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

Final Report prepared for NHS Nottingham City

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Contents

1 Introduction 3
1.1 Aim and Objectives 3
1.2 Research Participants 4
1.3 Methodology 4
1.4 Report Structure 6
1.5 Analysis 7
1.6 Reflection on the Research Process 7
2 Perceptions of Existing Services and Potentially Effective Approaches for the Target Group 8
2.1 Diet 8
2.2 Cook and Eat 9
2.3 Weight 10
2.4 Slimming World 11
2.5 Exercise 12
2.6 Best Foot Forward 12
2.7 RideWise 13
2.8 Possible Activities 14
2.9 Link with Professional Sports Teams 16
2.10 New Leaf 16
2.11 Additional Services 17
2.12 Lifestyle Referral Hub 17
3 Issues to Overcome to Facilitate Behaviour Change 19
3.1 Cost 19
3.2 Competition 20
4 Recommendations 23
4.1 Benefits of Changing Behaviour 23
4.2 Communication of Services 23
4.3 Lifestyle Referral Hub 24
4.4 Link with professional sports team 24
4.5 General issues to do with classes or organised activities 25
4.6 Cookery Classes 25
4.7 Weight Management Classes 26
4.8 Exercise Activities 26
4.9 New Leaf 27
4.10 Target Participants 28
4.11 Conclusion 28
Appendix One: CVD Priority Areas in Nottingham 29
Appendix Two: Recruitment Screener for Target Individuals 30
Appendix Three: Discussion Guide for Sessions with Target Individuals 33

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.

1.1 Aim and Objectives

The aim of the project was:

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

Key objectives 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-weigh 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.*

1.2 Research Participants

The target research participants for the project were:

- Male
- Over 40 years of age
- Living in one of the city's CVD priority areas (see Appendix One).

1.3 Methodology

A qualitative methodology was agreed with NHS Nottingham City. It was agreed that the sample would be representative of the wider audience and so participants were recruited by a face-to-face recruiter[1] within six of the CVD priority areas of the city. A screener questionnaire was agreed with the client and used for the recruitment (see Appendix Two). The sample included individuals from BME communities and individuals who were long-term unemployed. Interviewees were invited to bring their partners along for support and encouragement if they so desired.

The following additional criteria were used in the recruitment:

- Men who did not exercise regularly[2] and
- Who matched at least two of the following:
    - Perceived themselves to be overweight
    - Considered that they did not have a healthy diet
    - Drank alcohol either every day or most days
    - Smoked

A total of 39 men were involved in the research; which may be representative of men over the age of 40 across the CVD priority areas as a whole.

[1] Recruitment was conducted by Feedback Market Research Company in accordance with Market Research Society guidelines.
[2] Regular exercise being 30 minutes, three times a week or more.

In-depth one-to-one interviews were conducted with 33 men, as follows:

Area	No. of Interviews	Smokers
Bilborough	6	4
Bulwell	5	2
Clifton	5	4
Radford	6	4
Sneinton	5	4
St Ann's	6	4

The table below illustrates the occupational status of the interviewees:

Area	Recently unemployed	Long-term unemployed/ Incapacity benefit	Employed	Retired
Bilborough		2	1	3
Bulwell	2	2	1	
Clifton	1	1	2	1
Radford		1	3	2
Sneinton	1	3	1	
St Ann's	1	3	2	

Two of the interviewees brought their wife/partner to the interview. Five of the interviewees were African-Caribbean, the remainder being White British. Interviews were either held in community centres (x4) or leisure centres (x2).

A focus group was also held with six men at the Pakistan Centre, St Ann's. Participants were recruited by the manager of the Centre, using the same screener as for the one-to-one interviews. All of these participants were in employment, and two of them smoked.

There was a range of ages within the sample, as follows:

- 40-49 years = 16 interviews
- 50-59 years = 17 interviews
- 60-69 years = 5 interviews
- 70-75 years = 1 interview

The interviews and focus group followed a semi-structured question schedule, agreed in advance between dh insight and NHS Nottingham City (see Appendix Three). The intention was to create an informal research environment where interviewees could feel relaxed and share their views without being inhibited. Each participant was given £20 to cover their voluntary time and expenses.

The interviews and focus group were conducted by Kate Hunt and Matt Dunn, directors of dh insight. Both Kate and Matt have over ten years of experience conducting qualitative research projects for the public sector, working with a diverse range of research audiences. Kate was trained in research methodologies at the University of Nottingham; Matt is a Psychology graduate who has lectured for the Open University in research methodologies. Both Kate and Matt are associates of the Market Research Society and abide by the Society's ethical guidelines for research.[3]

1.4 Report Structure

The report is divided into three sections; the first explores interviewees' views on healthy living and current or potential services provided by the NHS to encourage behaviour change. The second section looks at the findings from the perspective of the social marketing concepts of cost and competition. The final section presents recommendations for future action for NHS Nottingham City, based on the findings.

As agreed with NHS Nottingham City, the findings have been written up as a whole, rather than by geographic area or age group. This approach enabled more appropriate themes to be identified, due to the relatively small number of interviews. The focus of the write up has been on consensus views, although minority views have been included where appropriate. The findings from the interviews with African-Caribbean men have been incorporated within the main findings, as there were no noticeable differences in their responses[4]. Any differences in the views of the Asian men's focus group have been highlighted within the text.

The main areas of difference identified in the findings were between men who were employed and those who were currently unemployed and between men who were socially isolated and those who had stronger social or familial ties. These differences have been taken into consideration throughout the report in terms of recommendations for future action by NHS Nottingham City.

Quotes from interviewees have been included in italics in the text, where appropriate.

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[3] For more information on dh insight, please visit www.dhinsight.co.uk
[4] This may be due to the fact that African-Caribbean men were interviewed individually rather than as a group.

1.5 Analysis

Interviews were recorded and then transcribed. A realist approach was used for the analysis, with the findings coded into themes using the main headings from the topic guide and the notions of 'exchange' and 'competition' from social marketing theory. The analysis was looking for both commonalities and areas of difference amongst participants.

1.6 Reflection on the Research Process

Although great care was taken to provide a neutral research environment and to create a relaxed atmosphere for the interviewees, it was necessarily a pre-arranged situation and inevitably certain dynamics played a part in the interviews, particularly around power and authority. Interviewees were assured that the interviewers were completely independent of the NHS, and efforts were made by the interviewers to appear informal and relaxed, both in dress and delivery. Any confusion regarding the interviewers' role (eg that they would be able to collect interviewee telephone numbers for the lifestyle referral hub) were dealt with by clear and careful explanation of the objectivity and independence of the research project.

By using a semi-structured interview schedule the interviewers were able to reduce any potential bias on their own part. All areas were covered according to their appropriateness to the interviewees' lifestyles, and interviewees were given the space to go off topic if required.

The interviewees were also asked their opinion on specific activities run by the NHS that may not ordinarily be of any interest or relevance to them. It was important therefore for the interviewers to encourage the interviewees to respond honestly rather than forcing an opinion, and reassurance was typically given several times during an interview that it was a true response that was required.

In spite of the above caveats, the richness of the findings and the way that interviewees engaged with the issues illustrate that the methodology was highly effective. Consensus was found across the majority of interviews, and dh insight is confident that the findings have reliability and validity.

Main Findings

2 Perceptions of Existing Services and Potentially Effective Approaches for the Target Group

During the interviews, men were encouraged to discuss their attitudes towards exercise, diet and weight loss. The facilitator also explained the following services that are currently available to city residents; Slimming World, Cook and Eat classes, Best Foot Forward and RideWise. Interviewees discussed their perceptions of each service and suggested ways that they might be developed to increase participation by men over the age of forty. In addition, interviewees also suggested other approaches that might potentially be effective in terms of engaging the target population.

2.1 Diet

- For the majority of interviewees, eating healthily was something they were aware of, but did not take much notice of in their day to day lives: *'If you've not got a good diet then your body eventually will say I've had enough of this, but I think men are like that – you tend to put it to the back of your mind and get on with life…. I think a lot of men are like that. We do, we tend to put blinkers on.'*
- Interviewees who were living in shared accommodation (eg hostels or multiple occupancy housing) found it difficult to cook regularly because they did not have their own kitchen: *'The other consideration is me living in a house with multi-occupancy, we share facilities. It's getting the times right when people want to cook.'*
- Those who were working tended to be in manual occupations where they worked very long shifts. It was difficult for them to be motivated to cook at the end of the working day; therefore they tended to eat 'convenience' food.
- Those who were unemployed were on tight budgets and so were tempted by cheaper, processed food rather than fresh food which was considered to be more expensive: *'…to eat healthily, you've got to spend money and you'll be shopping and it just seems easier to buy the frozen foods and like the buy one, get one free, and it's like well I could buy that, and that's not the healthy eating option, and get twice as much, and it just seems you get in that vicious circle.'*
- There was a split between those who saw food as something necessary but not particularly interesting and those who enjoyed their food. The former tended not to be bothered with cooking healthily as food was simply 'fuel' and the latter were suspicious of cooking healthily as they assumed that the food would not taste as good.

- There was a general lack of awareness regarding what constituted 'healthy' food. Salads and fruit were most commonly mentioned in connection with healthy food; neither of which were favourites with the majority of interviewees: *'I suppose there's loads of stuff but I just think it would be a bit bland.'*
- Reasons for not eating fruit were: it was not part of their upbringing; it was expensive and it was difficult to eat (either because individuals had few or no teeth, or fruit gave them stomach problems): *'We never had that stuff when we were kids.'*
- Although most interviewees were aware of the 'five a day' message, the majority felt that this was excessive and not achievable: *'Even if I had the money, I don't think I would actually buy a great deal of fruit and I know that's another thing that's good for you and I'd have to force myself to eat it, and is it worth forcing myself to eat something I don't really want to eat?'*
- Those whose partners were in charge of cooking were often happy to abdicate responsibility for their diet; ie it was not up to them what they ate: *'It's more my wife's department.'*
- The Asian focus group attendees were very aware that their diets included too much salt and grease, but they felt strongly that this was why their food was tasty. Their view was that it would be preferable to eat less rather than to change the way their food was cooked.

2.2 Cook and Eat

None of the interviewees were aware of the Cook and Eat sessions held in local community venues around the city.

There were mixed views regarding such activities and whether or not they would attract men. Reasons given for not being interested in attending were the same across the interviews and the focus group with Asian men:

- They already knew how to cook.
- 'Healthy' food was boring and bland; they enjoyed the food they ate.
- Their partners cooked (for those who had partners), and therefore responsibility was deferred.

The following suggestions were made as to how the Cook and Eat programmes could be improved to increase the engagement of men from these areas of the city:

- Make sure they are held locally. The Asian focus group suggested that they would only be interested in attending a class at the Pakistan Centre.
- Advertise them as 'one-offs' or drop-ins rather than having to sign up for a course.

- Make it clear that the sessions are relaxed and informal ie not like being back at school. *'If I went to a cooking class it would have to be something for adults. Something that's not regimented… and not exactly like a class; you're just spoken to as an adult.'*
- Emphasise that the sessions are about cooking the kind of food they are familiar with, just in a healthier way (rather than completely new types of food). This was important for all the interviewees, and especially the Asian focus group.
- Emphasise that the sessions are not about learning to cook per se, but about enjoying food and developing their skills.
- Focus on how to cook well on a limited budget.
- Explain what 'healthy' food is and is not.
- Encourage family sessions where men can bring their children (especially if they do not live with their children) and partners if applicable.

dh insight was asked to test whether or not an Internet-based cookery course would be of interest to the target audience. Only a couple of interviewees felt that this would be a good option; the remainder either did not like computers or felt that a face-to-face approach would be more effective.

2.3 Weight

- Many of the interviewees felt that they could '*lose a few pounds'* and had gained weight over the previous ten years. A minority acknowledged that they were seriously overweight and needed to lose a significant amount of weight.
- Those who had been to a weight management class in the past knew it was possible to lose weight, but lacked the motivation to do so again. As they had been unable to keep to their target weight, there was little incentive to try once more: *'I suppose I'm too set in my ways.'*
- The majority of interviewees felt that they knew what to do to lose weight; ie reduce their alcohol intake (where applicable), take more exercise and cut down on their portion size (where applicable). There was a feeling that they did not necessarily need to go to a formal class to be told this.
- The language of 'dieting' was not considered to fit with the male psyche: *'We're too manly; we don't want to do things like that and we wouldn't tell anybody if we did.'*

2.4 Slimming World

Awareness of weight loss programmes such as Slimming World and Weight Watchers was mixed amongst interviewees. Four interviewees had previously attended such classes and had benefited from substantial weight loss. The remainder were a mix of those who had heard of these activities and those who had not.

There was a common view that such activities were only for people who were severely overweight ie not themselves: *'No doctor's going to go to me yes you're a bit overweight but you're not obese realistically. They're just not going to bother with somebody like me.'* Others felt strongly that if they wanted to lose weight, they would do so on their own and did not need the help of professionals. *'I don't believe in dieting to lose weight. I believe in doing the right thing like exercising, that's the right way to do it.'*

The following suggestions were made by interviewees as to how weight loss programmes could be improved to increase the engagement of men from these areas of the city:

- Make them free or very low cost.
- Make sure they are held locally. For the Asian focus group, sessions would ideally be held at the Pakistan Centre.
- Offer a range of times eg daytime, evening, weekends.
- Encourage couples to attend together.
- Advertise the fact that men are welcome at sessions; that it is not just for women.
- Offer male-only sessions for those who would like this (although there was a mix of opinion as to whether or not interviewees preferred to attend single sex or mixed classes).
- For a minority, change the name from 'Slimming World' to something more masculine.
- Change the emphasis from 'dieting' to something more positive, as it was felt that most men did not identify with the idea of dieting: *'It should be called come and enjoy (losing weight) or something.'*
- Ensure that diet advice included ways of eating well and healthily on a limited budget.
- Advertise the fact that you do not have to be obese to go.

2.5 Exercise

- There were interviewees who had never exercised during their adult lives and had no intention of doing so.
- Others had exercised until usually their late thirties/early forties and had then stopped; either because of an injury or simply because life became busier.
- Interviewees with a chronic condition such as Diabetes and those who had been injured in the past tended to view themselves as being unable to exercise anymore. *'If I take my time I probably could do some exercise but sometimes I get a bit frightened because I don't want to damage myself more than I've been damaged.'*
- Few interviewees had friends or family members their own age who exercised regularly.
- There was a perception that walking every day (either walking the dog, taking children to school or walking to the shops) was adequate exercise: *'I get plenty of exercise, I've got a dog and so I take that out twice a day and I take my son to school and pick him up, so I'm quite active really.'*
- Most interviewees had a fairly limited view of the different forms of exercise that might be available to them. The gym was the most frequently mentioned form of exercise, and then walking, cycling, running and swimming.
- As individuals were unable to take part in the kind of exercise they did when they were younger, there was a perception that they would be unable to do any kind of physical exercise: *'I think you naturally slow down, you play football and then you don't enjoy it when you get out of puff, you get aches and pains so you tend to back off it a little yourself and consider it a younger man's game and then you don't replace it with anything. Then you tend to get stuck in a rut.'*

2.6 Best Foot Forward

Only a couple of interviewees had heard of an activity such as Best Foot Forward.

Walking was a very popular activity amongst the interviewees. for many it was their only form of exercise; however only a minority of interviewees stated that they would be willing to go on an organised group walk. The main reasons for not wanting to join in were as follows:

- Individuals not wanting to mix with new people.
- Concerns over the type of people who would be on such walks; ie the assumption that they would attract more middle class people rather than *'people like me'*: *'My type of friends wouldn't do it, most probably*

the shy people would or train spotters, not our type of people.'

- Walking seen as a solitary activity rather than a group activity.
- Walking viewed as a means to an end; something you do on a day to day basis either to walk the dog or to get to the shops, rather than an actual activity to get fitter.

The following suggestions were made as to how the Best Foot Forward programme could be improved to increase the engagement of men from these areas of the city:

- Advertise on Radio Nottingham.
- For the Asian focus group, advertise through the Pakistan Centre.
- Advertise that it is open to anyone ie not just for people referred by their GP.
- Encourage people to attend with a friend.
- Emphasise that those who go on the walks are local people from specific areas of the city.
- Make sure that walks begin at a local venue rather than expecting individuals to travel.

2.7 RideWise

None of the interviewees were aware of the RideWise sessions.

A couple of interviewees used their bicycles as their main means of transport as they could not afford to run a car and did not like public transport. The remainder were a mix of those who occasionally rode their bicycles in the summer, those who used to ride a bicycle but had not done so for many years and those who had never ridden a bicycle.

The majority of interviewees were not particularly keen on the idea of RideWise, for the following reasons:

- They lacked confidence in their ability to ride a bicycle anymore: *'The bike riding, it might be like me, if you haven't ridden a bike for few years then you might get on it, fall off it, so you might look a bit of a wally.'*
- The roads were considered to be very dangerous: *'I wouldn't ride a bike on those roads, no way, it's too dangerous.'*
- They did not want to join in a group activity.
- They were concerned that they would not be able to keep up with a group (and would therefore be embarrassed).

The following suggestions were made as to how the RideWise programme could be improved to increase the engagement of men from these areas of the city:

- Advertise this as a family-friendly activity rather than just for individuals/men.
- For the Asian focus group, advertise through the Pakistan Centre.
- Have one-off events during the summer months.
- Highlight that participants can go at their own pace, following a pre-arranged route.
- Emphasise that the routes are off-road ie on cycle paths or in parks such as Wollaton Park.
- Highlight that participants can re-learn cycling skills that they had when they were younger ie that it is not assumed that everyone is a confident cyclist.

2.8 Possible Activities

The following activities were introduced by the interviewees and discussed as potentially being appealing to men over the age of forty in the priority areas of Nottingham.

2.8.1 Training at a Gym

- This would need to be with the support of a qualified trainer, as interviewees were concerned that they would either aggravate an existing injury or do themselves harm by training unsupervised.
- The majority stated that they would prefer to begin attending a gym on their own, as they felt very self conscious regarding their body image and their lack of fitness.
- Once a certain level of confidence had been achieved, then interviewees felt that it would be more motivating to attend a gym with either a training partner or as part of a group.
- It was important that any group attending a gym was made up of people in the forty plus age bracket; ie not a mix of younger and older men.
- Gyms were considered to be extremely expensive and so interviewees believed they would only be able to attend one if it was subsidised.

2.8.2 Outdoor Gym

- A few interviewees discussed the appeal of outdoor gyms such as the ones in parks in Clifton and Forest Fields.
- The benefits of an outdoor gym were that it was free and could be accessed at any time.
- The disadvantages were that it was only really viable in the summer months (ie when the weather was mild) and an individual would not

want to use it on their own in case they were teased or worse by other members of the public.

2.8.3 Swimming

- Interviewees tended to have strong reactions either for or against swimming as an activity, often related to previous life experiences.
- The benefits of swimming were: it was a relatively safe form of exercise, particularly for those who had not exercised recently (as the body was supported by the water); most people could swim already; and it was something that could be done with other people or on your own.
- The disadvantages of swimming were linked to body image; ie a minority of interviewees felt that they would not be comfortable showing their bodies in a swimming pool, especially in a group situation: *'I don't really want to go in a swimming baths with a gut like I've got.'*
- The majority felt that single sex swimming groups were probably more appropriate than mixed sex groups.

2.8.4 Martial Arts

- A few interviewees had been involved in martial arts when they were younger.

2.8.5 Fishing

- A few interviewees were very keen fishermen. Although this was a sedentary activity, they felt that they did gain some exercise ie carrying their fishing tackle quite long distances to get to their pitches.

2.8.6 Football

- Many of the interviewees had been keen footballers up until their early thirties.
- There were a variety of reasons as to why individuals no longer played; however a common theme was the perception that football was a young man's game and they would not be able to compete with men in their twenties: *'You get blokes my age walking onto a pitch where there's a lot of young guys and it's just not going to happen.'*
- It was suggested that 5-a-side teams specifically for older men may be popular.

2.8.7 Badminton

- Asian focus group attendees played badminton occasionally at the Pakistan Centre. They were aware, however, that they needed to play more regularly for this to have real health benefits for them.

2.9 Link with Professional Sports Teams

dh insight was asked to explore whether or not interviewees felt that a link with a professional sports team, such as Nottingham Forest or Nottingham Panthers, would encourage more men to take part in physical activities.

- The majority of interviewees felt that such a link may be influential for younger men, but would make little difference to those over forty.
- Most of the interviewees were no longer football fans and none of them were interested in ice hockey.
- A common response was that the location of activities (ie whether or not it was local to them) was far more important than if there was a link to a professional sports team.

2.10 New Leaf

Although this was not a main focus of the research, the majority of interviewees did smoke and so issues connected with giving up smoking were naturally covered in the interviews.

New Leaf was familiar to many of the interviewees, who had either accessed the service themselves or had family members who had done so. Those who knew nothing about the service were generally very open to the idea, as stopping smoking was the main way they felt they could improve their health.

Those for whom New Leaf had not been successful in terms of helping them to give up smoking long-term gave the following reasons why:

- They had reacted badly to the nicotine patches.
- The inhaler had not stopped their craving for the actual action of smoking a cigarette.
- They had been able to give up for a short time, but as soon as they were in a stressful situation they had started smoking again, as they had nothing to replace cigarettes with as a stress reliever.

2.11 Additional Services

As agreed with the client, the following services were not explored during the interviews, as they have ended, or are due to end or change in March 2011:

- Change of heart health trainers
- Physical activity recommendation scheme (PARS)
- Physical activity advisors[5]
- YMCA Exercise referral scheme[5]
- Ecoworks fresh ingredient project

2.12 Lifestyle Referral Hub

Interviewees were asked their opinion of the proposed 'lifestyle referral hub'. It was explained to them that they might be referred to the hub through their GP and would then receive a telephone call from an advisor, giving them information on local services that might be appropriate to their needs. The majority of interviewees were happy with the idea of someone ringing them directly to talk about services. The following provisos were mentioned:

- Interviewees would need to be reassured that this was an official NHS service ie they would need to know that they were going to receive such a call in advance.
- Advisors would need to be able to identify services that took into account the interviewees' own particular circumstances; eg their work situation, any previous injuries or whether they had their own transport.
- The tone of the conversation was very important; any hint of the offer being done in an authoritarian or patronising way would be instantly off-putting: *'So it all depends on how people say things to me and how they ask me to do things or try things, then I haven't got a problem, but it's when they say you've got to do this or try this and then it does wind me up a little bit.'*
- Although the majority stated that they would listen to what was said, many admitted that they would not necessarily take any notice of what was offered: *'I would listen but whether I'd take it all in and take the advice is another matter. I'm going to be honest with you, I'm not going to turn round and say well I'll take the advice I've listened to, but I wouldn't.'*

[5] A Physical Activity on Referral Service was tendered in 2010 to replace these services. The findings regarding participants' views on physical activity are relevant to this new service also.

The Asian focus group, however, were uncomfortable with the idea of being telephoned to discuss their health or be told about services. They stressed the importance of conducting this kind of conversation in person, either at their GP surgery or with a health professional at the Pakistan Centre.

There was a divide between those interviewees who were used to going to their GP if they had any health concerns and those who only went as a last resort (usually if they were persuaded by their partner). The Asian interviewees in particular were very respectful of their GP and would look to them for support regarding health and wellbeing. For those who disliked contact with health professionals, the issue was how they would hear about the lifestyle referral hub, given that they were unlikely to be referred by their GP:

- Leaflets were often ignored either because individuals were not very literate or because they were inundated with leaflets that were usually irrelevant. There were a few interviewees, however, who did admit to reading everything that came through their door out of sheer boredom.
- Posters were considered to be useful as a way of raising the profile of the lifestyle referral hub, but most interviewees stated that they were unlikely to write a number down from a poster.
- The majority of interviewees did not attend events in their local community centres and so would not read posters or pick up flyers that way. The main exception to this being the Asian focus group attendees who had strong links with the Pakistan Centre.
- Word of mouth was considered to be the most effective means of informing individuals of relevant activities in the locality; however interviewees recognised that this was virtually impossible to implement on a city-wide scale.
- The majority of interviewees acknowledged that they were unlikely to self-refer to a lifestyle referral hub; the impetus would need to come from an external source.

The most appealing aspect of the lifestyle referral hub was the idea of having someone take an interest in the interviewees and spend time motivating and reassuring them regarding taking steps to become healthier: *'If you had a person who said no pressure, come along and see what we've got to offer, you can come and look at the slimming class or whatever, let's see if it's for you. Give it a try, if you don't like it you've lost nothing. I think it would work.'*

3 Issues to Overcome to Facilitate Behaviour Change

Social marketing uses the concepts of 'cost' and 'competition' to understand how people might be encouraged to change their behaviour. The assumption behind social marketing is that people tend to give something up only if it means they will gain something more preferable. The 'cost' of the behaviour change is not only understood in financial terms but also in terms of the broader physical and social costs to the individual. The benefits of any behaviour change need to clearly outweigh these costs.

The concept of 'competition' acknowledges that individuals have a number of internal and external factors that compete for their time and attention. Any attempt at behaviour change needs to be aware of these factors and how they might influence the target group.[6]

This section presents the various costs and competition associated with making choices regarding healthy living that were highlighted by the men in the interviews.

3.1 Cost

Interviewees perceived healthy living to have the following 'costs' attached to it:

- A lack of money was the most commonly cited reason for not exercising regularly. As stated previously, interviewees tended to associate exercise with training at a gym, or perhaps swimming, both of which were activities that cost money: *'Health is associated with cost, you know, keep fit things.'* Although getting fitter was perceived to be a worthy goal, it was not important enough to be invested in financially at the expense of other activities or needs.
- Finance was also cited as a cost for eating healthily for a minority of interviewees. Those on fixed budgets argued that it was cheaper to buy processed food from supermarkets such as Iceland than it was to cook from scratch, especially when the former offered 2 for 1 deals.
- 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.
- 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 make this sacrifice.
- A few interviewees seemed to be concerned that if they changed their lifestyle to a healthier one, they would somehow lose their identity: this was who they were and they did not want to change.

[6] For more information on social marketing see www.nsmcentre.org.uk

- For some interviewees, the fear of failure or lack of self confidence meant that they were not prepared to attempt to make changes: *'For some reason it's like your mind is telling you yes you need to do this, but then again there's a part of your mind where your heart is saying you can't do it.'*

3.2 Competition

During the interviews it became clear that the men had a very fixed self view, which often prevented them from making positive changes in their lives regarding their health. This self view was made up of a number of different aspects, depending on the individual, for example:

3.2.1 Short life expectancy

- Many of the interviewees in their forties and fifties believed that they would not live much beyond the age of sixty. They therefore felt that it was pointless doing anything to improve their health for the long-term: *'As you're getting older you think it's a waste of time, do you know what I mean? At 53, you might be dead before you're 60.'*

3.2.2 Low aspirations regarding their life

- Many of the interviewees had very low aspirations regarding the future and so lacked any motivation to make positive changes. These interviewees tended to be socially isolated.
- Others seemed to have resigned themselves to being a certain way eg overweight, addicted to smoking or feeling unfit. These interviewees perceived the goal of being healthy to be far beyond them and so were not motivated to even begin the journey: *'It's just getting motivated to go out and do it. There's loads of people round here just can't be arsed doing it. People my age can't do it; when I was younger I'd have done it. What's the point of getting fit now?'*
- There were also a few individuals who were quite happy with their lifestyle, even though it may be considered unhealthy by health professionals. These interviewees simply did not want to change, regardless of any perceived health risk in the future.

3.2.3 Specific life events

- This could be an illness (either physical or mental), an injury, a relationship break-up, or redundancy. This event was used as a way of avoiding any future change; for example, they could not exercise because they broke their leg ten years ago or they had little money as they were not working, or they lacked motivation to do anything new because of the effects of a marital breakdown. *'I've found since losing my wife I've lost interest in a lot of things and I'm finding it hard to get my head round anything….' '… I think the boredom (of being unemployed), that's what makes me drink and smoke.'*

3.2.4 Acceptable vices

- Quite a few interviewees had had problems with alcohol when they were younger and had successfully stopped drinking. Their view seemed to be that they had 'done their bit' for their health and could not expect themselves to give up smoking, or take up more exercise or have a better diet as well; ie there was an acceptable amount of unhealthy living, one could not do everything: *'The only vices I think I have are smoking and eating. You've got to have some haven't you?'*
- Those who smoked generally cited giving up smoking as the one thing they could do to improve their health. It appeared to the interviewers that this was often used as a convenient answer; ie smoking was a recognisable addiction and was perceived to be outside of their locus of control: *'I would love to give up. Nobody in this day and age can say cigarettes are great, everybody knows the downside, everybody knows they're bad for you, but I'm addicted to them and I take them for stressful occasions, I'm in a routine with them, but I don't like them at the same time. I don't know, it's hard.'*

3.2.5 Dislike of authority

- Many of the interviewees had a strong dislike of authority, often due to previous life experiences. As a result, they tended to react badly to any situation where they felt they were being lectured to, or told to behave in a certain way. Advice from health professionals around exercise or diet could easily fall into this category.

In addition, the following issues competed with the idea of healthy living for the men.

- A few of the interviewees had been made redundant during the past year. Not only did this mean that they had limited financial resources (and so had a bona fide reason not to go the gym for example) but being made redundant had also dented their confidence and meant that they lacked motivation to take control of their lives: *'At the moment I'm unemployed, I was laid off from Boot's in Nottingham back in January and I just slouch at home a lot, watching a lot of TV, I smoke, I drink, so I could definitely do with a lot more exercise, but I don't feel the motivation for it at the moment with feeling older and I get more aches and pains. '*
- The majority of those interviewees who were in paid employment worked in manual roles (eg as a kitchen porter or factory worker). As a result, individuals had to work very long hours, often including night shifts, in order to earn enough money to support themselves. This lifestyle impacted on their diet, as they tended to eat convenience food as it was quick and easy, and also on their ability to exercise as all they wanted to do when they came home from work was relax with their family or friends: *'…the hours I was on was six till six, twelve hour shifts and by the time you get home you're knackered, it was a long*

day and you haven't got time to worry so by the time you've had your dinner, had your shower, you're knackered. You've got to be up again for five. When you're working a lot you haven't got time to do anything.'

- Linked with this was the popular perception that, as interviewees had very physical jobs, they gained enough exercise during their working day without having to do anything additional: *'I work in kitchens when I can get a job and I'm always on the move, I'm always picking potatoes up, other things, carrots, and I do my weightlifting. So that's the way I look at it, I'm doing my exercise, I'm doing my weightlifting….'*
- A few interviewees had only recently moved into permanent housing after a period of homelessness. Their focus was on creating some kind of routine in their life; getting fit or eating healthily were therefore low on their list of priorities: *'I mean, I've had a bit of difficulty, a rough patch the last three or four years. I've been homeless, I've just got myself back into a permanent address, albeit just a room I'm renting, multiple occupancy, but I'm getting myself back up now. I'm doing a plumbing course, but I haven't been able to get myself back into work, the kind of regime where I can do something to keep fit.'*
- Those interviewees with partners and children felt a keen sense of responsibility for their home life. Regular exercise was seen as something that took them away from the home; it was not viewed as an activity that could be done with family members: *'I don't know, I think it was work and having children, I think it was having my second child, a daughter and it just slowed me down a lot and that was it, I needed to work, I needed to be there for the kids and the play time was over with.'* This view was particularly strong within the Asian men's focus group.

4 Recommendations

The following recommendations are based on dh insight's interpretation of the research findings. We are aware that not all the recommendations may be achievable for NHS Nottingham City due to financial issues, resource constraints or factors of which we are unaware. In addition, some recommendations may already be employed by NHS Nottingham City without our knowledge. Our intention is therefore to provide practical ideas for NHS Nottingham City that may be used as discussion points for further reflection and action as appropriate.

4.1 Benefits of Changing Behaviour

Based on the research 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 what men can do to feel better in the here and now rather than to increase their lifespan.
- 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 ie that it is worthwhile taking even very small steps towards a healthier lifestyle.
- Focus on activities or behaviour that can be incorporated into existing lifestyles ie showing an awareness of men's existing responsibilities and not expecting them to radically change the way they live.
- Focus on family-friendly activities as well as targeting individuals ie illustrating how healthy-living can be something the whole family does rather than just focusing on men's health.

4.2 Communication of Services

The findings highlighted the importance of communicating the range of services that are available to the target group, as well as communicating the benefits of a healthier lifestyle. The challenge for NHS Nottingham City is how to achieve this in a way that is effective ie that men over forty will respond to rather than ignore.

- Ensure that the language and tone of voice used in communications is engaging and informal, not patronising.
- Focus messages on the idea of feeling better today, both physically and mentally, rather than on living longer.

- Emphasise any activities that are free or low-cost, in order to combat the perception that being healthy costs money.

4.3 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. Those conducting the calls therefore need to be able to spend time listening to clients and providing information or suggesting services that relate specifically to their needs rather than having a standard, 'one size fits all' approach.

The research suggests a GP referral to the lifestyle referral hub would be effective for those who are happy to visit their GP (though visits are likely to be infrequent and only when there is a health concern). The challenge, however, is to find a way of reaching those men who rarely, if ever, go to their GP:

- Leaflets may still have a place in the marketing mix, as long as they are easy to read with clear calls to action.
- Leaflets could be distributed in the following places, which were frequented by interviewees:
    - Local shops
    - Job Centre Plus
    - Local pubs
    - Local primary schools
- Posters may be useful in terms of raising the profile of specific activities or suggesting easy ways to be more active etc. The research suggests that they are unlikely to be effective as a way of encouraging men to ring the lifestyle referral hub directly.
- Use local media to advertise the referral hub and/or activities, as older interviewees tended to be regular listeners/readers eg:
    - Radio Nottingham
    - Nottingham Post
- Use community centres such as the Pakistan Centre to reach men from Asian communities. Although there was only one focus group held with Asian men, there seemed to be a stark contrast between the sense of community that the Asian men had and the lack of any real community for the White British and African Caribbean interviewees.

4.4 Link with professional sports team

The findings suggest that linking activities with a local professional sports team would have limited impact on the target audience's propensity to take part in activities. We therefore suggest that this approach is tested with different audiences before a decision is taken to pursue it further.

4.5 General issues to do with classes or organised activities

- Ensure that classes/activities are held in local venues and advertised for that area. The research illustrated that men are more likely to attend if something is on their doorstep or at the most a bus ride away.
- If possible, make sure that classes/activities are offered at different times of the day/week. The research highlighted that men who are not working prefer to attend classes during the day in the week, whereas those who are working prefer day-time on Saturdays or weekday evenings.
- Concentrate on advertising the enjoyment aspect of classes/activities rather than just the health benefits. The research showed that men could easily be put off anything that focused too much on diet, or health, or self improvement.
- Develop activities that can be attended by family groups and/or men and their partners. The research highlighted that many men wanted to spend their free time with their children and/or partners rather than on their own.
- Focus on one off activities or drop-in sessions rather than forcing individuals to commit to an ongoing course. The research showed that men were wary of making a commitment to a course and preferred the idea of trying something out and then going back if they liked it.
- Advertise events close to the date rather than expecting individuals to plan far in advance. Research showed that interviewees preferred to be asked to attend something that week, rather than, say, the following month.
- If possible, concentrate on personal invitations and follow up calls reminding individuals about forthcoming activities. The interviewees commented that the approach taken by the recruiter had been particularly effective in ensuring that they had actually attended their interview; ie a face to face invitation and then a 'phone call on the day.

4.6 Cookery Classes

- Advertise classes using the following hooks:
    - How to make tasty food;
    - How to cook a Sunday roast that is good for you;
    - How to save money and still cook tasty food;
    - How to make your own 'fast' food;
    - How buying fresh food can save you money;
    - Link in with television programmes such as Master Chef.
- Avoid words such as 'healthy' or 'diet'.

- Focus on developing existing cooking skills rather than on teaching people how to cook. The research found that many men reacted badly to any suggestion that they might need to learn how to cook, as they felt they already had this skill.
- Encourage couples to attend together. The research showed that those men living with female partners tended to either let their partners cook for them, or were not encouraged to cook themselves. The likelihood of them attending a cookery class on their own was therefore slim as they would not be allowed to take over the cooking at home.
- Include family sessions. As stated previously, many interviewees were interested in activities that they could attend with their children rather than on their own.
- The findings suggest that Internet-based cookery courses may not be particularly effective for this target audience.

4.7 Weight Management Classes

- As the research suggested that only a minority of interviewees were put off by the name 'Slimming World', there does not seem to be a need to change the name to something more obviously masculine.
- Where possible, offer a range of times and days for classes so that men can attend when it suits them.
- Link weight loss with familiar terms such as *'how to lose your beer belly'* and being able to walk to the shops without losing breath etc rather than using traditional dieting vocabulary.
- Ensure that marketing materials highlight that classes are not just for people who are obese and that losing a relatively small amount of weight can still make a difference to someone's life.
- Highlight that 'returnees' are welcome; ie if someone has been in the past there would be no sense of them having failed.

4.8 Exercise Activities

- Develop activities that individuals can do on their own, in their own time and at their own pace eg maps for cycle rides or walks that start in specific localities. The research suggested that many men lacked confidence in terms of their own abilities, which would deter them from taking part in organised activities.
- Encourage friends to attend activities together. There was a general acceptance amongst interviewees that they were more likely to stick at something if they had the encouragement of friends or family members.

- Illustrate how families can exercise together eg walks in the park, swimming, cycle rides in the park. As stated previously, family activities were popular with interviewees.
- Find ways to illustrate how day to day activities can help you feel fitter for example:
    - Walking at a brisk pace so that your heart rate goes up;
    - Gardening;
    - Using the stairs instead of the lift.
- Run gym sessions for men who are over forty and who want to start some gentle training in a relaxed friendly environment. Many interviewees were concerned about the idea of injuring themselves or causing more harm than good by exercising inappropriately.
- Advertise sessions at outdoor gyms where a trainer would be in attendance.
- Target men who have enjoyed martial arts when they were younger, by encouraging them to attend Tai Chi classes or other low impact martial arts classes.
- Run 5-a-side football sessions for men in their forties. The research suggested that interviewees in their forties often missed the competitive element of playing a game of football, but were no longer fit enough to compete with youngsters.
- Run local sessions for people with chronic illnesses, such as Diabetes, that show individuals how they can exercise safely. A couple of interviewees were aware that these sessions were available but argued that they needed them to be local rather than the other side of the city.

4.9 New Leaf

- Highlight the supportive element of New Leaf. The research suggested that New Leaf was generally seen purely as somewhere to access nicotine replacement therapy, which many interviewees were wary of.
- In marketing materials, stress the fact that individuals can return to New Leaf if they have gone back to smoking. The research suggested that those who had been to New Leaf in the past and who had been unable to stop smoking long-term felt that they had failed, which in turn reinforced their belief that there was no point in trying to change their habits.
- Counteract urban myths about the impact of nicotine patches and gum eg that it is more addictive than cigarettes and that it causes people to come out in rashes.

- Highlight that there may be alternative ways of giving up ie if patches did not work, then New Leaf may be able to suggest another method.
- Emphasise that the service is free.

4.10 Target Participants

The research has shown that that there are some men living in the CVD priority areas who are highly unlikely to change their behaviour or take part in activities to improve their ongoing health. 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:

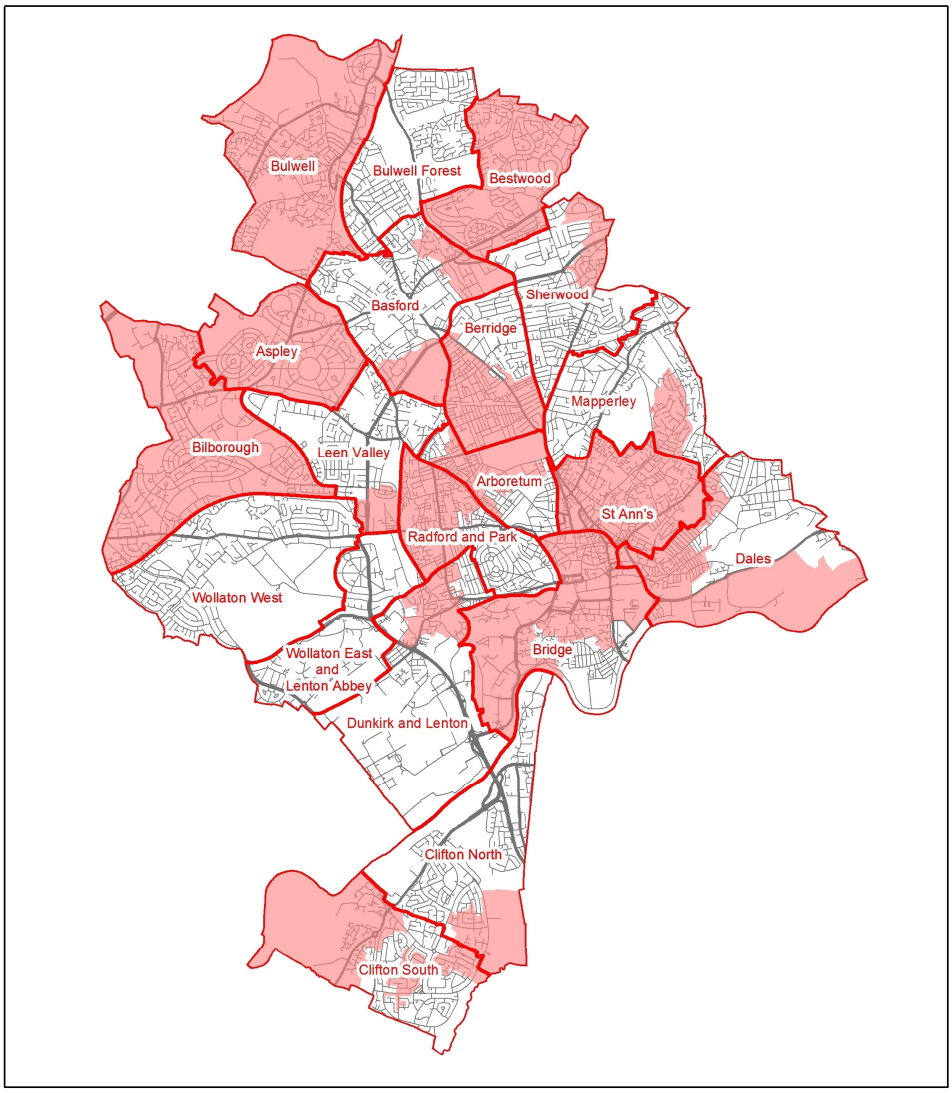
- Men who were active in their twenties and thirties. These men know what it is enjoy exercise and feel fitter and so may be more inclined to take part in new activities given some encouragement.
- Men who have recently been made redundant. Common themes amongst those interviewees who had recently been made redundant were a lack of confidence and low self-esteem. Encouraging this cohort to take part in activities that were free or inexpensive is likely to impact positively on their current and future health.
- Men who are long-term unemployed. Key themes amongst those interviewees who were long-term unemployed were boredom and social isolation. Although this may be more resource-intensive, the long-term impact of successful engagement with this cohort may be profound.

4.11 Conclusion

The above recommendations suggest ways that NHS Nottingham City might develop its services specifically for men over the age of 40 who are at risk of CVD, based on the interviews with a sample of men from the priority areas of Nottingham. It is important to acknowledge, however, 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. Throughout the interviews it was clear that individuals reacted very positively to the personal touch; ie feeling that someone was interested in them, prepared to listen to their story and find a way forward that was congruent with their situation. 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.

Appendix One: CVD Priority Areas in Nottingham



Title: **Target Areas for CVD Health Improvement Activity (revised 2008)**

Key

CVD Target Areas

Wards

Map produced on: 15/05/08

Map produced by: AB
GIS Team

Nottingham City Council

Environment and Regeneration

N

Scale 1:70,000

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Nottingham City Council 100019317. 2008. S:\Community Safety\Projects\0085\cvd.mxd

Appendix Two: Recruitment Screener for Target Individuals

Aim

The purpose of the research is to gain in-depth qualitative feedback from men over 40 years of age, living in target areas of Nottingham city, regarding their perceptions of their own health and barriers to accessing NHS services around healthy living.

Style of Questioning

The screener will be used when approaching individuals on the street or in community centres.

dh insight will employ an agency to conduct the recruitment. The agency, Feedback, is also a member of the MRS and abides by their guidelines. Feedback may alter the structure of the screener so that it is more user friendly, but the content will stay the same.

The above is in keeping with MRS guidelines and codes of conduct for qualitative research.

Introduction

Introductory spiel from Feedback and assurance of nature of the project and screener.

Age

- Under 21 – routed out
- 21-30 – routed out
- 31-39 – routed out
- 40-50
- 51-60
- 61-74

Location Do you live in any of these areas of Nottingham?

- Bulwell
- Aspley, Strelley, Bilborough
- Clifton
- St Ann's
- Sneinton
- Radford, Lenton, Forest Fields, Arboretum
- No – routed out

Physical activity Do you exercise for half an hour or more?

- Three times a week or more – routed out
- Once or twice a week – routed out
- Once a fortnight – routed out
- Once a month
- Rarely
- Never

Potential interviewees must respond to **two** or more of the following categories by answering in the right hand column to be accepted:

Weight loss Do you know how much you should weigh for your height? Do you think you would benefit from losing weight?

NB Interviewer can make a judgement and not ask this question – to be discussed further with Feedback

• No, fine as I am	• Yes, maybe a few pounds • Yes

Healthy eating Do you eat healthily? ie healthy eating means fresh fruit and vegetables (5 a day), low salt, low fat etc.

• Yes	• I try but am not always successful • No

Smoking status Do you smoke?

• No/never	• Occasionally • Yes

Alcohol consumption Do you drink alcohol?

• No • Infrequently • A couple of times a week	• Every day • Most days of the week

Appendix Three: Discussion Guide for Sessions with Target Individuals

Aim

The purpose of the research is to gain in-depth qualitative feedback from men over 40 years of age, living in target areas of Nottingham city, regarding their perceptions of their own health and barriers to accessing NHS services around health living.

Style of Questioning

The discussion guide aims to provide the shape of the questioning and the types of prompts that the interviewer will use throughout the discussion. Qualitative research does not (nor should it) aim to rigorously adhere to all of the questions as this would prevent free-flowing conversation. The following discussion guide should therefore be seen as illustrating the general areas of questioning for the interviews.

All participants will be informed about the confidentiality of their responses. No comments will be attributed to any one named individual and all information made available to the client (verbatim comments etc) will be anonymised before information is sent.

Permission will be gained to record the interview using an IC recorder.

The above is in keeping with MRS guidelines and codes of conduct for qualitative research.

Introduction

Explanation of the research, confidentiality etc.

How do you feel now compared to ten years ago – physically, health-wise, mentally?

How happy are you with the way you feel? Is there anything that you would like to change/improve about your life?

Exercise

Do you take any exercise at all? If so, what kind and how often? If not, any particular reason why not? Have you been more active in the past? If so, what has changed?

How would you feel about doing more exercise? What puts you off? What might encourage you do to more? What type of activity/exercise do you think you would enjoy (if any)? How would you feel about doing some kind of group activity? Or would you prefer to do something on your own or with friends? Do you know anyone else who exercises regularly?

(Introduce the physical activity referral service, ridewise cycling training etc) Do any of these appeal to you? Why, why not? If you went along – when would be the best time of the week for you? Where would be a good place for you to do this? How do you think it would run? Who else would be there? Would linking with local sports clubs or personalities/professionals encourage you?

Diet

What types of food do you eat? Do you cook at all? If not, any particular reason why not? What do you think would be a 'healthy' diet? What puts you off cooking and/or eating more healthily? How would you feel about actually learning more about food/diet? Would you be prepared to go along to a cooking group? Why, why not?

(Introduce the cook and eat healthy eating courses) Do these appeal to you? Why, why not? If you went along – when would be the best time of the week for you? Where would be a good place for you to do this? How do you think it would run? Who else would be there? Again using sport or something else to appeal to men? Computer or internet based?

Weight management

Has your weight/body/physique changed in the last 10+ years? How? And how do you feel about that?

What do you think of weight loss programmes ie diets etc? Have you ever tried to lose weight? If yes, how did you go about it? How successful was it? If no, any reason why not?

How would you feel now about the idea of getting some help with losing weight? What would you feel okay doing? How would you feel about going to some kind of weight management class? What would put you off? What might make it easier for you to go along?

(Introduce the Slimming World service) Does this appeal to you? Why, why not? If you went along – when would be the best time of the week for you? Where would be a good place for you to do this? How do you think it would run? Who else would be there? Use of sport again?

General health issues

If you were concerned about your health, who would you talk to? Your partner (if applicable)? Your children (if applicable)? Your friends? Your GP? No-one? Who are you most likely to take advice from/take notice of what they say?

(Explain the Lifestyle Referral Hub) How would you feel if someone rang you to talk to you about your health and to tell you about schemes that could support you to be healthier?

If you heard/read/saw information on the Hub, how likely would you be to ring the number yourself? Why/why not?

If you had to make one change in your life to make yourself healthier, what do you think you would be able to do?