in social marketing interventions. For many respondents, the thing that triggered them to take action, perhaps after a considerable period of time, was some form of health scare or 'wake-up' call for either themselves or a loved one. For example, one woman, a single parent family, realised how out of breath she was getting each time she climbed the stairs. This focused her mind on her desire to be there for her children and made her embark on a weight management programme.

The most impressive examples of the impact of poor health on motivation to lose weight and improve health were to be found among respondents attending the Get Food Wise and Exercise programme. This suggests that unfortunately, the greatest change may sometimes be achieved in proportion to the extent to which it is too late.

In social marketing terms, the important thing is to acknowledge the link between obesity and health, whilst being careful not to make the problems seem impersonal, over-medical (perhaps, therefore, hard to understand for some), or irrelevant (it is a national problem, not my problem). It is also important not to adopt a "superior" or an authoritative tone of voice as many respondents said they experienced their doctors as "preaching", rather than offering useful help.

> *"Obesity is in danger of becoming overmedicalised. [This]… means that many individuals fail to take responsibility for their own health."*
>
> Dr Hamish Meldrum, Head of the British Medical Association, Sept 2007

Motivation for Weight Loss

There are many reasons why people are motivated to lose weight but health improvement is far from being the most important in many cases. More frequently, people are motivated because they want to secure an improvement in their physical appearance or in the quality of their relationships with others, and sometimes with themselves.

The passage of important life events, such as a new family member can be an important promoter of change. Many had responded to comments from family members and, in particular, from children.

Whilst people occasionally embark on weight loss programmes as a result of having had a health scare, their motivation is more about the avoidance of ill-health or the amelioration of the impact of current ill-health, rather than the acquisition of good long-term health. In fact, staying healthy for longer is perhaps the weakest among the many motivations, as it represents something that is almost an expectation, yet also something that is rather distant and less immediate.

Respondents reported a range of different motivations for losing weight. Most commonly mentioned was improvement in appearance and this is often linked to a specific event such as a holiday, wedding, seasonal party and sometimes the start of a new relationship.

For women especially, wearing clothes that they either want to wear or look nice in is a significant motivation, especially during the summer months.

"I looked at myself in the mirror and I thought 'Christ Elaine, you are letting yourself go'". Weight Management Group, Batley

Changes in life patterns are also an important source of motivation for weight loss. For example, many respondents mentioned that they had taken the subject of their weight more seriously after the birth of a child or grandchild. Conversely, producing a new family member can be the beginning of problems with obesity, with some respondents reporting that it had been extremely difficult to lose weight after the birth of a child.

"I want to see my granddaughter grow up". Engaged in Self-Help Weight Management Programme, Huddersfield

As with many aspects of weight management, respondents often make light of their motivations.

"I wasn't able to catch my kids!" Engaged in Self-Help Weight Management Programme, Huddersfield

Perhaps surprisingly, whilst some respondents were *aware* of a direct threat to their health, mobility or longevity as a result of their weight, many did not *respond* to this awareness. The motivation to lose weight for direct health reasons, therefore, was often minimal compared to other motivations, when respondents were discussing their reasons for losing weight.

Some respondents, for example, were experiencing arthritis or other joint problems as a result of carrying excessive weight. One such respondent needed a knee replacement but had been told by her GP that she was too young to have one, so she was facing many more years of discomfort.

One of the ladies in the South Asian group had already had both knee joints replaced but was still experiencing pain and discomfort. In another group, a respondent had type II diabetes and had recently been diagnosed as having early signs of retinal damage. Many others had high blood pressure and one was at the stage where she was on the maximum amount of medication she could take for this. All of these examples were encountered in groups where respondents were not currently engaged in a structured weight management programme. Some had experienced such programmes and others had tried self-help methods, yet despite the risks to their health, they were not currently trying to control their weight.

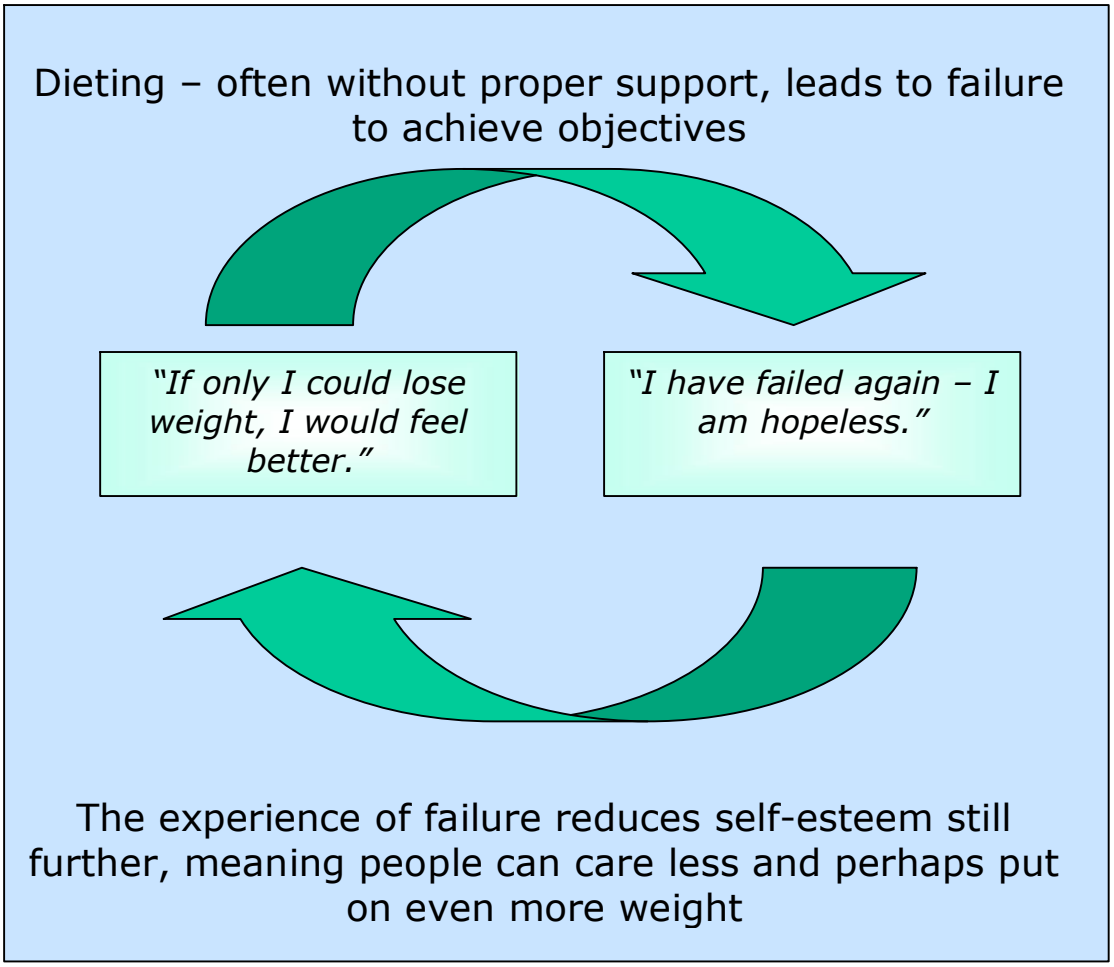
The Psychological Factor

Many of the respondents reported experiencing significant levels of psychological problems as a result of their weight. Paramount amongst these were:

- Lack of confidence
- Low self-esteem
- Depression
- Social anxiety

These problems had far reaching consequences. One woman aged 20 had worked for only three months since leaving school. She said she was keen to get a job but explained that her weight problems meant she had very low confidence and self-esteem, and this was a major barrier to her seeking work and indeed just going out into the world generally.

There were reports of excessive weight leading to problems in relationships and even relationship break-up. Such respondents often felt that being overweight blighted their lives and they said that they were highly motivated to lose weight. Indeed, some reported having tried quite extreme measures, often at great cost, in order to try and do so. However, they also spoke of the "vicious circle" in which attempted weight loss that is unsuccessful leads to a sense of failure and still higher levels of depression, further lack of confidence and still lower self-esteem or even self-loathing. The results of this can lead actually to further weight gain that, of course, only compounds the problem.



In such cases, people have a *high motivation* but perhaps a *low capacity* to change and sustain change. In contrast, people who are perhaps somewhat less underweight or who have greater levels of self-esteem may paradoxically be less motivated (or at least less desperate) yet they may ultimately be more likely to succeed.

Whilst this vicious circle is particularly important in circumstances where an individual is experiencing mental health problems as a result of being overweight, it also applies but perhaps to a lesser extent, in many cases.

Clearly, different approaches are necessary in order to meet and engage with different types of motivation. The importance of mental health in tackling obesity must be recognised in the development of strategy.

Perceived Gains and Losses

In exercises conducted in the groups, respondents found it easy to think and talk about what they feel they gain (or would gain) from weight loss. To a large extent these mirror the motivations mentioned above and include:

- Improvement in appearance
- To feel in control
- To have pride confidence or satisfaction in oneself
- Perceived greater acceptance
- Improvement in energy levels ("puff")
- Greater confidence (and all that leads to)
- To fit in/to be normal/to be like everybody else
- Increased success in life, emotionally, socially and even financially
- Being taken more seriously (within the family or at work)
- Happiness with oneself and with life generally
- To have an opinion
- Improved social life (many respondents spoke of having made good friends through weight loss classes or programmes)
- To have an opinion
- Improved health, longer life; again though, these were not really spoken of as being primary gains but rather, part of the general background of health improvement -- almost a kind of bonus

"Nothing makes you feel better than being slim". Weight Management Group, Batley

Although respondents found it harder to talk about what they would *lose* as a result of losing weight (apart from obviously those extra pounds) they nevertheless identified a series of worries or concerns.

Paramount amongst these was the impact that weight loss might have on their personality and, furthermore, perhaps on their relationships. Respondents gave examples of people they knew or where they themselves, had changed as a result of weight loss and not always for the better. Friendships and relationships can be affected by these changes.

"What kind of person would I be? The slimmer girls can be nasty. My husband worries about me changing". Weight Management Group, Batley

"My friend said to me 'I'd hate it if you were slim and I wasn't". Weight Management Group, Batley

"You do change if you lose weight. I think you put up with a lot less". Weight Management Group, Huddersfield

"I changed. I had a very different attitude towards men. Suddenly, all these men who hadn't been interested in me were all over me and it was payback time". Weight Management Group, Batley

"I know it's a myth that overweight people are jolly but in this case this woman who had been the life and soul of the party really did change. She was much more withdrawn. I don't know, maybe she didn't feel that she had to try as hard". Engaged in Self-Help Weight Management, Huddersfield

Respondents also expressed concerns about having loose skin following weight loss and mentioned various stories they had become aware of via the media, which they said pointed to the difficulty of addressing this on the NHS.
Whilst most respondents indicated that these would be risks they would be prepared to take in order to achieve their goals, these concerns nevertheless existed and it may be important to ensure they are addressed in the promotion of any programme.

Getting Help from the NHS

Experiences of getting help on the NHS are reported as often being disappointing. Many report that GPs are quick to judge, leaving their patients feeling uncomfortable or embarrassed. This can form a barrier to future consultation and lead to related health issues going undiagnosed and untreated.

Respondents said that their GPs were quick to diagnose the problem but were of less help when it came to assisting them in doing something about it.

A typical experience was that the patient would be given diet sheets. Some had been referred to a dietician but many found this less useful, experiencing the advice given as being too general and not specific to their circumstances. After several such experiences, many were reluctant to return to discuss their weight, even though they may become more concerned about it later on.

Often, those with chronic obesity problems said they felt that their doctors had lost interest in them, or even given up on them completely.

The women in the South Asian Group seemed particularly anxious about their health, more so in many cases than were the women in the other groups. Some reported feeling trapped in a "vicious circle" in which weight-related ill-health and its symptoms lead to reduced mobility, increased weight gain and further loss of mobility and self-esteem.

"When I started putting on weight I used to do everything around the house – it wasn't an issue. Now that I've become ill – I seem to have all the illnesses going". South Asian Group

Many Asian women spoke of effectively giving up on the expectation of help from their doctor and again, there were reports of worsening of symptoms going untreated and, therefore, increasing the risk to health.

Following a consultation with a doctor and after failing to lose weight, respondents from the South Asian community often felt as if they were "disappointing" their GP and they felt it was important not to do this. Again, this could lead to them avoiding getting further support. Whilst not confined to the Asian respondents, these feelings were perhaps especially pronounced in this group.

A problem for many across all groups was the "ad hoc" nature of consultations. Weight usually comes up as a topic of conversation with the doctor in connection with some other condition such as high blood pressure or shortness of breath. A discussion about weight loss takes place, information is provided and then patients feel often that they are "on their own", faced with meeting a target or achieving a goal, yet needing more actual guidance and practical help to achieve this.

"Where can I start!?" South Asian Group

"You need more than leaflets. You read them but it's not easy to know how it applies to you. And sometimes I don't really understand what the doctor is saying. You need help from someone…explaining things and going through it slowly and helping you think about how that works for you, in your life". Engaged in Self-Help Weight Management Programme, Batley

A typical complaint was that the advice and information given could not easily be adapted to their individual circumstances. Sometimes respondents said they did not know how to make this adaptation, particularly when it came to recipes and cooking.

Several respondents said they had been offered a prescription to assist with weight loss. Despite being excited at the prospect initially there were no examples of where this had been successful -- perhaps because we were specifically recruiting people with a BMI of 30 or over.

Respondents were spontaneously aware of Xenical (Orlistat) and many seemed to have good knowledge of how the product works. They also had good knowledge of the side-effects, however, and many reported problems such as gastrointestinal discomfort, poor bowel control or messy and discoloured stools. Consensus in the groups was that this approach to weight loss was often ineffective and frequently unpleasant.

There was also some awareness (although not by name) of medications such as Sibutramine (Reductil) that work by reducing appetite, however, experience with this was less commonly encountered in these groups.

There was general agreement that taking medication to promote weight loss is less preferable to other methods in which they feel they are able to take a greater level of responsibility for weight management and longer term change.

"The doctor tells you you are at risk but not what to do about it. They maybe give you a leaflet but that's about it". Engaged in Self-Help Weight Management Programme, Huddersfield

"The tablets are like a green light for you to eat what you want". Weight Management Group, Batley

"All my doctor did was offer me the Weetabix diet". Engaged in Self-Help Weight Management Programme, Batley
*"They just offer you the tablets that give you the sh**s".* Engaged in Self-Help Weight Management Programme, Batley

"They don't help you. They don't help you understand why you are the way you are – the root of everything, like comfort eating". Weight Management Group, Huddersfield

"They tell you to diet, you tell them you've tried but then that's it. They don't help you look at why you are not losing weight". Engaged in Self-Help Weight Management Programme, Huddersfield

A few respondents said they really despaired of their GP's ability to help them. Examples of this included respondents whose weight gain was associated with a medical condition such as hypothyroidism, or where an accident or disease had led to a loss of mobility, meaning that attempts to lose weight were frequently not effective. In such cases, respondents felt that the message from their GP was simply to accept that they were overweight and they found this disappointing.

Some respondents also said that discussing their weight, general health or risk factors with their GP had left them feeling as if there was little they could do, as if the problem was out of their hands, maybe even genetic in origin. Some of this perception undoubtedly arises from a lack of appropriate knowledge and information, combined perhaps with a lack of time in which the GP can explain things in a way appropriate for the patient. For example, some respondents confused the genetic factors that can contribute towards heart disease, such as high cholesterol levels, with the non-genetic lifestyle and controllable factors that influence the extent to which this predisposition puts the individual at risk.

A minority of respondents reported that they had found their GP's assistance to be extremely helpful in enabling them to achieve weight loss. This often seem to depend upon the relationship between the individual doctor and the patient and where the relationship was good, respondents were more likely to report this type of experience. One respondent, for example, explained how her doctor had helped her to identify a connection between weight gain and the death of her husband, helping her to recognise that she was "comfort eating" and referring her for bereavement counselling whilst also helping her tackle weight loss directly, monitoring her progress on a regular basis and helping to keep her motivated.

Barriers to Successful Weight Management

A shortage of time and the cost of attending formal weight management activities are frequently cited as major barriers to attempting weight management. A further and major barrier is self-consciousness and the thought of being seen and judged by others as they attend structured activities. Awareness of facilities beyond commercial weight management is often poor and there is a perception that a lack of childcare may complicate access to facilities. Beyond what might be considered to be these functional or rational barriers lies a major emotional barrier; many simply do not believe in their ability to change and so they do not attempt to try.

Those who were currently attempting to lose weight via a weight management programme or who had done so in the past, were invited to discuss barriers to success.

Time

Most commonly mentioned was a lack of time. This applied to all types of weight management programme and activity such as exercise classes, the gym and commercial weight management activities such as Slimming World or WeightWatchers.

Respondents cited work commitments or a requirement to put their family's needs before their own as reasons why they had insufficient time to engage in exercise or attend some type of weight loss class.

"I would like to do the exercises to become thin, but I don't have time. There's work commitments, children…it's not that we don't want to exercise". South Asian Group

Some in the groups took up a counter position to this, however, saying that it was important to *make* time. In their own experience, some acknowledged that a lack of time was very often an easy and credible excuse.

Some respondents, including some who had attempted the Practice Activity & Leisure Scheme (PALS) in the past, mentioned that the classes often took place during the day and that this was frequently inconvenient.
A further complication for many respondents was what they described as a lack of flexibility. Some who had attended commercial weight management activities explained that each member has a quota of classes that they are allowed not to attend in any given period of time. If they exceed this quota they are required to pay a further joining fee. Moreover, some said that missed classes had to be paid for. For respondents who were working shifts or irregular hours this was a particularly significant barrier.

Lack of time also affects the ability to plan and prepare healthier meals for them and their families. Many respondents with slightly older children talked about how hectic modern life is and how just meeting simple everyday needs like making sure they have done their homework and attend out-of-school activities, can leave little time in which to think about changing lifestyles. In such a scenario, convenience foods really are just that -- convenient.

"It's just so easy to sort the kids with some chips and curry sauce on a dinner time". Engaged in Self-Help Weight Management, Batley

Cost

The cost of activities is also mentioned as a major barrier especially for those who are on low incomes or who need to survive on state benefits.

"I can't justify spending five pounds to stand on some scales". Weight Management Group, Huddersfield

"'You've lost a pound' but it is a fiver out of my purse!" Engaged in Self-Help Weight Management, Batley

"On our pensions – I can't afford to join a gym. I have so many bills to pay. And no-one has shown us how to exercise properly or what to do". South Asian Group

As mentioned previously, cost is also a barrier when it comes to purchasing healthier food.

"The fatty stuff is cheaper than what the healthier stuff is". Engaged in Self-Help Weight Management, Huddersfield

Knowledge

Beyond the popular commercial weight loss management programmes such as Slimmer's World or WeightWatchers, there appears to be little awareness of what help may be available.

This is certainly the case with NHS sponsored programmes such as PALS and also with many council funded initiatives operating through local sports and leisure facilities.

Lack of Childcare

Respondents also mentioned a lack of crèche or childcare facilities as being a barrier to attendance. However, coupled with the lack of knowledge mentioned above, this may well have been a perception or an expectation rather than being based on fact.

A few respondents mentioned that programmes were often badly timed. For example, children's classes or activities in the leisure centre not coinciding with adult swimming sessions.

Embarrassment

An enormous barrier to participation in structured weight management programmes, particularly those based on exercise, is embarrassment. This is why so many respondents had in the past, or were currently, attempting, self-help programmes.

"If only I had lost a pound for every exercise video I have bought!" Weight Management Group, Batley

The problem of embarrassment arises from potential users' perception that they "stand out" and that everyone will be looking at them. They also spoke of having the conviction that everyone else in the gym or exercise class will be much thinner than they. They reserve particular disdain for thin and (in their terms) "attractive" people using such facilities.

"I wouldn't walk into a gym even if it was free". Engaged in Self-Help Weight Management, Batley

"All the stick thin people preening themselves and posing in Spandex. They should be banned from using gyms". Weight Management Group, Batley

"I'm okay once I'm in the water. I need someone to hold a towel round me while I get into the pool like in those exclusive health clubs on the telly!" Engaged in Self-Help Weight Management, Huddersfield

Even if they can overcome their embarrassment about their physical appearance, they also fear the impact of what they perceive as their low status.

"People judge you. They think that just because you are fat you must be greedy". Weight Management Group, Huddersfield

This concern is not just about the other people who would be using the facilities, it also applies to what they imagine would be the approach of the instructors or trainers.

Commercial weight management activities try to address the issue of embarrassment and respondents thought it helped that everyone attending classes is in the same situation. Many respondents, however, are aware of what they perceive as the stigma involved in attending weight management classes and several mentioned the iconic Fat Fighters sketch from the Little Britain television show.

Marjorie Dawes, leader of the Fat Fighters on TV's Little Britain seems to have accurately captured some people's experience of commercial weight management and done little to help the embarrassment of those who attend

Perhaps ironically, the same embarrassment of which respondents speak is also one of the main motivations to keep on a diet and to ensure weight loss. All respondents feared the situation in which they attend the weigh-in, only to have not lost weight. It was clear from the groups that, in their experience, this situation often strays into the territory of actually shaming participants. In the longer term, this does little to help with the all-important task of improving self-esteem -- critical if weight loss is to be maintained and new lifestyle choices continued.

Boredom

Whilst these represent barriers to *commencing* participation, boredom is often spoken of as being one of the main reasons why they do not continue.

This is said to apply particularly to gym-based activities but it applies to dieting as well. Respondents emphasised that it is important to instil a sense of fun and enjoyment in order to encourage continued participation. Dance classes, games and activities involving a social element were all mentioned in this regard.

The Impossibility of Change

A significant barrier for many respondents was a lack of confidence in their ability to change. Many said they had been overweight for all their life and in some cases, dramatically so. The low self-esteem experienced compounds their lack of confidence. They see their ideal weight as being impossible to achieve so they give up, often without having started. Even if a programme or regime is based on breaking goals down into manageable steps, participants still have to get to the scheme in the first place and this feeling of being overwhelmed by the task ahead of them often prevents them from taking the first step on the journey.

"You want to try and improve yourself but you think how am I supposed to do this? I've been like this all my life". Engaged in Self-Help Weight Management Programme, Batley

Barriers for the South Asian Community

Respondents in the group representing this community experienced very many of the same barriers as people in the host community but for some, these barriers were even greater and more difficult to surmount and there were of course additional barriers because of their ethnicity.

Some felt that their change of lifestyle had arisen since they came to live in the UK, with some respondents comparing their sedentary way of life here with their rather more active lives in the rural parts of Pakistan. Even the UK climate could conspire against activity.

"When we were in Pakistan we used to run around all the time. Since we came to this country we seem to be cooped up inside, we're not doing anything, and we're not as active as we used to be in our homeland". South Asian Group

"You go outside and weather gets really bad, and you think – what was the point of that?" South Asian Group

Awareness of risks to health and understanding of the relationship between diet, exercise and health was very low in the South Asian group. Levels of understanding were comparable with levels encountered in the groups addressing the views of those from the poorest parts of the white community but significantly less than the levels displayed by those engaging in commercial weight management activities.

"I have very high blood pressure. I don't think it's anything to do with my weight". South Asian Group

They suffered from a variety of health problems and their obesity was often compounding these problems, affecting their mobility (arthritis and other joint problems) and their energy levels. Respondents clearly also were experiencing difficulties with their emotional and psychological well-being. Indeed, one respondent suffered a panic attack during the group and had to be taken out for a short while.

"We are a very depressed bunch. [To the moderator] We may end up making you depressed as well!" South Asian Group

Diabetes was particularly common, which further complicated their relationship with food.

"In five years I've had four operations!" South Asian Group

Many were elderly and lived alone and boredom was one of the factors that often lead to over consumption of food.

"I just eat and sit, because I'm not very good on my legs". South Asian Group

While this was true for many respondents, such as those who are unemployed or who work at home raising a family, the opportunities available to elderly Asian respondents were limited by additional barriers of tradition, custom and language. Many also felt generally isolated in terms of provision of services and information, due to the language barrier. They said they would like more support, both in terms of information, and face-to-face support, delivered in Punjabi.

Indeed, language was a particularly significant barrier, keeping many 'out of the loop' in terms of mainstream media. Respondents appeared to have little relationship with television, magazines or newspapers.

Cost was also a barrier and whilst many respondents had free travel on public transport, barely anyone had the ability to pay for admission to the sports centre, let alone to attain membership of private facilities. Commercial weight management programmes were also out of the question because of cost and there were other barriers here in terms of perceiving such organisations as being largely for middle-class White people.

These barriers left respondents feeling isolated, lonely and without hope. It was this *combination* of factors, and a sense of helplessness that resulted, that represented the real barrier to them losing weight.

"If we start to think about the condition we're in, and how we feel helpless, we will get worse, and we will inherit depression… It's best not to think about it". South Asian Group

Promoting Factors

People enjoy group based weight management activities as this promotes a sense of inclusion and community. They want to feel that they are included and acknowledged, whilst avoiding feeling as if they "stand out".

Evidence of steady and regular progress is tremendously motivating, as is a non-judgemental approach when participants experience difficulties and do not make progress.

Participants say they also want to try and minimise the experience of feeling "deprived" and so programs that allow them to eat reasonably "normally" (albeit in moderation), consuming readily available foods rather than special diets or supplements and in which no particular food or activity is "banned", are welcomed.

It is important that activities contain an element of enjoyment. Many eschew exercise-based programmes -- often because of lack of confidence and embarrassment -- and the gym is associated with boredom by many. Yet programmes that contain games or other activities which enable participants to lose weight whilst enjoying themselves are welcomed.

Obviously, factors that are the opposite of the barriers mentioned above often promote participation in weight loss activity. So, for example, making activities enjoyable overcomes one of the barriers, as does making them accessible either in terms of cost or language barriers (in the case of Members of the South Asian community).

Inclusion is important; respondents wanted to gain the sense that they are with others who are in the same situation as them. This is part of the identity of the individual as "someone who is overweight" and it is also part of the individual's cultural or ethnic identity.

"You need a group you can go to. You need support; you feel apart from your family when you diet". Engaged in Self-Help Weight Management, Batley

Respondents also spoke of wanting to feel acknowledged and recognised -- yet not a wanting to feel as if they stand out. On exploration, it emerged that one of the things that puts people off commercial weight management classes is the awareness that there is another group of individuals in the next class and that the organiser has insufficient time to devote to them. They like to gain a feeling that the programme is tailored to their individual needs but of course they want this to be done in a way that does not single them out or embarrass them, as they feel is sometimes the case during the "weigh-ins".

Group participants also mentioned how important it is to experience regular progress as a part of any weight management or exercise programme. Many spoke of making fairly rapid gains in the early days only to become frustrated as they found further weight loss impossible to achieve, despite (they claim) sticking to the regime.

Another factor that promoted enthusiasm and commitment was the idea that nothing is absolutely banned in a particular diet. Everyone, said respondents, has something that they enjoy and to remove this completely makes participation difficult to maintain. In contrast, some regimes now emphasise that all foods can be eaten, whilst emphasising the overall picture in terms of calorie control.

"With WeightWatchers there's nothing that you can't have". Weight Management Group, Huddersfield

Awareness & Experience of Weight Management Programmes

Programmes organised by commercial organisations currently dominate awareness when people think of external sources of help to lose weight. Experiences of these programmes vary tremendously and there is evidence of much dissatisfaction with certain aspects of them, in particular their cost but also of the way they sometimes handle potential embarrassment about a lack of progress.

Self-help, therefore, remains the approach of choice for very many, usually in addition to use of commercial programs. Whilst undoubtedly cheaper, however, this approach does not necessarily promote the discipline required to achieve success and it also lacks the elements of social interaction and group support, which many feel are tremendously important.

Despite the plethora of self-help diets and commercial approaches, many feel that they are nevertheless limited in their options, perhaps because of their ability to afford help or access it at times convenient to them but mainly because the vast majority wish there was "something else", some other alternative that they have not tried.

Respondents across all groups demonstrated very good awareness of commercial weight management programmes, mentioning in particular WeightWatchers and Slimming World. Respondents also mentioned Rosemary Conley classes as being similar but also incorporating an element of exercise.

Despite cost being identified as a major barrier, this had not stopped some respondents from spending a great deal of money on participating in some of these programmes. One respondent in Huddersfield explained that she had spent £550 on a programme called SureSlim. She explained that this was based on how one's body reacts to certain foods and is supposedly tailored towards the body's needs on an individual basis.

There was very good awareness of the LighterLife programme and several respondents had participated in this, again, incurring considerable expenditure.

"I lost five stone [on LighterLife] *in three months. What helped was the counselling. And it costs so much it makes you focus".* Weight Management Group, Huddersfield

LighterLife was said to cost between £60 and £70 per week for the meal replacement products. Some respondents had also tried the Cambridge Diet, which appears to be similarly expensive.

"I lost three stone in three weeks but after I reintroduced meals and reduced the shakes (food supplements) I put on more weight afterwards. This put me down even more". Weight Management Group, Huddersfield

Self-Help

Respondents had also tried a range of self-help programmes from various sources typically including; women's magazines, specialist slimming magazines, the Internet, "fad" diets often circulated on photocopies and the British Heart Foundation diet

Awareness and Experience of NHS-based Help

People mainly looked to commercial programmes when they searched for help with weight management or loss. Awareness of NHS or Council-funded programmes is very low indeed and currently, very few people expect such help to be available from these sources. For most people, getting help from the NHS means speaking to their GP, receiving leaflets, referral to a dietician or perhaps medication. Many state their disappointment with this, saying that they wish there was more help available in the form of actual schemes or programmes that offer practical help, advice and programmes of activity -- in much the same way as assistance is offered to help people stop smoking.

Research based on using the Google Internet search engine indicates that people using this medium to look for help in their local area are unlikely to be connected with publicly-funded programmes at present. Such programmes need to work harder to promote themselves, avoiding 'newsy' reportage and providing information in ways which are consistent with the way the general public tends to seek help.

Awareness

Obviously, one has to be aware of the service before one can access it. Outside of the respondents recruited specifically from the "Get Food Wise" programme, there was virtually no awareness of schemes sponsored or supported by the NHS or Kirklees Council. Clearly, respondents were aware of council-run facilities and indeed some respondents on low incomes were holders of the Kirklees Passport to Leisure but there was virtually no awareness and zero participation in publicly funded formal or structured programs.

The findings are perhaps surprising. In order to put them into context we decided to compare them with the results of a simple Google search using the terms "lose weight Kirklees" and "healthy eating Kirklees". We also used the same terms but substituting the word "Kirklees" with both Dewsbury and Huddersfield.

The results were disappointing and go some way towards explaining the finding that local residents have poor awareness of public-funded programmes. Whilst these types of search produced many matches, they did not reveal the existence of programmes in a way that explained what they are or how to access them. There is an emphasis on *reporting news* rather than on offering benefits.

For example, one can quickly learn that Kirklees PALS has bought two tandems to help more people experience the joys of cycling" *(from Kirklees Council's online news 10th of January 2008)* but this information does not explain what PALS is. Even if someone were to follow the link (and it is arguable that few people would do this given the headline information) the information retrieved does not draw one into finding out more.

Similarly, "healthy eating Huddersfield" provides information of a generic nature, again usually news items. For example in January 2008 the local *Huddersfield Examiner* reported that Huddersfield people "are among those failing to eat their 5-a-day".

We then logged on to Kirklees PCT's own website and used the internal search facility to search the whole website for the term "lose weight". We were hopeful that this would provide information that would direct the searcher to tangible sources of support and specific information.

Perhaps surprisingly, given the importance of obesity to overall health strategy, the search produced just five results, many of them entirely irrelevant. There were news-based items such as "cash to help pregnant women quit smoking" and information about feeding and swallowing problems (dysphagia).

The search did, however, offer a link to what appeared to be promising information -- the news that Kirklees PCT has appointed personal health trainers to help people lead healthier lifestyles. Following the link offered a couple of local telephone numbers that people could call in order to obtain more information. There was arguably not enough information about the service to encourage people to take the fairly major step of making a phone call. Moreover, our experience in this research suggests that few people would visit the PCT website to seek help; more likely, they would search for their specific needs using a search engine, as did we in this experiment.

We also searched the Internet for "practice activity leisure scheme", finding that the dedicated page on the Kirklees website was top of the listed results. This page does give good information about the PALS programme but of course one has to be aware of the name of the scheme. Whilst there was some awareness of PALS in this research, this was limited to literally a couple of respondents and some others confused this programme with Patient Advice and Liaison.

Finally, we searched for "get food wise and exercise" along with the terms, Kirklees, Huddersfield and Dewsbury (in three separate searches). Again, this approach *assumes awareness of the name of the scheme* but we thought it would be interesting to see what results came back. When searching this term in connection with Huddersfield and Kirklees the top two results were entirely irrelevant. The third one was an appendix to a strategy document from Kirklees PCT, from which we learned that three programmes were planned for 2007/08. Unfortunately this was of no assistance to someone who might want to participate. This was the only relevant result from the four pages of information produced by this search.

When searching with the word "Dewsbury" connected to "get food wise and exercise", three pages of results came back and the top result looked promising; a "what's on" list from the *Dewsbury Reporter* published 25th of March 2008 had included in its pages reference to:

> *OPTIONS CENTRE - Tea dance Tuesdays, 2pm-4pm, £2 including refreshments. Also on Tuesday 'get food-wise and exercise plan'. Call 01924 439048. Phab youth club Mondays and Thursdays, 7pm-9pm, £1.*

Experience of Publicly-funded Schemes

Experience of publicly funded schemes was very limited but the research addressed the views of two groups of people who had direct experience of these -- the Get Food Wise and Exercise programme and also the South Asian Healthy Living Partnership.

Respondents in both these groups were extremely positive about their experiences. The sharing of common goals, the social and community experience, combined with practical help and high standards of education and advice, were all cited as being important elements in their satisfaction. Respondents also praised the commitment of those involved in organising and delivering the schemes, finding this commitment to be an especially important boost to their own motivation.

The research addressed the views of one group of individuals who had participated in the "Get Food Wise and Exercise" scheme and also a group who were regular attendees of the South Asian Healthy Living Partnership (SAHLP).

The Get Food Wise and Exercise Programme

All of these respondents, numbering eight in total, were extremely positive about their experiences. They had attended sessions in different parts of the borough. Most, though not all, were aged 50 plus and were now retired, frequently on the grounds of ill health. There was a good mix of men and women in this group.

All of them had been referred to the scheme having experienced severe ill-health and most now had chronic conditions. A couple of respondents had been diagnosed with cancer, for example, and needed help with weight management or fitness after treatment. Others had come to the scheme through specific rehabilitation programmes associated with pulmonary, neurological or coronary treatment. One had experienced enormous weight gain, despite having been a fit and healthy individual with a physically demanding job up to that point in his life. Despite extensive tests, no obvious medical reason could be found to explain this and the patient had been referred by his GP for management of the problems arising from this weight gain.

The data from the Get Food Wise and Exercise (GFW&E) group can be compared with talking to groups of individuals who had largely tried and failed to control their weight. When we do this, what is striking about the GFW&E group is the way that all of them really had taken on the message that weight loss and healthy living is more than a programme; it is a philosophy and a way of life, a permanent change not a temporary alteration in diet or lifestyle.

Perhaps a very small example of this was the way that, as in all these groups, respondents were presented with refreshments including a plate of biscuits, including some particularly tempting chocolate ones. In the GFW&E group *one* respondent ate *one* biscuit whereas in all the other groups, all that was usually left on the plates were crumbs!

It is only a small point but it perhaps serves to illustrate the extent to which these individuals have taken on board the message of lifestyle change. This could be explained by the way that all of them have had some kind of serious health scare, potentially fatal in many cases. Asked if they would have been as responsive to the programme had they engaged in it prior to this ill-health, most admitted that they probably would not. Some said that they had previously been reasonably health, weight and diet conscious, whereas others admitted that they had not.

"*If you look okay you think you've nothing wrong with you*". GFW&E Group

Asked about their feelings when they were referred initially, most said that they had had no idea what to expect. A couple confessed that they had been sceptical or even offered resistance at first. Some had previously experienced other programmes, such as the Expert Patients Programme and this could predispose them to receiving help.

A common theme in responses, however, was that attendance could quickly become enormously reassuring. This was especially the case for those who, at the time, had been confused or uncertain about what was going on with them medically. Here in the programme at least, they could start to get some sense of control, even if their health situation was perhaps beyond them.

"*It gives you information to help you make a better choice".* GFW&E Group

Moreover, at the start of the programme, some had felt angry and frustrated and had often directed this at the clinicians they had met. They often felt that the doctors who were treating them did not know what was wrong or what to do for the best and many had received conflicting advice from different clinicians. Again, the GFW&E programme represented an island of safe ground where they felt they could have confidence in the advice they were being given. Incidentally, this is also one of the reasons why many praised the Expert Patients Programme, because participants started to take responsibility for their own care, in some cases even being able to provide valuable feedback which clinicians could start to incorporate into better treatment solutions. This led to patients starting to regain that all-important sense of control and empowerment, even if they were not actually going to "get better", in terms of returning to their former healthy lives.

Part of a Group

A major benefit mentioned by all respondents in the GFW&E group was the sense of "belonging" which they had gained via their attendance. They all appreciated the mutual support they had experienced from fellow group members. There was something important, they said, about being with a group of people, all of whom were in largely similar situations, even if the situations varied.

They had experienced a sense of empathy and understanding from people who really knew what it was like to be in that situation. In some ways, they felt they could open up more to their fellow participants that they could to their family members, simply because of this understanding.

"You don't always get this with your family. You are more close to them (the people in the group) than you are to your own family sometimes". GFW&E Group

"You feel cared for. Not just the people taking the class but the people in the class". GFW&E Group

This sense of community was something that none of them had ever experienced previously, not even when attending commercial weight management programmes such as Slimmers World or WeightWatchers.

"One's about weight loss and the other's about people". GFW&E Group

Education & Learning

All respondents emphasised that there was a lot more to participation than the supportive group environment, even though they of course valued this.

They said they had learned a great deal about food and nutrition and exercise. In particular, they appreciated what they described as the "holistic" or "joined up" approach.

"It's not just about food. It teaches you the relationship between things". GFW&E Group

They had also experienced and appreciated a variety of different approaches adopted by the course leaders or tutors. Some had enjoyed "guided imagery" or exercises based on mindfulness or meditation.

In other cases, the learning had come from their own experiences, for example, where participants had been invited to keep a food consumption diary; only then had they learned the true extent of their consumption and of patterns of unhelpful behaviour.

The Necessary Conditions

The programme had also offered participants an environment that they felt had been conducive to change. Of particular importance and emphasised by very many respondents was the non-judgemental approach of those leading the group. Participants had, they said, been encouraged to take responsibility for themselves and so where there had been disappointment or "failure", they had been encouraged to own this for themselves, rather than to experience the shame which had so often been a part of what had locked them into unhelpful cycles of behaviour.

"She never put us in a position where you felt guilty about what you've done". GFW&E Group

Respondents emphasised that they genuinely felt as if they were heard, not just by other participants, but also by the trainers. This listening, combined with the non-judgemental environment had, they said, enabled them to finally "tune in" to themselves. As a result, they had developed better relationships with themselves, improved self-esteem and in some cases had taken massive leaps in self-confidence.

"It makes you look forward. You feel as if you have a purpose". GFW&E Group

"It does wonders for your mind and your self-esteem. You are no longer dismissed". GFW&E Group

Importantly, the course has enabled them to develop not just a sense of responsibility for themselves but also independence. For those who had participated in commercial weight loss programmes previously, this was a major and striking difference between these schemes and the GFW&E programme.

"WeightWatchers etc creates a dependency but you've learned nothing".

"At the end of the day, they are there to make money. They have a quota on how many products they have to sell. They're not really interested in you, not really interested in tackling the problems at the root of things. This is completely different. I just wish I had found something like it years ago".

Future Improvements

Respondents found it hard to think of ways in which the programme could be improved, as they were so pleased with the results of their participation. When pushed, they mentioned that they wished that there were more ways in which they could continue to experience the group environment, subsequent to the formal conclusion of the programme. Of course, many had gone on to other programmes, notably participation in PALS. Others were involved in Expert Patients or with the Carers Gateway. However it was clear that some had experienced a sense of loss at the formal conclusion of the programme. Whilst there does appear to be the opportunity for follow-up get-togethers, it seems that many would like this facility to be extended.

Some had gone on to use their experiences for the benefit of others, a common theme amongst participants. For example, some had undertaken training in order to help others -- the 'Orange vest' was mentioned by some. Respondents expressed their willingness to take the message to others, perhaps people who had yet to experience severe ill-health, in order to encourage them to enrol in any future roll-out of this type of programme.

On a practical note respondents emphasised that the venues need to be appropriate for potential participants. In particular, they mentioned mobility issues, saying that not all venues were convenient for those using public transport and mentioning that in some cases even the possession of a blue disabled parking permit does not guarantee the availability of a parking space.

The South Asian Healthy Living Partnership

> *Pakistani and Bangladeshi women, in particular, are more than three times as likely to report health problems than the general population of women.*
>
> *Afshar et al., 2002*
>
> *www.nhsdiversity.org.uk/Ethnicity/sic_exclud/sic_exclud.html*

"We never go anywhere. This is the first group we have ever gone to – here. These are the only people [South Asian Healthy Living Partnership] *that have made us go out of the house and made us do active things".* South Asian Group

The SAHLP offers:

- Tea and toast
- An hour's exercise (gentle, chair-based exercise)
- Advice, e.g. pensions, given in their own language
- Socialisation
- Lunch

Prior to participation in the programme, respondents said that they had been extremely inactive. A range of factors explained this inactivity.

There was a vicious circle of ill-health leading to poor mobility and therefore to low levels of activity and the further worsening of the ill-health.

"Sometimes I have so much pain in my arms and shoulders and chest that I cannot even hold a cup. That's how bad it is". South Asian Group

Participants suffered from a very broad range of illnesses and the following were represented in just this one group of individuals:

- Arthritis
- Brain tumour (historical)
- Breathlessness
- Diabetes
- Dizziness
- Heart problems
- High blood pressure
- Joint problems
- Migraine
- Pain in the feet
- Panic attacks
- Poor circulation
- Retinopathy – linked to Diabetes
- Varicose veins

Many respondents had lost confidence in themselves, partly because of lack of ability and unsteadiness but also as a result of depression. Some mentioned how their anxieties about going out had worsened over time.

"We can't do nothing. There's nothing that we can do".

"I just eat and sit, because I'm not very good on my legs".

"I don't go our because it's scary – in case I slip".

"I drive everywhere. I'd take the car to the toilet if I could".

As with the Get Food Wise and Exercise programme, respondents explained that one of the key benefits of attendance was the chance to socialise with people like themselves, to share experiences and thus to feel less isolated. Contact and the shared enjoyment of being with others like themselves were mentioned again and again by respondents.

"We can socialise and meet people. If we stay at home we get very depressed just looking at the walls".

"When I come here everybody is in the same boat as me. Everybody shares problems with each other in this safe, protected environment".

Respondents said they felt more motivated to lose weight because of their attendance and indeed some said they had had achieved weight loss as a result. A key benefit was said to be the feeling that they were all working towards their individual targets but together as a group.

"If we sit there is a strop, our time will still pass. But if we sit here and talk about it, time is still passing, but your are getting information, and we are getting it off our chest".

They said they had learned more about the types of foods that were good and bad for them although, they said they did not always listen to this advice. This was partly because they enjoyed the food and partly because they confessed they were very set in their ways.

Also mentioned, was a belief that dieticians at the PCT did not have enough time to devote to helping people from the South Asian community, partly because of language difficulties compounding the process of communication. Although this was not stated explicitly, we gained the impression that respondents were suggesting that advice needed to be accompanied with a greater level of understanding and empathy with their situation, in order for it to be effective.

Whilst the South Asian respondents were positive about their involvement in the programme, they felt there was a need for further availability of advice and the greater involvement of a wider range of health professionals. Indeed, the group was clearly energised by the fact that an "outsider" (the researcher) was prepared to spend time with them and listen to them.

Levels of knowledge about healthy eating were basic but largely accurate. For example, they knew which of the basic ingredients were good for them (lean meat, fish and vegetables) and knew that too much oil, ghee in particular, salt should be avoided. They mentioned that processed foods like samosas and pakoras were unhealthy choices. Beyond this, however, respondents' knowledge seemed limited. For example, there was little discussion on how to make healthy foods interesting or tasty and some of those suffering from diabetes confessed to continuing taking too much sugar, in part because they liked it but also because they had insufficient understanding of how this affected their condition. They knew that it was "bad" but not necessarily why it was bad or how it would affect their health. Others, sadly, did not care.

In addressing this, respondents said that they ideally would like weekly classes, directed by appropriately trained, Punjabi-speaking, dieticians and fitness trainers. They would like them to provide detailed instructions on what to do and then be monitored on an ongoing basis to help them work towards meeting their objectives. The term "expert" was used again and again by respondents, evidence perhaps that older women from the South Asian community May prefer a learning model akin "taught" or "told" or "shown the direction", rather than a more collaborative effort in which individuals are encouraged to take responsibility for their own development.

They emphasised that language really is a significant barrier and so if Punjabi-speaking personnel were not available, an interpreter would need to be provided. Whilst this particular group all spoke Punjabi, it is reasonable to assume that similar facilities would be required by Urdu-speakers.

Respondents also emphasised how important it was to make access to facilities free or at very least affordable. They also said that they were not prepared to travel very far to access programmes and wanted them to be provided in the heart of their communities.

Desired NHS Facilities

People participating in the research warmed to the idea of the NHS becoming more involved in offering programmes designed to help people lose weight and eat more healthily. The NHS 'brand' carries with it many positive values that translate into particular expectations, such as accessibility, equality, high-quality advice, expertise and commitment to both individual and group based care. There are tremendous support and great enthusiasm for greater NHS involvement in actual weight management programmes. Indeed, many felt that such involvement was well overdue, particularly in comparison to other interventions such as smoking cessation clinics.

Respondents in the groups undertaking commercial or self-help weight management activities were asked to describe what types of facilities they would like to see being made available from the NHS.

The idea of the NHS getting involved in a more "hands-on" way, rather than just issuing advice or medication via GPs, was welcomed by respondents.

One thing that many seized upon with optimism and enthusiasm was the idea that an NHS-run facility or initiative would provide a significant level of professional expertise. For example, access to nurses, doctors and dieticians. This is something that would separate any intervention out from commercial weight management activities and which would add significantly to the appeal for potential participants.

Group participants also said that they wanted a joined up approach, so that weight loss programmes or activities were integrated with other health issues which did not focus specifically on weight. For example, checks for blood pressure and cholesterol and linking in to weight related disorders such as problems with thyroid function or other issues such as the female menopause.

Respondents were clearly enthusiastic about the idea of a publicly funded and non-commercial intervention. Many clearly harboured some resentment at the cost of commercial weight management activities. They anticipated that an NHS intervention would be based on eating commonly available, reasonably priced, shop-bought products and that 'elitism' would be avoided so that no one would feel disadvantaged if they could not afford to purchase a particular product.

As well as health advice, respondents anticipated and would welcome practical advice, for example, on cooking and choosing ingredients and even on things like the choosing of clothes, enabling participants to make the most of their appearance.

With its emphasis on individual approaches and confidentiality, respondents expected that an NHS facility would offer more than just the usual group-based activities. True, they said, there are many good things about being in a group, such as feeling that "everyone is in the same boat", the social interaction and a chance to make new friends.

"You need a group you can go to. You need support, you feel apart from your family when you diet". Engaged in Self-Help Weight Management, Batley

However, respondents said they would anticipate a greater level of individual support, for example individual counselling to enable participants to enhance their awareness of what drives them to eat excessively.

Recognising that many, if not most, presentations combined physical problems of obesity with mental health issues, respondents said they would anticipate significant emphasis on the psychological as well as the physical. For some this might take the form of counselling but for others this was also about coaching, personal development, confidence building, assertiveness and managing anxiety or depression.

"Something that makes you feel good on the inside as well as on the outside – support and reassurance". Weight Management Group, Batley

Respondents felt that the NHS had much that it could and should be offering to those who are struggling with their weight or their diet but they also emphasised that they did not want this to be a service with its primary focus being on "medicine" or "medical intervention". They did not want to be treated as if there was something medically wrong with them. Nor, they said, did they want to be judged.

"Use a carrot and not a stick". Engaged in Self-Help Weight Management, Batley

In this regard, many respondents drew comparisons with NHS Stop Smoking services. Speaking often from direct experience, respondents said they did not want to feel marginalised or as if they were being placed in a particular category or group, as was sometimes the case with their experiences of stopping smoking with NHS help.

Many pointed out that the NHS spends a great deal of money on helping people to stop smoking and maintained that NHS help with obesity was markedly absent in comparison.

Those who had so far avoided structured weight management programmes were particularly keen to emphasise how important it would be to make people like them feel included. Many spoke of the tremendous difficulty they would experience in attending such a programme; they thought their first experience on that first session would be critical.

Indeed, all respondents mentioned that a key part of the programme should be the use of advisers, trainers or facilitators who *really understand* what it is like to be in their situation -- ideally people who have been through their own battle with obesity -- but if not, people who have a great deal of empathy and who want to help others, not because it is their job but because they genuinely want to help. Respondents in the South Asian group also mentioned that, ideally, trainers or facilitators should be from their own community.

Many respondents said that stereotypical 'fitness instructors' -- women with flat stomachs wearing Lycra should definitely be avoided! Whilst the men felt similarly about instructors with bulging biceps and square jaws, the women said this would most definitely not put them off!

Again, referring to the difficulty in attending, respondents said they would prefer small groups, ideally around 10 people, particularly initially.

Ideally, respondents wanted groups and activities segmented by age so that the pace could be the same across the entire group and so that people could make friends more easily.

Some women wanted all-female groups and this was a particularly important factor for those in the South Asian community.

Aside from all the expertise, the approach and a mix of practical, psychological and emotional support were a number of practical considerations.

- The venue should be somewhere pleasant and easily accessible, especially for those relying on public transport

- There should be a choice of activities so that those who do not want to exercise can focus on calorie control and vice versa

- There should be childcare facilities and a crèche for the youngest children

Whilst many respondents said that they would be prepared to contribute financially, there was a general expectation that an NHS facility would be significantly cheaper than commercial alternatives. For those on lower incomes, there was an expectation that it would be free. Some went further, suggesting that the cost of attending using public transport could be refunded to those on the lowest incomes.

Perhaps sensing that NHS programme may be directed at achieving lifelong change, respondents expressed the hope that there would be the possibility of ongoing support so that the weight they had lost would remain lost. To this end, some suggested that there might be a kind of NHS Direct type of service linked to this programme, offering help and advice to former participants and perhaps helping those who had "fallen off the wagon".

In summary, respondents warmed to the idea and many were extremely enthusiastic about it. Indeed, many expressed the hope that it would be coming to somewhere near them very soon.

Communications

With much demand for greater involvement by the NHS in programmes designed to help people lose weight and live more healthily and many people feel that communications need only be simple, as schemes will effectively "sell themselves" once people become aware of them. That said, the key elements that make the prospect of a scheme so appealing on expectation of NHS-based expertise combined with a tailored approach for the individual and less emphasis on weight loss per se, with more emphasis on a joined up approach to total lifestyle management.

With the expectation that programmes will be available for free or at very low cost it is also said to be a key part of any promotional message. Respondents were also looking for a totally different approach to that used by the commercial weight management organisations, eschewing the traditional emphasis on losing weight for specific occasions and ditching 'before and after' images perceived promising unrealistic and unattainable goals. Respondents said they wanted real imagery, featuring real people, to whom they could relate.

Many feel that the natural medium for communication is the doctor's surgery, either via literature or posters there but especially also using the personal involvement of GPs, recommending the scheme to people whom they feel would benefit.

The involvement of doctors in recommending the scheme is also particularly important to those in the South Asian community. Moreover, this group feel that promotion via the community and via word of mouth would be essential.

Respondents were asked about how the NHS should, in their view, best promote any weight management interventions that it might launch. Such was the enthusiasm for such intervention, that many felt that the NHS need simply announce the existence of such programmes and they would be overwhelmed with demand.

This type of feeling is based on the provision of their 'model' programme, as described above; if such a programme were to exist, it seems it would be very popular indeed.

The key elements of any communication, in terms of contents, are;

- NHS-based expertise
- Tailored programmes based on the individual
- Holistic approach -- looking at your total lifestyle and not just focusing on your weight
- Non-commercial -- no expensive products to buy
- Free or at least low cost
- Easily accessible in terms of location and opening hours

Respondents said that the NHS should wherever possible try to do things differently to the commercial weight management organisations. Things that they dislike about communications from such organisations are;

- The 'before and after' comparisons -- these promise unrealistic levels of weight loss. Whilst participants acknowledged that they were influenced by them, it ultimately sets them up to fail and only promotes a cycle that leads to a lowering of self-esteem

- The targeting of campaigns to coincide with particular weight loss targets such as holidays or Christmas; while this is indeed a major motivation for many people, respondents said it leads to "yo-yo" dieting, whereas their desired target is permanent change

- Competitive elements such as 'slimmer of the year'; hardly anyone anticipates that they could be the most successful slimmer. Many assume everyone will be more successful than them and this actually puts many people off attending

- No "thin models" or other images perceived to be unrealistic by those in the target group

The classic "before and after" photos associated with many weight loss regimes, whilst appealing on the surface, are actually off-putting to many seasoned dieters who have tried in the past and failed.

Respondents said that what would be most convincing would be actual examples of real, local, people to whom they could relate offering messages of a realistic nature, rather than glamorous looking models posed to look appealing.

"The 'after' photographs just look totally unrealistic. If you look like me, you'd be quite glad if you could look like some of the 'before' shots!" Self-Help Weight Management Group, Batley

Media

Respondents were asked for their opinions as to how the NHS should best get the message across about the existence of programmes. In this scenario, most people said that promotion should be centred on leaflets and posters available in doctors' surgeries and other types of NHS health care facility. Some also mentioned additional leaflet drops to people's homes.

Others disagreed with this, however, feeling that the type of programme they desire, with its emphasis on individuality and a tailored approach, should not really be "promoted" or "mass marketed". Rather, it should be based on individual referral from the GP or perhaps practice nurse, recognizing that it is an individual's circumstances that should suggest that they are appropriate for the scheme. Moreover, the idea of suggesting a weight loss programme might be something that should be handled sensitively if the suggestion is to be successful in encouraging someone to attend.

Countering this still, other respondents pointed out that not everyone who needs to lose weight goes to visit their doctor.

Agreeing that there might be a need for some additional awareness to be created, beyond that that could be created within the GP surgery, respondents felt that perhaps an individual mailing or leaflet drop to home addresses would be appropriate. A minority of respondents mentioned a newsletter they recalled receiving from the PCT or the local council in the past and suggested that this would be an ideal place in which to promote the programme. Some other respondents also suggested fairly small posters being used in local shops, community centres, places of worship, libraries and other types of places that everyone visits at some time or another.

Respondents from the South Asian community emphasised the importance of involving the community and its leaders in any communications initiative. Levels of literacy were often low said respondents, particularly in older age groups and there was a generally greater emphasis on and trust in, word of mouth communications.

"If we started to lose the weight and people could see for themselves what we had gone through they would be more prepared to come out and do the same". South Asian Group

Mainstream media were often perceived as not being targeted at their community; they did not feel that they would notice anything communicated to them about weight management via local newspapers or fliers.

Moreover, respondents said that they and others in the community tend to place a great deal of trust in medical practitioners and so for them, much of the emphasis on communications must be via this channel.

"In the Asian community, after God they rely on their doctor". South Asian Group

Appendix 1

Discussion Guide

Introduction

Introduce moderator/Enventure – independent, confidential etc
Explanation of research
Plan for session
Assure confidentiality
Respondents introduce themselves:

- First name
- Family composition, eg who live with, children etc.
- Area they live in
- Weight management methods using/used

Key Warm up Question: How would you describe society's attitude to weight management? How is it portrayed by the media etc?

Health Awareness

How would you describe your current state of health?
Why do you say that?
How would you say you compare with your family/friends in terms of health? *Probe: better/worse?*
How would you describe your feelings towards your body image?
Probe: positive/negative? Why is this?

Can you describe your diet in terms of the types of food you and your family tend to eat regularly?
Do you think this is a healthy diet?
What is a healthy diet to you?
What would you say are the advantages/disadvantages of a healthy diet? *probe barriers to healthy diet*.
How aware or unaware would you say you [and your family] are of healthy eating, eg do you look at labels on food etc? Why? Why not?
Attitude to exercise?
Would you say some family members are more unaware/aware than others?
Why do you think this is?
What do you think the contributing factors to weight gain are generally? *Probe beyond responses such as 'eating too much'*.

Weight Management Programmes

What action have you taken in the past regarding weight management?
What weight loss methods have you tried?
What would say motivates you to take action to be involved in various types of weight management?
What is it about your weight loss programme(s) that made you want to become involved?

What would you say are the pros and cons of different weight management approaches?
In pairs, respondents to list pros and cons of the following different types of approaches to weight management and feedback to the group:

- Commercial weight management, eg WeightWatchers, Slimming World, Lighter Life
- Self help weight management, eg books, magazines, internet, dieting, regular physical activity
- Weight management support via the NHS, eg GP practice-based
- Exercise referral scheme, eg via PALS (Practice Activity and Leisure Scheme)

Probes:
Why do you think people choose/don't choose each of the different methods?
Why do you think people succeed/fail at certain types of weight management?
Why do you think people sometimes don't stay the course of weight management programmes?
What encourages people to keep attending a programme?
For service users not using NHS weight management support
Would you consider approaching the health service for assistance with weight management?
Would you go to your GP? Why? Why not?
What role, if any, do you think the health service should play in assisting people with weight management?

Motivation for Weight Loss

If you woke up tomorrow and had achieved all of your weight loss goals, in what ways do you think your life would be different?
What would you gain?
What would you lose?
Moderator to write gains and losses on index cards

If you had to get rid of one gain, what would it be, and what would you lose as a result?
If you lost weight, what do you think people would say to you? Family/friends/work colleagues etc?
How would you feel about that?
If you gained weight, what do you think people would say to you? Family/friends/work colleagues etc?
How would you feel about that?

Future

What are you goals with regard to weight loss?
What is attainable/realistic for you?
For what reasons do you think people sometimes fail to achieve their goals?
Why do you think people sometimes struggle to sustain weight loss?
In what ways do you think people could be encouraged to maintain weight loss? *All to make one suggestion*.

Thank you and close
Respondents to make any final comments
Thank respondents on behalf of Enventure and the PCT