Making public health everybody's business

Ipsos MORI Public Health
September 2013

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Introduction

- The new arrangements in public health bring opportunity whilst also presenting fresh challenges: public health practitioners must adapt to a politicised environment; councils are under greater scrutiny to deliver against public health outcomes in an age of data transparency; and public money must continue to be targeted where it will be most effective – in consultation with local partners and the general public.

- A strong local evidence base will be essential for shaping local decision-making in this new context, and for understanding how best to target interventions and measure success (or failure) against key outcomes.

- As a leading provider of research to the local government and health sectors, we are keen to support local authorities and their partners in understanding their local communities. This short slidepack sets out a selection of Ipsos MORI's public health research, looking at the specific areas of behaviour change, outcome measurement, local area profiling and community engagement.

- We hope it will be of interest and use to public health professionals working at the local level. Please feel free to share it with colleagues and partners.

- For further information please email Louise Park on louise.park@ipsos.com or telephone 020 7347 3315.

1. Understanding behaviour

Understanding behaviour

The need to encourage and support behaviour change lies at the crux of health promotion.

This requires an understanding of:
- Why individuals do or don't perform certain behaviours
- How and why people make the decisions they do
- How to design, assess and improve interventions that seek to change behaviour

Ethnography: The need to observe behaviour as well as ask about it

- Participant observation in the form of ethnography is growing in popularity as a way to unpick what people *actually* do in comparison to their *reported* behaviour
- Researchers from our award-winning *Ethnography Centre of Excellence* spend extended periods of time in the subject's environment, observing actual behaviour
- Each ethnographic interview is filmed and analysed for: rational responses and ideas; emotional and behavioural patterns; content and nature of the relationships in the environment; and conscious and unconscious cultural impacts
- It is usually conducted on a smaller scale to traditional qualitative methods, but provides unrivalled depth

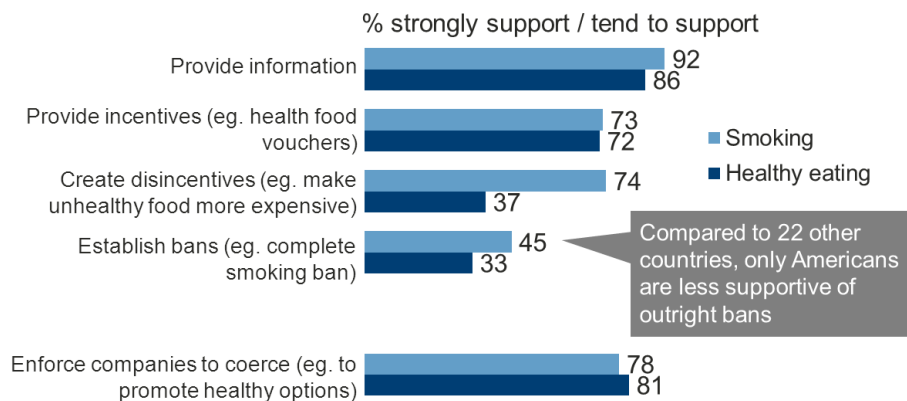**Behavioural research: Understanding behaviour in context**

- Our *Behavioural Research Group* is experienced in applying behavioural science to research problems. We collect and analyse data in order to understand the drivers, enablers and barriers of target behaviours, and we recommend, design and refine interventions intended to change these behaviours
- The basis of our approach is 'The Behaviour Change Wheel,' a framework designed by academics that synthesises 19 earlier behavioural frameworks, including MINDSPACE[1]
- At the heart of the Behaviour Change Wheel is the 'COM-B' model, which identifies three fundamental factors of any behaviour: Capability, Opportunity and Motivation
- This approach enables us to develop theory-based recommendations for ways of improving or changing behaviours: the behavioural factors identified through the research can be linked to nine intervention functions, each underpinned by a variety of behaviour change techniques
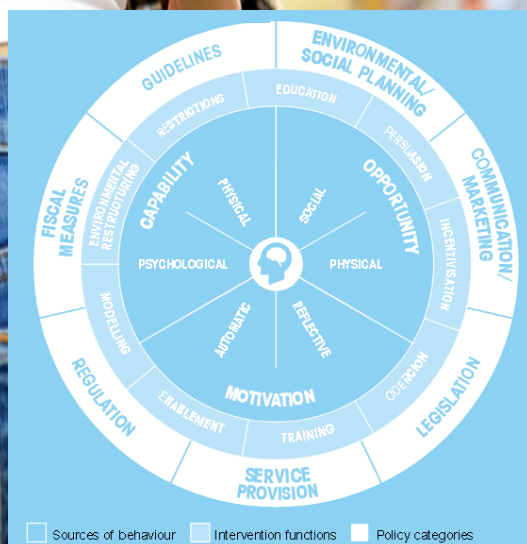
Understanding behaviour: what the data tell us

Support for behavioural interventions

Now thinking about smoking/what people choose to eat: What, if anything, do you think government should do?

% strongly support / tend to support

Intervention	Smoking	Healthy eating
Provide information	92	86
Provide incentives (eg. health food vouchers)	73	72
Create disincentives (eg. make unhealthy food more expensive)	74	37
Establish bans (eg. complete smoking ban)	45	33
Enforce companies to coerce (eg. to promote healthy options)	78	81

■ Smoking
■ Healthy eating

Compared to 22 other countries, only Americans are less supportive of outright bans

Base: 1,014 UK residents aged 16-64, November 2010   Source: Ipsos MORI Global @dvisor
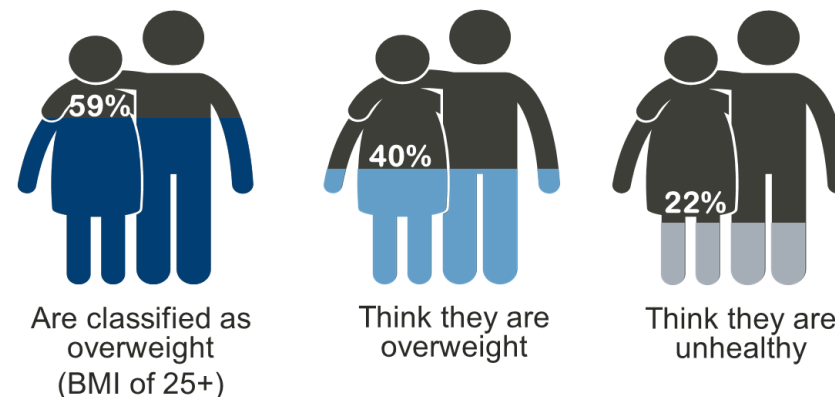
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Individuals often perceive themselves to be healthy – addressing these misperceptions is an essential early step in encouraging positive behaviour change.

Our data shows that the more authoritarian the intervention in lifestyle choices, the less supportive the public are of it – particularly so in relation to food.

Dealing with misperceptions

59% Are classified as overweight (BMI of 25+)

40% Think they are overweight

22% Think they are unhealthy

Base: 2,001 UK residents aged 16+, April 2011   Source: Ipsos MORI/ Bupa

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Understanding behaviour: case studies

Exploring youth street-drinking

NHS Tower Hamlets

Aims: To gain insight into street-drinking amongst young people in Tower Hamlets: to explore *who* is drinking on the streets and to understand *why* they choose to do so.

Approach: Taking an ethnographic approach, we interviewed and observed six groups of friends who drink on the streets and asked them to guide us through life where they live and their drinking behaviours. This was followed by a discussion group reconvening participants from the ethnography to discuss the findings. Participants included a mix of boys and girls aged 14-19 years old from various ethnic backgrounds; reflecting the make-up of Tower Hamlets. The ethnography was supplemented by a literature review, police shadowing to provide contextual understanding, and depth interviews with various stakeholders.

Impact: Identifying the driving factors behind, and the dynamics of, street-drinking helped inform Tower Hamlets' development of interventions aimed at reducing the incidence of youth street-drinking, and enhancing usage and perceptions of youth services in the area.

Ipsos ece ethnography centre of excellence

See an example ethnographic film on youth risk behaviours
https://vimeo.com/44441158

Password: ipsosmori

Using peer research to understand the behavioural drivers behind cervical screening

NHS Tower Hamlets

Aims: To provide insight into why women do, and do not, take up cervical screening and to identify what could be done to increase the uptake in the borough, particularly for women aged 25-29.

Approach: Peer interviewers were used to understand the cultural barriers facing three key populations in Tower Hamlets (white British women, Bangladeshi women and Somali women). After recruiting and training 15 peer researchers, these individuals spoke to 82 women in their communities. This was supplemented by ethnographic research, an extensive phase of secondary research, and depth interviews with key stakeholders such as GPs.

Impact: The research was used to inform Tower Hamlets' social marketing intervention efforts around cervical screening.

2. Measuring outcomes and evaluating interventions

Measuring outcomes and evaluating interventions

There is a push for greater transparency around performance data and for making data accessible to the general public and interested parties.

Alongside this, the current age of austerity means evidence-led decisions are more important than ever.

Measuring effectiveness: Using robust data to inform your work

- We operate one of the largest data collection and processing facilities in the UK, operating across four sites
- Utilising a range of research methodologies – quantitative and qualitative – we engage with residents, service users and stakeholders about a range of local issues relating to local public services, well-being and public health
- Our in-house *Research Methods Centre* are experts in complex methodological design, and through advanced statistical analyses using techniques such as regression and segmentation we are better able to understand what drives particular views or behaviours
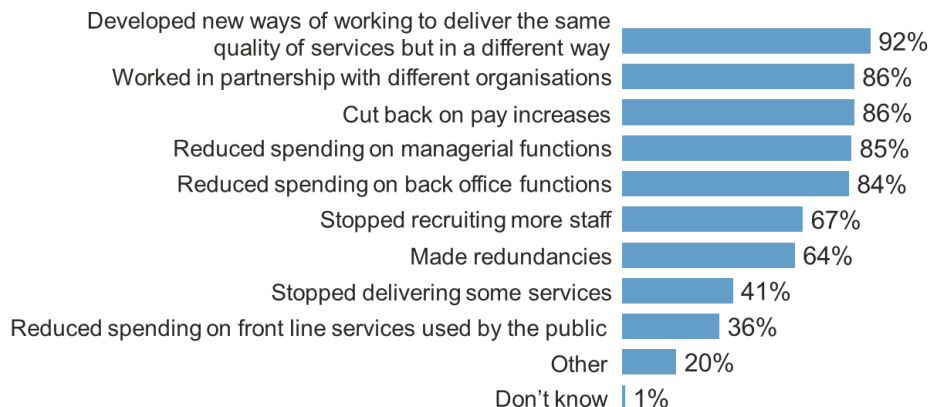
Evaluation: Assessing the effectiveness of interventions and service design/delivery

- We have a dedicated *Policy and Evaluation Unit* consisting of evaluation professionals, economists and policy experts. They work to:
  - assess the process effectiveness and impact of interventions during/after delivery
  - understand whether interventions are delivering value for money
  - learn about what works, what doesn't work and why this is the case

Measuring outcomes and evaluating interventions: what the data tell us

Organisational savings

Which of the following, if any, has your organisation done to make savings?

Developed new ways of working to deliver the same quality of services but in a different way	92%
Worked in partnership with different organisations	86%
Cut back on pay increases	86%
Reduced spending on managerial functions	85%
Reduced spending on back office functions	84%
Stopped recruiting more staff	67%
Made redundancies	64%
Stopped delivering some services	41%
Reduced spending on front line services used by the public	36%
Other	20%
Don't know	1%

Base: 200 public sector leaders in Central govt, Local govt, NHS and Education, February 2013   Source: Ipsos MORI
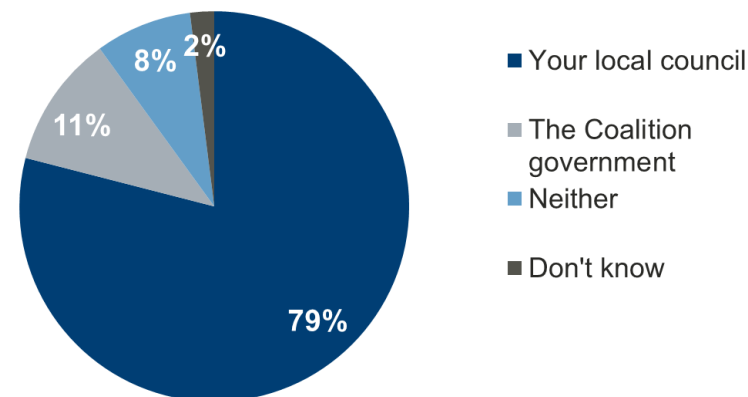
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The strain of budget cuts is clearly evident through our research with public sector leaders. As a consequence, organisations are having to find new ways to deliver services, as well as cut spending.

Local decision-making

Who do you trust most to make decisions about how services are provided in your local area?

- Your local council — 79%
- The Coalition government — 11%
- Neither — 8%
- Don't know — 2%

Base: 1,015 British adults 18+, January 2013   Source: Ipsos MORI/ NLGN

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The public recognise that decisions concerning service design and delivery are best made at the local level, rather than by Whitehall.

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Measuring outcomes and evaluating interventions: case studies

Evaluating NHS Health Check pilot scheme

NHS East of England

Aims: To conduct an outcome and process evaluation of the 'Improving healthy lifestyles' pilot scheme. This scheme was implemented by NHS Bedfordshire and NHS Great Yarmouth and Waveney (working with NHS East of England) using NHS Health Checks as the contact point at which to identify people who would benefit from a lifestyle behaviour intervention, provide brief advice and refer them to appropriate lifestyle intervention services.

Approach: The outcome evaluation comprised 1,425 telephone interviews with patients aged 40-74 who had received an NHS Health Check at either of the pilot sites. The interviews investigated the outcomes of the NHS Health Checks and the use of any follow-up services. The evaluation also involved in-depth telephone interviews with 36 patients and 19 staff to provide a perspective on the scheme in the round. The staff interviewed included SHA and PCT management, GPs, practice managers, healthcare assistants, practice nurses, health trainers and stop-smoking advisors.

Impact: The pilot evaluation provided an understanding of where improvements to the programme could be made. This was crucial to strengthening and streamlining a wider implementation of the programme.

Tracking of key performance indicators (KPIs)

drinkaware

Aims: On-going research to track Drinkaware's performance against its long-term organisational objectives. These objectives include a commitment to raise awareness of the risks associated with excessive alcohol consumption and to promote responsible drinking behaviour.

Approach: The research focuses on Drinkaware's three target audiences: young people aged 10 to 17 and their parents, young adults aged 18 to 24, and adults aged 25 to 44. The research is conducted online with 500 respondents from each of the audiences every quarter. The sample is drawn from our online panel of pre-recruited individuals, allowing surveys to be suitably targeted and ensuring the spread of respondents is nationally representative.

With Drinkaware's organisational objectives focusing on long-term changes in public behaviour, the questionnaires are designed to measure the intermediary steps in the process of behaviour change. The regular fieldwork gives Drinkaware the flexibility to collect timely data on unforeseen events such as news stories on alcohol issues.

Impact: The KPI tracker provides an ongoing evaluation of Drinkaware's efforts to elicit behaviour change among their core target audiences. The research is used to shape the strategies employed by Drinkaware's campaign managers and communications team.

3. Local area profiling and data gathering

Local area profiling and data gathering

Understanding your local community is crucial

- Where are the gaps in service provision? What are the barriers and enablers to service uptake? What do local health behaviours look like? How does your local population differ demographically and geographically?

- Some of this information is readily available through existing data sources. These can, however, lack granularity and can often be based on synthetic estimates, meaning gaps in knowledge still exist

- We have been working with councils and their health partners to help plug this knowledge gap and improve insight into local populations

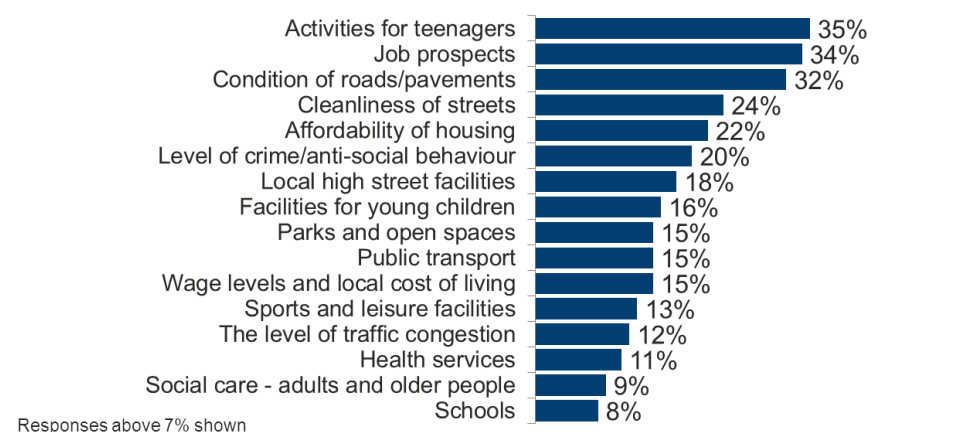**Wider polling and benchmarking**

- At the national level our wider polling, such as our *Local Improvement Index* and cross-sector *Trends and Futures* work, offers useful context for identifying key insights and emerging trends to support our clients in understanding new and emerging public behaviours

- Furthermore, our local government and public health 'norms' provide invaluable benchmarking data to better understand your performance relative to other local areas

Local area profiling and data gathering: what the data tell us

Local area improvements

Thinking about this local area, which four or five of the things on the card, if any, do you think most need improving?
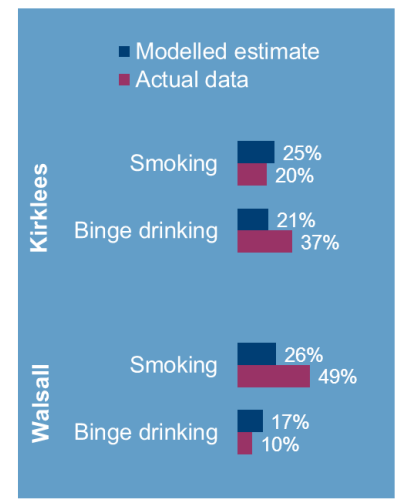
Activities for teenagers	35%
Job prospects	34%
Condition of roads/pavements	32%
Cleanliness of streets	24%
Affordability of housing	22%
Level of crime/anti-social behaviour	20%
Local high street facilities	18%
Facilities for young children	16%
Parks and open spaces	15%
Public transport	15%
Wage levels and local cost of living	15%
Sports and leisure facilities	13%
The level of traffic congestion	12%
Health services	11%
Social care - adults and older people	9%
Schools	8%

Responses above 7% shown

Base: 986 British adults 15+, June 2012   Source: Ipsos MORI/ Local Improvement Index

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Our national polling shows there are a range of issues which affect local people's quality of life and where continued investment is seen as important.

Our comparison of modelled vs. actual data shows how the *expected* prevalence of behaviours and values does not always account for attitudes and services specific to local areas. This demonstrates the importance of collecting data at a local level to accurately inform spending decisions.

The pitfalls of modelled data

■ Modelled estimate
■ Actual data

Kirklees
- Smoking: 25% / 20%
- Binge drinking: 21% / 37%

Walsall
- Smoking: 26% / 49%
- Binge drinking: 17% / 10%

Modelled data (using synthetic estimates) can show a marked difference from actual data.

Whilst modelled data shows the *expected* prevalence of behaviours/values in the local area (applying local demographic and economic factors to national datasets), it cannot take into account *actual* attitudes or services specific to that local area.

Notes:
- Smoking is defined as smoking every day or occasionally
- Binge drinking is defined as consuming 8+ (if male and 6+ if female) units of alcohol on a single day
- The modelled estimates are taken from NESS, based on 2003-2005 Health Survey for England data
- The Kirklees data are based on 21,535 responses from adults aged 16+ surveyed by Ipsos MORI in 2008
- The Walsall data are based on 3,244 responses from adults aged 16+ surveyed by Ipsos MORI in 2012

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Local area profiling and data gathering: case studies

Developing a local evidence base

Aims: To monitor changes in prevalence, attitudes and behaviours in relation to health and wellbeing across Kirklees' communities.

Approach: A postal self-completion survey was sent to 55,000 randomly selected households across the area. 12,590 responses were received. The questionnaire was designed to gather data about health and lifestyles (including Healthy Foundations segments, WEMWBS, EQ5D, ONS Subjective Wellbeing).

Impact: The data are used extensively in Kirklees to plan and monitor public health initiatives and to understand what motivates people to change behaviours. Kirklees has been able to use the Healthy Foundations data as a compelling way to engage with providers, commissioners and Joint Health and Wellbeing Boards about tackling health inequalities and improving population health outcomes.

Engaging communities about future priorities

Aims: To engage local communities in the development of Waltham Forest Council's Sustainable Community Strategy, including priorities for improving the borough and residents' quality of life.

Approach: A deliberative method was used, allowing participants to explore the issues in depth and arrive at an informed opinion that could guide Waltham Forest's decision making process. Four deliberative events were held with 100 members of the general public in total. This was supplemented with six mini-groups held with migrant workers from Poland, Lithuania and South Africa. An expert panel workshop was held with people having a special interest, or expertise, relevant to the borough's future planning.

Impact: Among other things, the research identified local residents' concerns over the high number of fast food outlets in the borough and the impact that this had on the cleanliness of the local area and residents' health. As a result, Waltham Forest became the first local authority in the UK to ban fast food outlets from opening within 400 metres of schools, leisure centres and parks. Since the scheme was established, 15 other local authorities have contacted Waltham Forest for advice on how their initiative works.

Understanding social capital in diverse urban areas

Aims: To understand levels of social capital amongst adults and young people living in Camden; a diverse London borough with large pockets of deprivation.
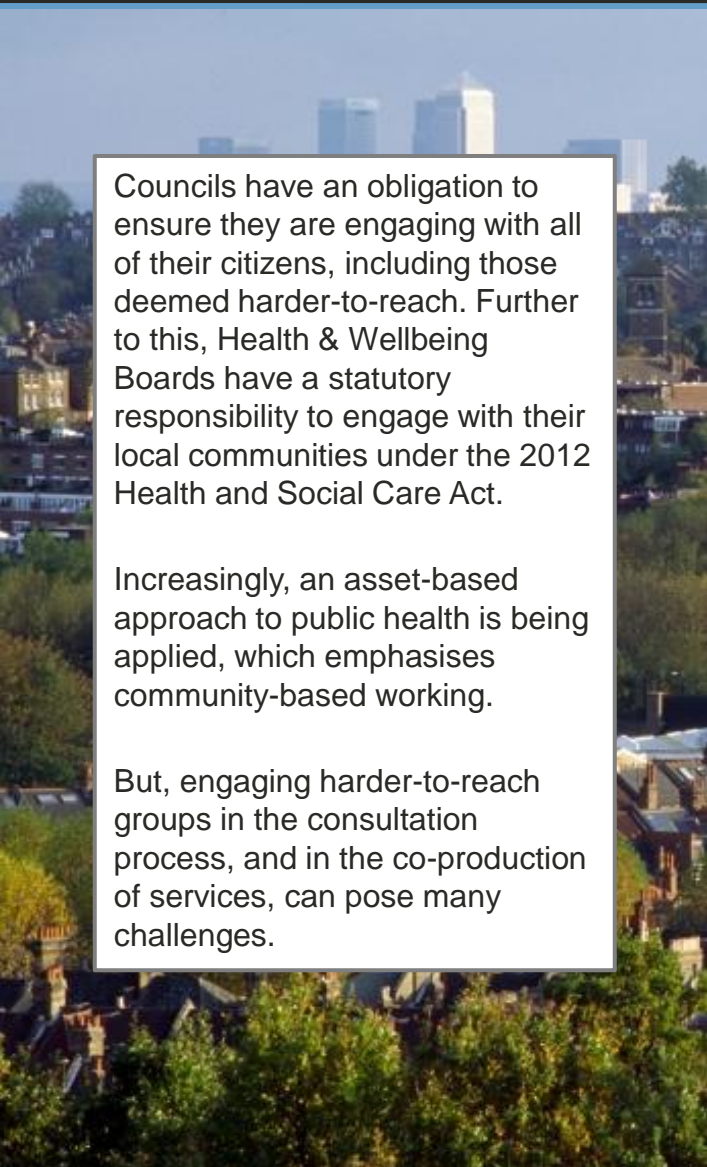
Approach: The research consisted of a face-to-face survey carried out with a demographically representative sample of 1,215 Camden residents aged 18+, and a booster survey with 252 young people aged 13-17, ensuring an equal number of interviews were conducted across all 18 of Camden's wards to allow comparisons to be made across the borough. Using Structural Equation Modelling and Key Drivers Analysis, Ipsos MORI developed a model to show which factors of social capital are most important to making somewhere a good or cohesive place to live.

Impact: The research meant Camden Council could measure how they were progressing in relation to corporate commitments around improving quality of life and inequality in the borough. It also informed their future work programme. The data modelling enabled the council to establish where efforts and resources could be best focused in order to improve the borough for the benefit of its communities.

4. Engaging harder-to-reach groups

Engaging harder-to-reach groups

Councils have an obligation to ensure they are engaging with all of their citizens, including those deemed harder-to-reach. Further to this, Health & Wellbeing Boards have a statutory responsibility to engage with their local communities under the 2012 Health and Social Care Act.

Increasingly, an asset-based approach to public health is being applied, which emphasises community-based working.

But, engaging harder-to-reach groups in the consultation process, and in the co-production of services, can pose many challenges.

Handling communities with care

- We have a strong track record of conducting research amongst typically harder-to-reach groups such as young people, people with health problems or disabilities, people with basic skills difficulties, prisoners, refugees, asylum-seekers, migrant populations and homeless people

- Asking people questions about sensitive topics such as lifestyle choices and healthcare use is not easy. We have refined our approach to designing and asking questions about sensitive issues over many years of researching these topics

Involving harder-to-reach groups in research

- Expert recruitment is a must. Our in-house recruitment team works alongside gatekeepers who have established links with local communities and have a good grasp of the issues affecting the particular audience in question

- Recruitment can take a form of snowballing whereby an initial 'seed' is recruited to be interviewed and is then incentivised if he/she is able to recruit another eligible respondent who is subsequently interviewed

- We also sample hard-to-reach groups by partnering with third sector and community organisations, which are often trusted sources of information and support for the groups they represent. Partnering in this way has the benefit of approaching hard-to-reach audiences through an intermediary

- Peer research can be an effective mechanism of securing rich insight into the lives of hard-to-reach groups. This involves training members of the public to conduct conversational interviews with individuals in their own social networks

- Our ethnically diverse field-force of interviewers, who speak a wide range of foreign languages, means we have successfully delivered large-scale surveys in the most diverse and deprived of local areas

Engaging harder-to-reach groups: what the data tell us

Literature review of health issues facing Gypsy and Traveller communities

The health inequalities between Gypsy and Traveller communities and the general population go beyond those seen in many other hard-to-reach groups

Health issues faced

- Gypsy and Traveller groups are more likely to suffer from a range of long-term conditions and mental health problems than other groups in society
- The uptake of preventative health services is particularly low in this community

Explanations

- Researchers propose a variety of explanations for this which include the value placed on independence, fatalism about illness, and gender norms which can prevent access to services or limit the open discussion of health and lifestyle issues
- Low education and literacy rates, and relative social isolation, also limit access to information and health services
- Impermanent housing, evictions and social stigmatisation can also adversely affect mental health
- Contributing to the low service uptake can be a lack of awareness amongst healthcare professionals of the specific needs of this minority group

Source: Ipsos MORI

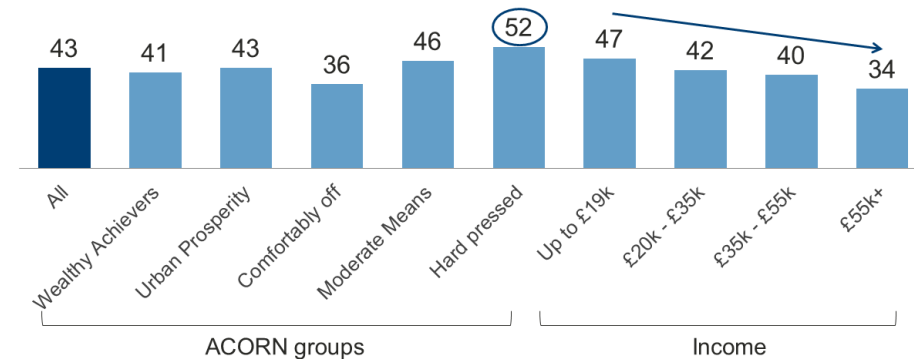Ipsos MORI
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It is well-established that particular groups within communities require more support than others.

Research shows a high degree of health inequalities between the general population and certain harder-to-reach groups such as Gypsy and Traveller communities.

Financial circumstances among the 'hard pressed'

Do you think your personal financial circumstances are better, worse, or about the same as they were 12 months ago?

% saying their financial circumstances have got worse

All	Wealthy Achievers	Urban Prosperity	Comfortably off	Moderate Means	Hard pressed	Up to £19k	£20k - £35k	£35k - £55k	£55k+
43	41	43	36	46	52	47	42	40	34

ACORN groups	Income

Base: 1,009 members of the public interviewed online in GB, November 2012

Source: Ipsos MORI

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Engaging harder-to-reach groups: case studies

Talking about food poverty

GREATER LONDON AUTHORITY

Aims: To provide an understanding of the breadth and depth of child hunger and food poverty in the Capital.

Approach: We interviewed over 500 parents and 500 children, at all income levels and across London, to understand the impact that hunger has on their lifestyle. We also spent time with five case study families, chosen to represent a range of family structures and circumstances. The in-depth interviews were complemented with photo diaries compiled by the families themselves, helping to bring the story to life.

Impact: The research provided a unique perspective on how parents manage their income to provide food for their children, and the wider impact that food poverty plays in their day-to-day social, school and family lives.

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Hear youth views on the London riots

http://www.youtube.com/watch?v=QW-bDtSRgBE

Understanding health-related behaviours of Gypsies and Travellers

NHS Mid Essex

Aims: To explore the health experience, healthcare needs, and access to NHS services of the Gypsy and Traveller communities in Essex in order to provide actionable recommendations for interventions to improve their health and wellbeing.

Approach: Stakeholder interviews were conducted with representatives from a range of public and voluntary sector organisations who worked closely with these communities. A steering group was also created involving many of these individuals to guide the design of recruitment, materials and reporting for the project. In-depth interviews were conducted with Gypsy and Traveller men and women (with gender-matched interviewers) alongside ethnographic video diaries. The interviews included families living on local authority-run sites, private sites and in 'bricks and mortar' housing, as housing conditions and levels of mobility had been demonstrated to have a significant effect on the health and healthcare access for these groups. A review of the available literature was conducted to give a national context to health issues faced by these communities, and to highlight best practice interventions.

Impact: The research was used to inform the work of a specially commissioned health worker whose role it was to deliver improved healthcare access by this complex community. It shaped the development of both interventions, and communications, as well as training for other NHS staff.

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