dh insight
market research & consulting

Improving CVD Prevention Services to Engage Men in Nottingham City – Insight Project

Executive Summary prepared for NHS Nottingham City

May 2011

t 0845 337 5035 f 0845 337 5045 w dhinsight.co.uk
Mercury House, Shipstones Business Centre
Northgate, New Basford, Nottingham NG7 7FN



company number 6033726
VAT registration number 897 6780 40

dh insight
market research & consulting

Contents

1 Introduction 3
2 Main Findings 4
2.1 Barriers to accessing services 4
2.2 Possible activities 4
2.3 Link with local sports teams 4
2.4 Lifestyle Referral Hub 5
2.5 'Cost' and 'Competition' 5
3 Recommendations 7
3.1 Benefits of Changing Behaviour 7
3.2 Lifestyle Referral Hub 7
3.3 General issues to do with classes or organised activities 7
3.4 Target Audience 8
3.5 Conclusion 8

1 Introduction

NHS Nottingham City commissioned dh insight to conduct a market research project with Nottingham city residents to inform the development of its CVD Prevention Programme.

The aim of the project was:

- To gain insight to improve the effectiveness of services at engaging men in behaviour change to reduce risk of cardiovascular disease.

Key objectives, as taken from the brief, were:

1. *To obtain the views of men and their partners from the priority groups about how existing services could be improved to increase the engagement of men from the priority groups.*
2. *To obtain the views of men and their partners from the priority groups about other potential effective approaches to increase the engagement of men from the priority groups.*
3. *To obtain an understanding of how the benefits of changing behaviour can be maximised to out- way the costs (social marketing exchange concept) and competition for the attention of the priority group (social marketing – competition concept).*
4. *To provide practical recommendations for improving* the CVD prevention programme.

In-depth one-to-one interviews were conducted with 33 men living across six of the city's CVD priority areas. These included five interviews with African-Caribbean men; the remainder were White British. A focus group was also held with six Asian men at the Pakistan Centre in St Ann's. All the interviewees were aged over forty and were at risk of CVD through lack of exercise and a combination of either a poor diet, smoking, drinking excessively or being overweight. The research was conducted by Kate Hunt and Matt Dunn, directors of dh insight.[1]

This summary provides a brief overview of both the findings and recommendations. For a full description of the recruitment, methodology and findings please see the main report.

[1] For biographies of the directors, visit www.dhinsight.co.uk

2 Main Findings

2.1 Barriers to accessing services

Awareness of current services provided by NHS Nottingham City was minimal. The main barriers to interviewees potentially accessing services were:

- A lack of motivation.
- A lack of interest in specific activities.
- A perception that they did not need to change.
- A lack of confidence in going into new situations.
- Feeling that they would not fit in with other people attending such activities.
- A perception that activities would cost money.
- A lack of disposable income.
- A lack of time.
- Not wanting to travel out of their neighbourhood.
- A lack of knowledge regarding what kind of activities might be available and appropriate for them.

2.2 Possible activities

Interviewees suggested the following kinds of activities that may be of interest to men of their age from their localities:

- Supervised training at a gym for men.
- Swimming sessions for men.
- Martial arts.
- 5 a-side football specifically for those over forty.
- Badminton sessions.

2.3 Link with local sports teams

The idea of linking activities with a professional sports team such as Nottingham Forest or Nottingham Panthers was not considered to be necessary for the majority of interviewees. It was far more important that activities were held locally and so were easily accessible.

2.4 Lifestyle Referral Hub

The concept of the Lifestyle Referral Hub was welcomed by the majority of interviewees. Being telephoned by an advisor and given information on relevant activities was considered to be helpful, although the focus group with Asian men felt that this should be done in person rather than on the telephone. A GP referral to the Lifestyle Referral Hub would be effective for those who were happy to visit their GP (though visits are likely to be infrequent and only when there is a health concern); however many of the interviewees admitted that they avoided contact with health professionals unless absolutely necessary.

Interviewees were unlikely to self-refer to the Hub; therefore the issue was how to make contact with those who would avoid their GP practice. Personal contact was deemed to be the most effective route; although interviewees were aware that this may not be feasible on a large scale.

2.5 'Cost' and 'Competition'[2]

Interviewees perceived healthy living to have the following 'costs' (in social marketing terms) attached to it:

- A lack of money was the most commonly cited reason for not exercising regularly and, for a minority of interviewees, not eating healthily.
- Many interviewees admitted to being somewhat lazy and enjoying an easy life; they felt that this would have to change if they were to have a healthier lifestyle and were not prepared to do so.
- For some interviewees, the fear of failure or lack of self confidence meant that they were not prepared to attempt to make changes in case they were unable to do this successfully.
- There was a strong view that eating healthily meant that interviewees would have to give up the food that they enjoyed and start eating food that was bland, 'worthy' and unpalatable.

The interviews revealed a variety of issues that competed with the idea of healthy living for the men:

- Short life expectancy, therefore disinterested in long term benefits.
- Low aspirations regarding their life, therefore unable or unwilling to change.
- Coping with the impact of specific life events such as divorce, bereavement or redundancy.

[2] See www.nsmcentre.org.uk for more information on 'cost' and 'competition' in social marketing.

- Acceptance of a certain amount of vices such as smoking or not taking much exercise.
- Dislike of authority and being told how to live their lives.
- The impact of working long shifts and the perception that physical jobs provided enough exercise.
- The importance of creating a more structured life after a period of homelessness taking precedence over healthy living (for a minority).
- The responsibilities of being a father and/or partner and the desire to spend leisure time in the home. This view was particularly strong within the Asian men's focus group.

3 Recommendations

A full set of recommendations can be found in the main report. This section highlights the main areas for future discussion or action for NHS Nottingham City.

3.1 Benefits of Changing Behaviour

Based on the findings, dh insight suggests that the following approaches may be effective in maximising the benefits of changing behaviour for the target group:

- Focus on short-term gains and quick wins rather than on long-term benefits ie messages that stress the idea of feeling better today, physically and mentally, rather than on living longer.
- Focus on improving health as a way of acting responsibly towards an individual's family ie a man is not doing it for himself but for his family's benefit.
- Focus on the benefits of small-scale changes rather than major life changes.
- Focus on activities or behaviour that can be incorporated into existing lifestyles.
- Ensure that the language and tone of voice used in communications is engaging and informal, not patronising.
- Emphasise any activities that are free or low-cost, in order to combat the perception that being healthy costs money.

3.2 Lifestyle Referral Hub

The most effective aspect of the lifestyle referral hub seemed to be the personal contact that would be made via the telephone call.

The research suggests that GP referral to the lifestyle referral hub would seem to be the most appropriate route. The challenge, however, is to find a way of reaching those men who rarely, if ever, go to their GP.

3.3 General issues to do with classes or organised activities

- Ensure that classes/activities are held in local venues and advertised for that area.
- If possible, make sure that classes/activities are offered at different times of the day/week.
- Concentrate on advertising the enjoyment aspect of classes/activities rather than just the health benefits.
- Develop activities that can be attended by family groups and/or men and their partners.

- Focus on one off activities or drop-in sessions rather than forcing individuals to commit to an ongoing course.
- Advertise events close to the date rather than expecting individuals to plan far in advance.
- If possible, concentrate on personal invitations and follow up calls reminding individuals about forthcoming activities.

3.4 Target Audience

dh insight suggests that it may be beneficial for NHS Nottingham City to focus its resources on three particular cohorts whom it may be easier both to identify and also to encourage to make positive changes. These are as follows:

- Men who were active in their twenties and thirties.
- Men who have recently been made redundant.
- Men who are long-term unemployed.

3.5 Conclusion

It is important to acknowledge that there is no guarantee that the target audience will indeed want to access these services or make changes to their lives. The findings suggest that views and patterns of behaviour are often firmly entrenched and encouraging individuals to make positive changes will be challenging.

In dh insight's opinion, the main way to overcome this apathy would be to engage with the target audience at a personal level. A one-size-fits-all approach, although obviously more realistic in terms of budget, runs the risk of not engaging with individuals and thereby being ineffective.