NSW MINISTRY OF HEALTH

EVALUATION OF THE NSW KNOCKOUT WEIGHT LOSS CHALLENGE PILOT PROJECT

FINAL REPORT - EXECUTIVE SUMMARY



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1. EXECUTIVE SUMMARY

Background

In 2012, the NSW Ministry of Health (MOH) piloted the NSW Knockout Weight Loss Challenge ('the Challenge'), a community based weight loss program part of the MOH's Culture-Health-Communities (CHC) strategy. The program aimed to address overweight and obesity in Aboriginal communities through a team-based weight loss competition that was linked to the NSW Rugby League (NSWRL) Knockout. Thirteen communities participated; Albury, Armidale, Central Coast, Griffith, Kempsey, La Perouse, Menindee, Moree, Orange, Redfern, Tamworth, Wagga Wagga and Walgett. The pilot ran from May to August 2012 and was externally evaluated by CIRCA utilising a mixed methods approach.

In total, 324 participants enrolled into the Challenge aged between 18 and 71 years, with the majority being women (73%). The average starting weight of all enrolled participants was 102.2 kg (SD 21.63, n=324) and the average BMI was 37.0 kg/m² (SD 7.15, n=321). This indicates that recruited participants were in the target group of overweight and obese individuals.

Results

The team results were calculated using the total percentage of weight loss of the top 20 participants from each team. The community grants available for the first, second and third placed teams were \$70,000, \$20,000 and \$10,000 respectively, to be used for community health promotion activities. Menindee came first, with the top 20 participants losing a collective 12.0% of body weight (270.5 kg). La Perouse was second, with the top 20 participants losing a collective 10.2% (227 kg). Griffith was third, with the top 20 participants losing a collective 5.4% (111.3 kg). The first placed female and male participants lost 22.0% and 21.5% of their body weight respectively.

The total number of participants who completed the program by submitting their final weight was 239. Eight-nine percent of participants who completed the Challenge lost weight, with the total percentage weight loss across program completers being 4.7%. The average weight of program completers went from being 103.0 kg (SD 21.2) at the start of the Challenge to 98.1 kg (SD 20.4, n=239) at program completion. The average BMI of program completers went from being 37.3 kg/m² (SD 7.02) to 35.6 kg/m² (SD 6.94, n=237). The average waist measurements for both males and females who completed the challenge went from 116cm to 110cm at program completion. Additional self-reported positive outcomes included dietary changes, increased exercise, and improved knowledge.

The Culture-Health-Communities approach enabled each team to structure and incorporate program components as was appropriate for their team and local setting. Multivariable analysis conducted on data from the CATI survey suggests that the project components that most significantly contributed to reducing BMI were participating in group training (p=0.28, 95% CI -2.04 to 0.60), using Facebook (p=0.08, 95% CI -1.55 to 0.09), and visiting a GP or AMS (p=0.17, 95% CI -2.11 to 0.38). Group training sessions and Facebook were verified in the qualitative data as being particularly helpful.

Although not supported by the multivariable analysis, advice from a dietician also strongly emerged in the qualitative research as one of the most helpful components of the Challenge.

The collective approach of the Challenge, and the encouragement and support of others, emerged as a consistently strong theme throughout the feedback from participants.

Program implementation in each location was largely the responsibility of team managers, with support from MOH program staff, other support roles (such as team trainers and dieticians), and the town committee. It was generally felt that both the NSWRL and the town committees provided less support to the teams than the pilot had initially intended.

Conclusion and recommendations

The evaluation indicated that the Challenge achieved its aim of encouraging weight loss among program participants and teams through physical activity and improved nutrition, and that the pilot program was highly effective. The evaluation also indicated that the Culture-Health-Communities framework is a feasible and appropriate model for this program. Importantly, outcomes of the Culture-Health-Communities model such as community connectedness, and physical and emotional well-being were demonstrated in the evaluation. The evaluation also identified opportunities for further enhancing this model in the future. Key recommendations include a longer initial start-up phase, the time of year (i.e. not winter), refining the roles and responsibilities of town committee members, greater engagement and support for the Challenge teams from the NSWRL, and enhancing the support provided to the teams by the MOH.