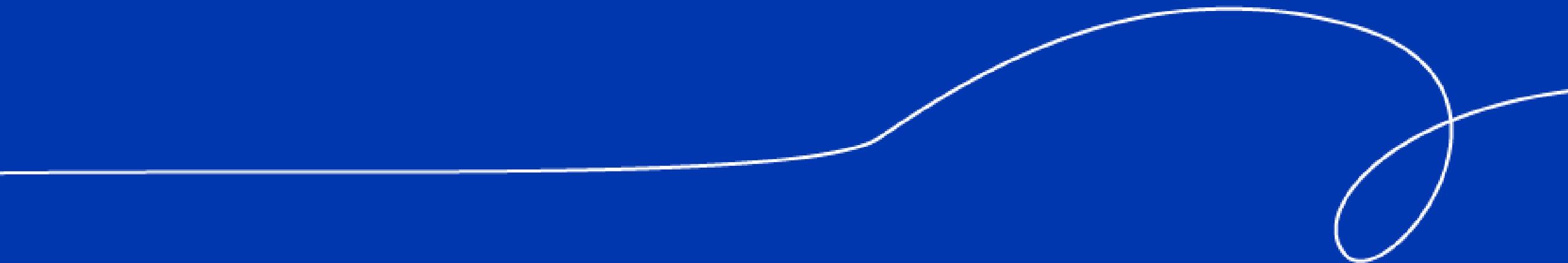


# An evidence-based NHS Health Check market segmentation

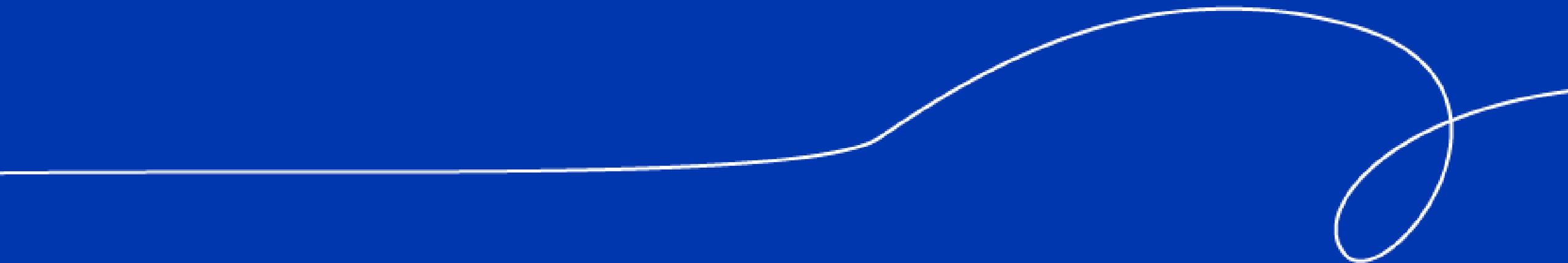
## Overview



# Contents

1. Objectives and methodology
2. Meet the segments
3. Interest in the NHS Health Check
4. Mapping the segments
5. Socio-demographics
6. Health status
7. Segment overview

# 1. Objectives and methodology



# Objectives

- To produce an **evidence-based segmentation** that commissioners and providers can use to **inform the design, delivery and communication of the NHS Health Check** programme to support improvements in participation by priority groups. The segmentation will describe and cluster people by:
  - where health fits in relation to other priorities
  - self-efficacy, including beliefs in their own capacity to sustain change longer term
  - attitudes to their health and preventative health services
  - awareness and attitudes towards cardiovascular disease (CVD)
  - attitudes and potential behaviour with respect to NHS Health Check uptake and follow up activity, including barriers and facilitators to attend
- To create **detailed pen portraits which describe segments** with respect to:
  - defining sociodemographic and attitudinal characteristics
  - awareness, knowledge and needs towards NHS Health Check
  - language and messages which are most likely to encourage engagement with NHS Health Check
  - how communications and delivery models can be positioned or framed to engage the segments



# Over 1800 people participated in this mixed method segmentation

## Phase 1: Qualitative

### Method

- 54 participants
- 10 x groups of 4 or 5 participants
- 10 x depth interviews

### Audience

- 30-74 year olds
- Those with NHS Health Check ineligible conditions screened out
- Mix male/female
- Biased to social grades C2DE
- Upweighted to groups less likely to make use of NHS Health Check

### Aims

- Explore attitudes, behaviours and needs in relation to health and preventative health behaviours
- Explore awareness, knowledge and expectations of NHS Health Check
- Explore potential triggers and barriers to attend NHS Health Check

## Phase 2: Quantitative

### Method

- Online survey with n=1750 participants
- Statistical modelling analysis

### Audience

- 30-74 year olds
- Those with NHS Health Check ineligible conditions screened out
- Mix of age, gender, ethnicity, social grade and region in England to match latest population statistics

### Aims

- Measure interaction of sociodemographic, lifestyle, and health behaviours with attitudes to health and health prevention
- Conduct statistical modelling to create a robust segment solution

## Phase 3: Qualitative

### Method

- 35 participants
- 1 x group of 5 participants per segment

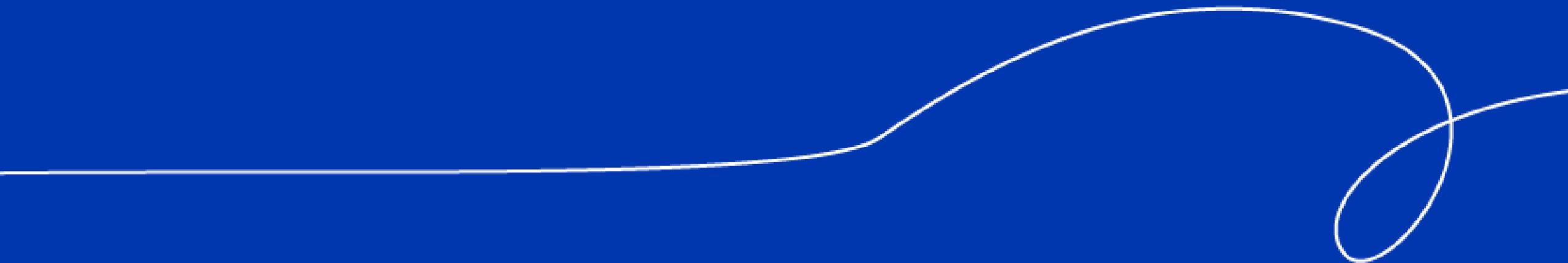
### Audience

- 30-74 year olds
- Those with NHS Health Check ineligible conditions screened out
- Individuals assigned to an NHS Health Check segment via 'golden questions' – a statistical algorithm based on their response pattern

### Aims

- Explore enablers and barriers to attending NHS Health Check and engaging with follow up activity
- Explore messages, communication approaches and channels and delivery models

## 2. Meet the segments



# A statistically robust 7-segment solution was identified as this was felt to deliver the greatest benefits in understanding the target audience to inform future NHS Health Check design, delivery and communications

## Curious Concerned

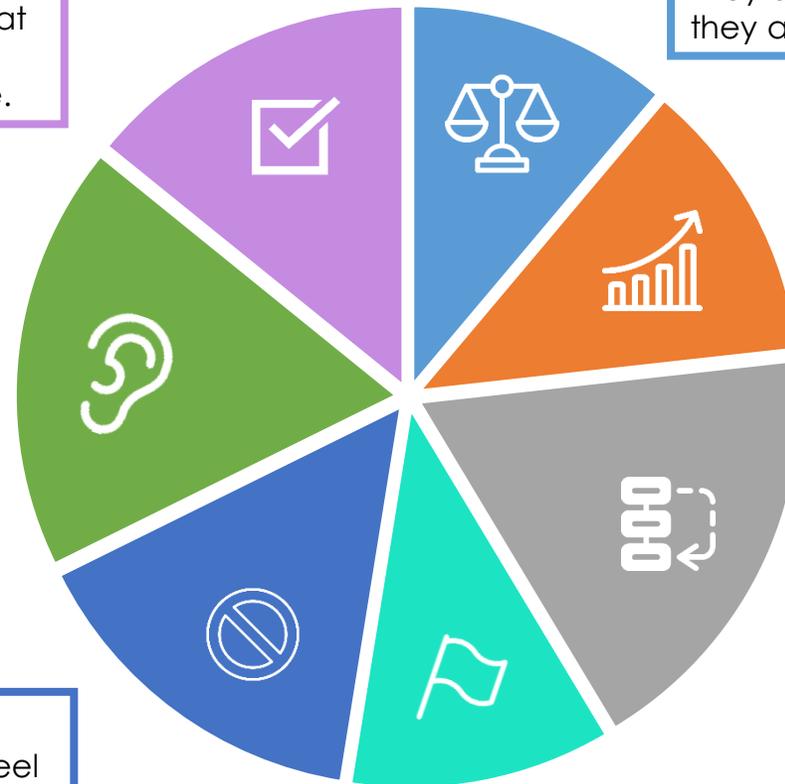
They are invested in their health and fitness but at the start of their journey. They are keen to avoid serious illness but need support and reassurance.

## Activate to Listen

They have a latent desire to be healthier but struggle to make changes as they prioritise others over themselves.

## Problem Avoider

They are happy and enjoying life. As they feel fine, health is not top of mind and they do not see any point in looking for a problem.



## Motivated Acceptor

They are proactive about their health, and they are positive, motivated, and resilient.

## Struggling Hesitant

They are feeling overwhelmed and are struggling to manage. They worry about their health but need support to make changes.

## Ambitious Ambivalent

They have a lot going on and health just isn't a priority. They are not all convinced you can prevent serious illness.

## Disempowered Dismissive

They are fatalistic about their health and have more immediate priorities, health is not something they think about.

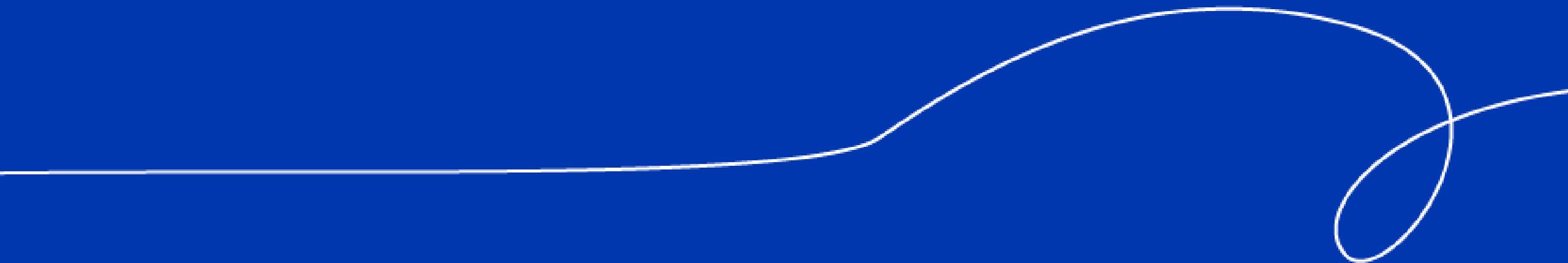
# Commonly held beliefs across most of the segments, included: life is short enjoy yourself, some health conditions can be prevented, family is a priority and maintaining weight is how to keep healthy

Statements are ranked on all 30-74 year olds in the sample, to show those attitudes which the majority agree with. Where segments are significantly less likely to agree the % is shown.

Top Statements	Motivated Acceptor	Struggling Hesitant	Ambitious Ambivalent	Disempowered Dismissive	Problem Avoider	Activate to listen	Curious Concerned	All 30-74 yr olds in sample
I believe there are things you can do to prevent getting some health conditions	✓	✓	65%	✓	✓	✓	✓	83%
My family is my number one priority	✓	✓	62%	✓	✓	✓	✓	79%
Spending time with friends and family is really important to me	✓	✓	56%	✓	✓	✓	✓	78%
I am open to hearing advice on my lifestyle that would improve my health	✓	✓	54%	49%	49%	✓	✓	68%
I believe that maintaining your weight is the way to keep healthy	✓	✓	✓	53%	✓	✓	✓	68%
Life is short, you have to just enjoy yourself	✓	53%	✓	✓	✓	✓	✓	65%
I think it would be better to know if you are at risk of developing a serious illness	✓	✓	49%	46%	49%	✓	✓	65%
When I think about my health, I tend to think about keeping well for the future	✓	✓	✓	24%	✓	✓	✓	64%
Taking care of my health and wellbeing is a priority	✓	✓	✓	15%	✓	✓	✓	62%

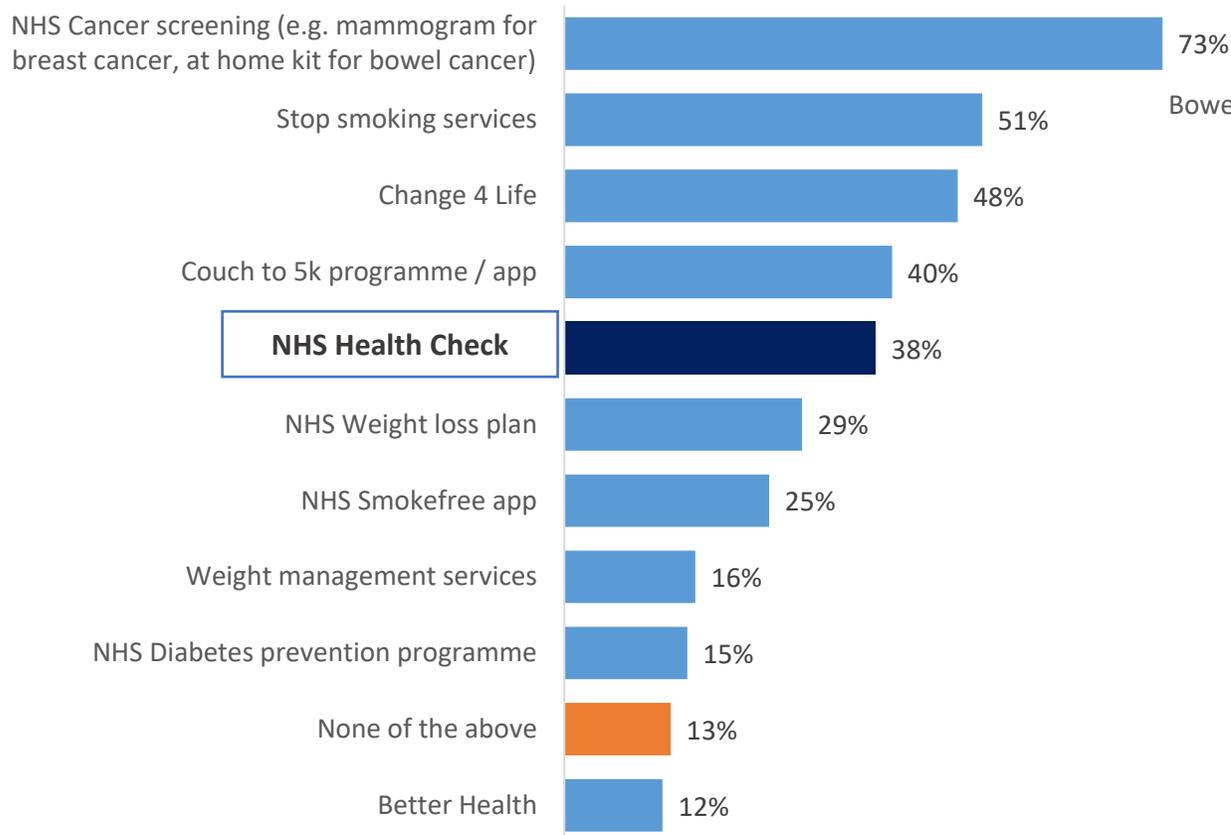
✓ = % in line with all 30-74 yr olds in sample

### 3. Interest in the NHS Health Check

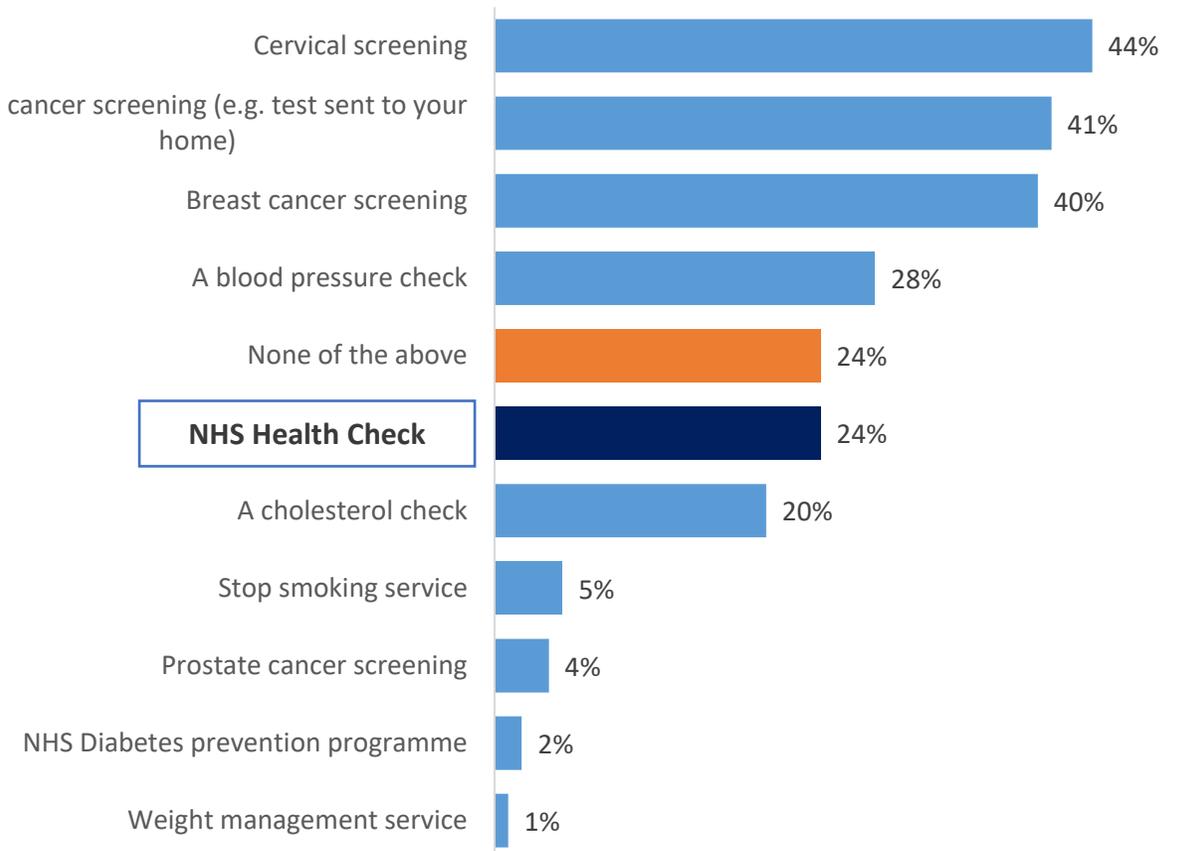


# There is low awareness of the NHS Health Check among all 30-74 year olds in the sample. Over a third were aware of NHS Health Check. Among 40-74 year olds, one in five recalled being invited. Cancer screening was the most well-known prevention service

% of 30-74 yrs aware (prompted)

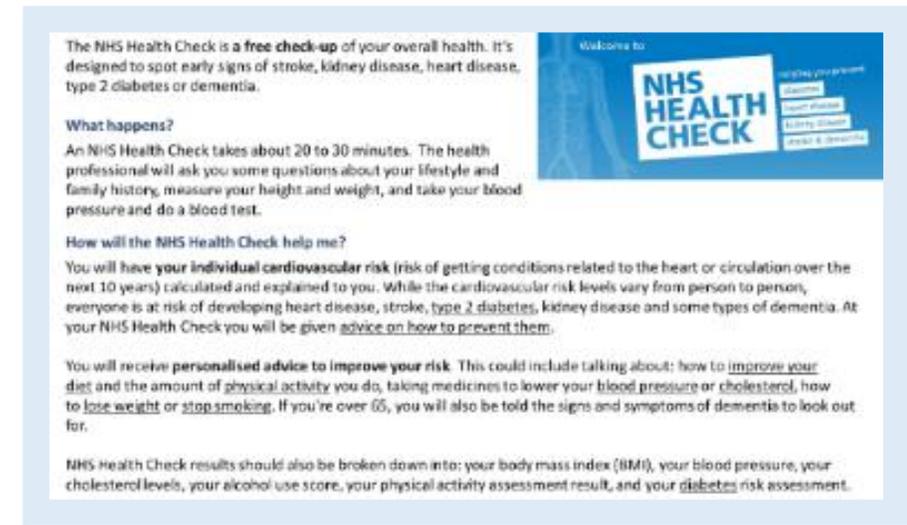
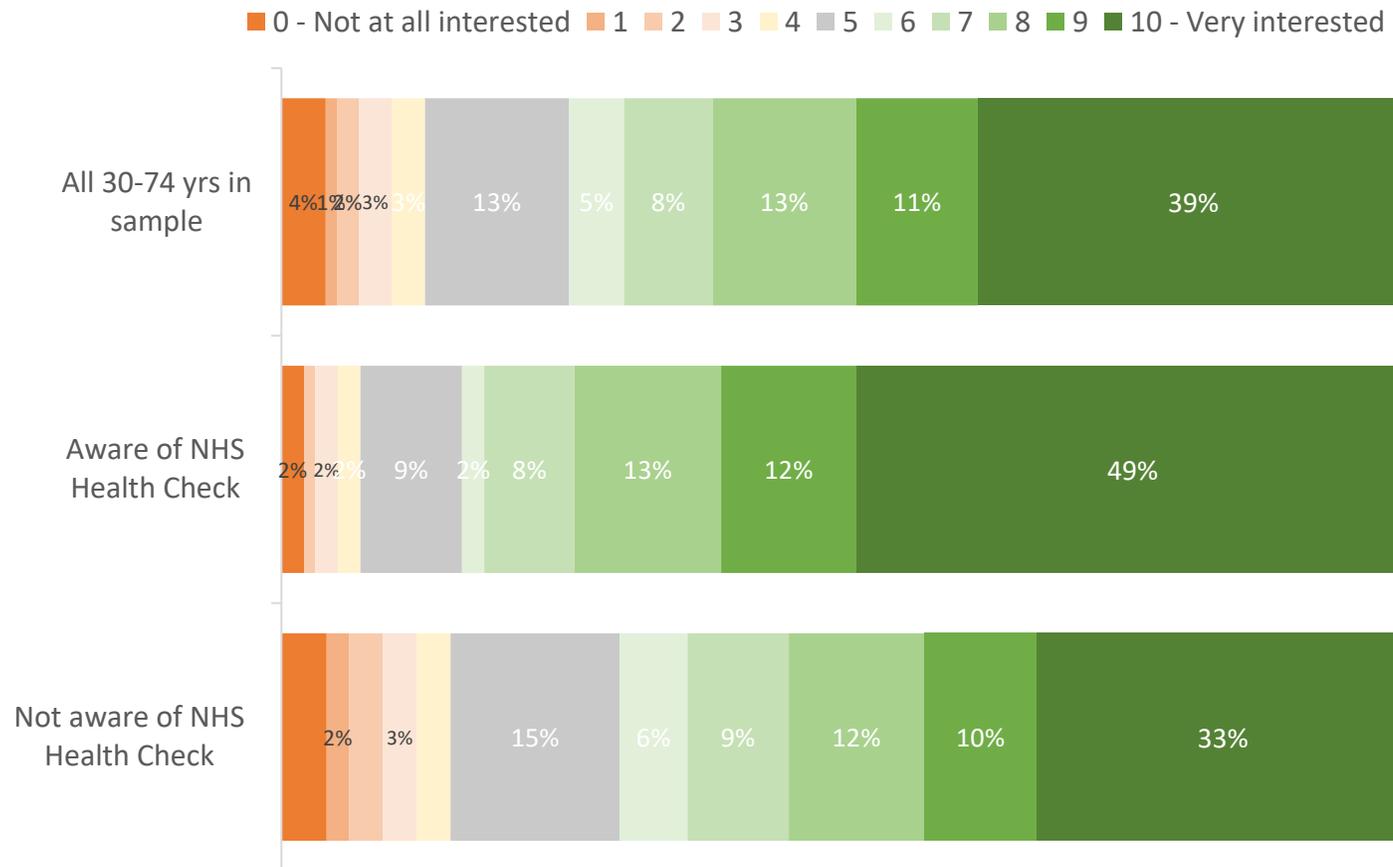


% of 40-74 yrs recall being invited



# Among the total sample, 7 in 10 were interested in the NHS Health Check when shown a description. This increased to 8 in 10 of those who indicated they were already aware of NHS Health Check

Based on description, interest in NHS Health Check\*

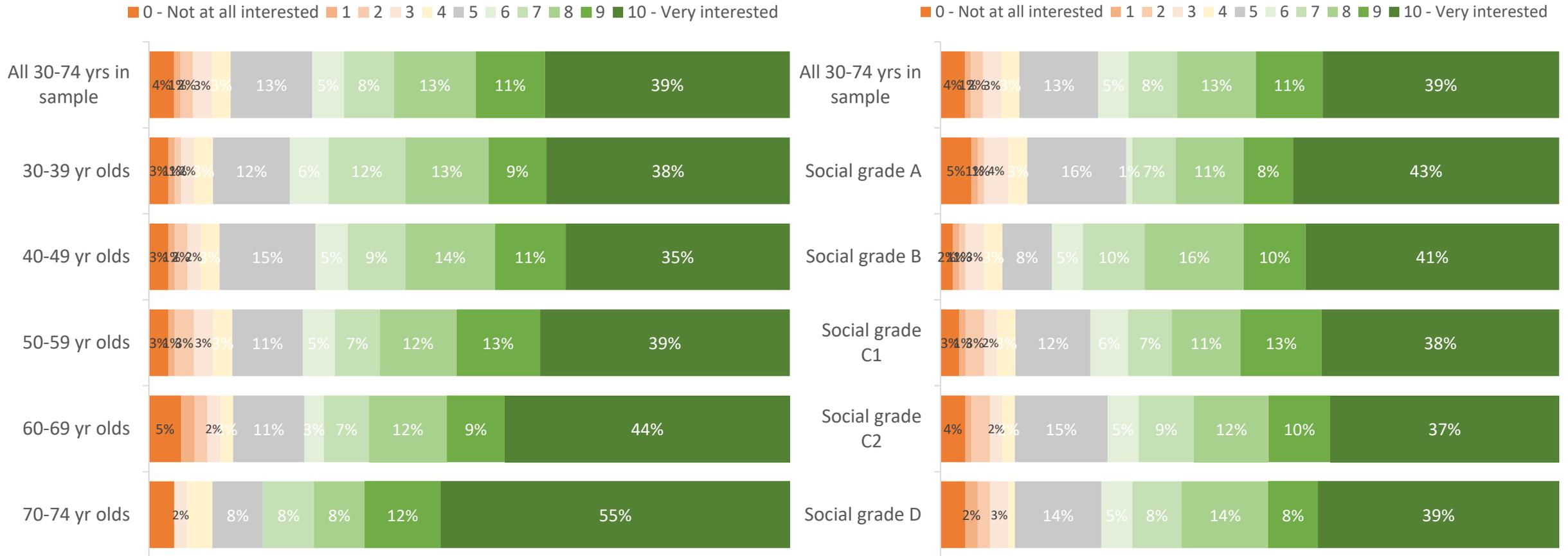


*Survey participants were shown the stimulus above before being asked to rate their interest on a scale from 0-not at all interested to 10 – very interested*

Q30. Interest in Health Check on \*scale 0 – Not at all interested to 10 – Very interested  
 Base: Quantitative survey - All participants (n=1750), Aware= 657 , Not aware = 1096

# There was little variation in interest in the NHS Health Check by age or social grade in the sample, except amongst those over 70 years old who showed more interest

Based on description, interest in NHS Health Check\*



Q30. Interest in Health Check on \*scale 0 – Not at all interested to 10 – Very interested  
 Base: Quantitative survey - All participants (n=1750); Age (250;600;525;334; 41) Social grade (117; 477; 533; 251; 192; 180)  
 Social grade is a socio-economic classification produced by the ONS based on employment status and occupation.

# Segments cluster into three broad groupings on openness to the NHS Health Check

## Most open to the NHS Health Check

### Motivated Acceptor

They are proactive about their health, and they are positive, motivated, and resilient.

### Curious Concerned

They are invested in their health and fitness but at the start of their journey. They are keen to avoid serious illness but need support and reassurance.

## Some openness to the NHS Health Check

### Struggling Hesitant

They are feeling overwhelmed and are struggling to manage. They worry about their health but need support to make changes.

### Activate to listen

They have a latent desire to be healthier but struggle to make changes as they prioritise others over themselves.

### Problem Avider

They are happy and enjoying life. As they feel fine, health is not top of mind and they do not see any point in looking for a problem.

## Least open to the NHS Health Check

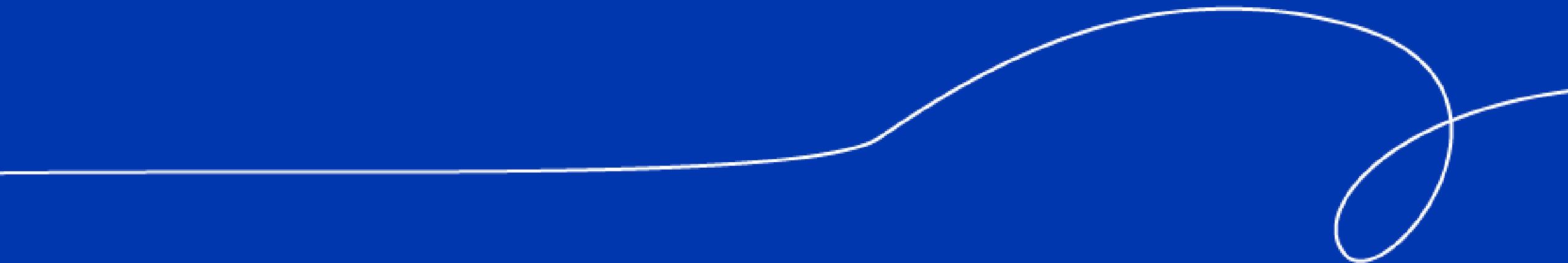
### Disempowered Dismissive

They are fatalistic about their health and have more immediate priorities, health is not something they think about.

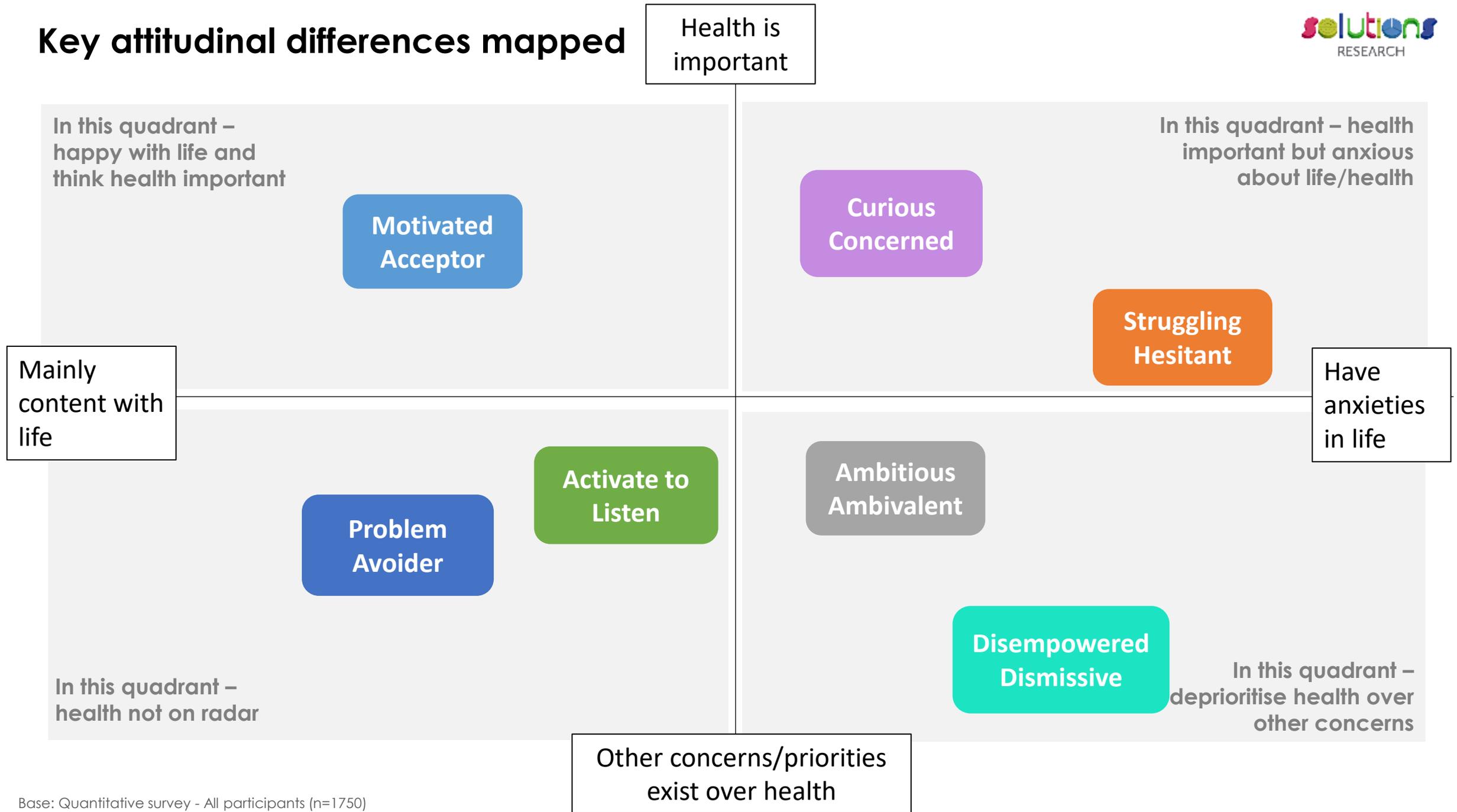
### Ambitious Ambivalent

They have a lot going on and health just isn't a priority. They are not all convinced you can prevent serious illness.

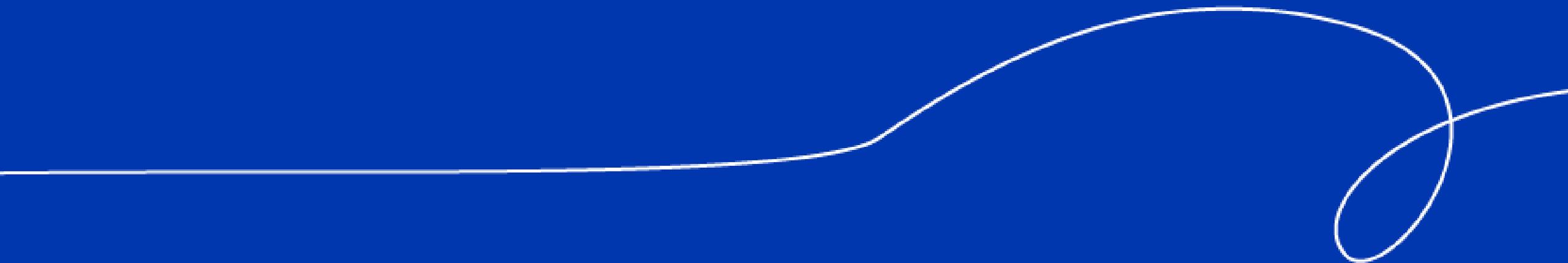
## 4. Mapping the segments



# Key attitudinal differences mapped



## 5. Socio-demographics

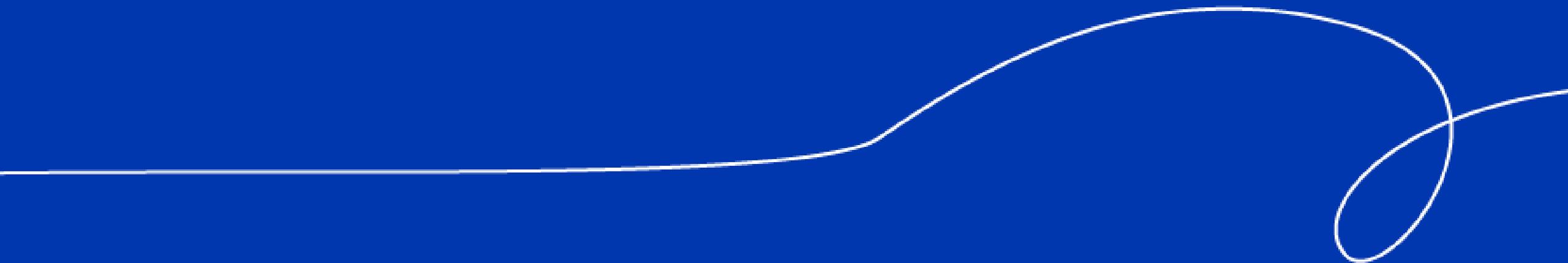


# All ages appear in all segments, with some 'skews' to younger (Ambitious Ambivalent) and older (Problem Avoider) evident; similarly both genders appear in all segments with some 'skews' to female (Struggling Hesitant) and male (Problem Avoiders)

Dominant characteristics shown for each segments

	Motivated Acceptor	Struggling Hesitant	Ambitious Ambivalent	Disempowered Dismissive	Problem Avoider	Activate to listen	Curious Concerned
Gender	Male	Female	Male	Female	Male	Female	Female
Age group	50-59 60-69	50-59	30-39 40-49	40-49 50-59	60-69 70-74	50-59	40-49 50-59
Location	Suburban	Urban Coastal	Urban	Suburban	Rural Coastal	Rural Suburban	Suburban
Social grade	AB	DE	C2D	C1C2DE	AB	BC1	C1C2

## 6. Health Status



# Struggling Hesitant and Disempowered Dismissive are more likely than all 30-74 year olds in the sample to report that their overall health is 'very bad' or 'bad'

Self-reported health status: How is your health in general?



# Struggling Hesitant, Ambitious Ambivalent and Disempowered Dismissive are more likely than all 30-74 year olds in the sample to report that they currently smoke/vape regularly, while Problem Avoider and Activate to Listen are more likely to report drinking alcohol at least once a month

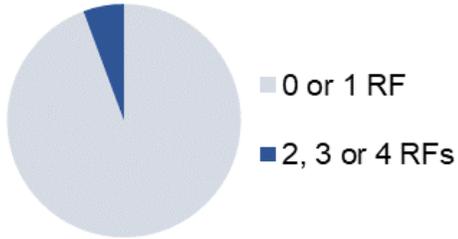
	Motivated Acceptor	Struggling Hesitant	Ambitious Ambivalent	Disempowered Dismissive	Problem Avoider	Activate to listen	Curious Concerned	All 30-74 yr olds in sample	
Self-reported behaviour metrics	<b>Fitness level**</b>	In pretty good shape	Pretty unfit	Doing ok	Need to work on it	Doing ok	Doing ok/need to work on it	Doing ok	
	<b>Diet*</b>	Eat pretty well most of time	Need to make changes	It's ok	Need to make changes	Eat pretty well / it's ok	It's ok	Eat pretty well / it's ok	
	<b>Currently smoke/vape regularly</b>	21%	<b>26%</b>	<b>40%</b>	<b>36%</b>	27%	12%	18%	25%
	<b>Drink alcohol: at least once a month</b>	59%	44%	61%	56%	<b>71%</b>	<b>65%</b>	60%	60%
	<b>Drink 6+/8+ units in single occasion: at least monthly</b>	25%	23%	<b>48%</b>	37%	<b>40%</b>	31%	29%	34%
	<b>Activity per week – moderate</b>	>150mins per wk	<30mins	30-90mins	<30mins	30-90mins	30-90mins	90-150mins	

\*\*Q: How would you describe your current fitness level? I'm in pretty good shape / Doing ok / Need to work on it / Pretty unfit

\*Q: And how would you describe your diet? I eat pretty well most of the time / It's ok / Need to make some changes / Really not great

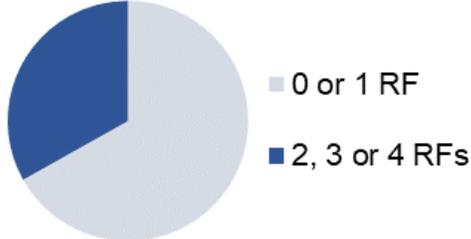
# The Disempowered Dismissive, Activate to Listen, Struggling Hesitant or Curious Concerned segments are most likely to have at least two CVD risk factors (RF)

**Motivated Acceptor**



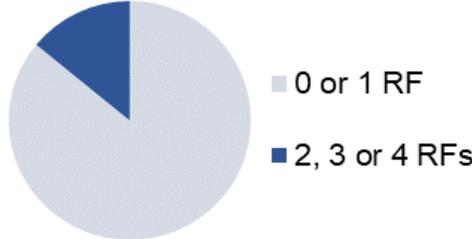
1 in 16 have at least 2 CVD RF.  
RF most frequently found:  
high cholesterol

**Struggling Hesitant**



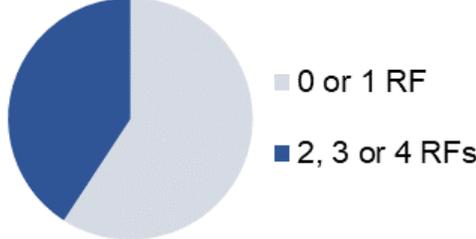
1 in 3 have at least 2 CVD RF.  
RF most frequently found:  
obesity

**Ambitious Ambivalent**



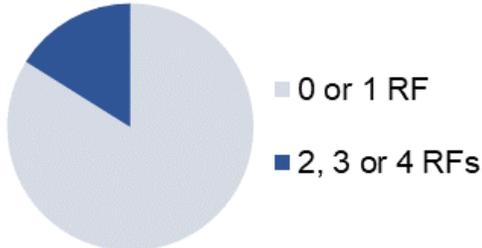
1 in 7 have at least 2 CVD RF.  
RF most frequently found:  
smoking

**Disempowered Dismissive**



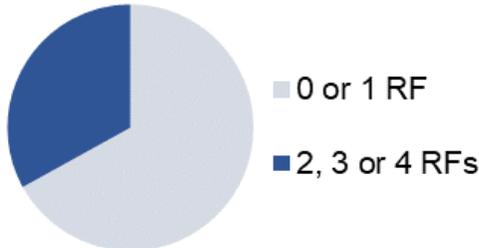
2 in 5 have at least 2 CVD RF.  
RFs most frequently found:  
obesity, smoking

**Problem Avider**



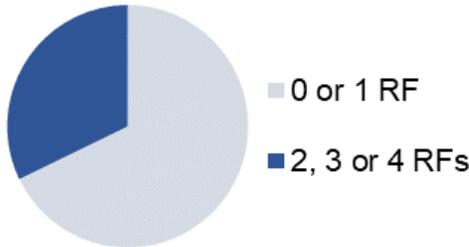
1 in 6 have at least 2 CVD RF.  
RF most frequently found:  
high blood pressure

**Activate to Listen**



1 in 3 have at least 2 CVD RF.  
RFs most frequently found:  
high cholesterol, obesity

**Curious Concerned**

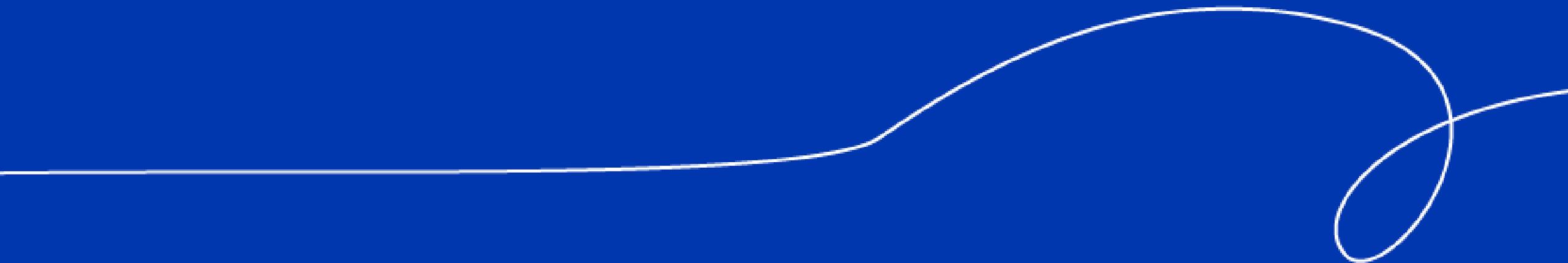


1 in 3 have at least 2 CVD RF.  
RF most frequently found:  
obesity

**Method**

- National GP data on 9.5 million people who had been offered an NHS Health Check between 2012 and 2017 was used to identify the risk factor characteristics of the segments.
- Four CVD risk factors were included in this analysis: obesity (BMI 30 or more), high blood pressure (systolic blood pressure 140 mmHg or more, or diastolic blood pressure 90 mmHg), high cholesterol (total cholesterol 6mmol/L or more) and smoking (current smoker).
- The 7 segments created represent 15% of the primary care dataset. Age, sex and deprivation were the main criteria used to build the 7 segments within the primary care data. There are well documented associations between many CVD risk factors and sex, age and deprivation.
- The CVD risk factor information presented here should only be seen as illustrating a representative individual in the segment, rather than describing the CVD risks of the whole segment.

## 7. Segment overview and recommendations





**They are invested in their health and fitness but at the start of their journey. They are keen to avoid serious illness but need support and reassurance. 1 in 3 have at least 2 CVD risk factors.**

#### ENABLERS TO HEALTHIER CHOICES

- Anxious to do the right thing, they are open to following advice and may already have started on a journey to make changes
- They are deeply concerned about serious health conditions so want to know what they can do to prevent these
- Have friends/family with CVD conditions

#### BARRIERS TO HEALTHIER CHOICES

- Struggle with mental health and other physical illness which can disrupt their motivation/plans
- Can have other time pressures
- Limited financial resources

#### DEMOGRAPHICS *more likely than all 30-74 year olds in sample to be...*

- Female
- 40/50s
- Working part time; seeking work
- Suburban
- Pakistani; any other mixed background
- Quite digitally confident
- Living with anxiety/depression; physical health conditions

#### NHS HEALTH CHECK – attitudes

- **They are the segment most interested in NHS Health Check**
- 46% aware of the NHS Health Check (compared to 38% of all 30-74 year olds in the sample)
- Strong interest in the check, they see it as reassuring and a potential route to support services
- While they tend to say they would listen to and act on advice, there is some hesitation – potentially due to their difficulties maintaining changes in the past.

#### RECOMMENDATIONS TO INCREASE ENGAGEMENT

- Take steps to increase awareness using the NHS Health Check [PR toolkit](#)
- Use health professionals as messengers
- Use the NHS Health Check [patient information leaflet](#) to: highlight the range of conditions covered, what the tests are; the potential for support and reducing potential for serious illness
- Offer options to this group, while they prefer in-person at GP surgery, they are open to other settings e.g. pharmacy, telephone or digital with in-person support
- Evidence the credibility of those delivering results and advice, they are open to different practitioners if reassured of their expertise
- Offer reassurance that results link to their GP health records and that the impact of existing health conditions is considered



## Awareness

### Do

- Take steps to increase awareness using the [PR toolkit](#)
- Use health professionals as messenger
- Use the NHS Health Check [patient information leaflet](#) to: highlight the range of conditions covered; what the tests are; the potential for support and reducing the potential for serious illness (loss frame) as they are anxious about their health
- Emphasise how easy it is to access an NHS Health Check.
- Key themes to encourage engagement:
  - Ability to act early
  - Support to make changes
  - Small changes can make a big difference

### Don't

- Make the check too onerous to access as they are time poor e.g. include a link to book in the invite or provide a prearranged appointment
- Assume sending a text alone is enough, they are likely to need further reassurance

## Delivery

### Do

- Evidence the credibility of those delivering the results and advice – although they may prefer a GP, they are open to other healthcare professionals if reassured on their expertise
- Offer options to this group, while they prefer in person at a GP surgery, they are open to other settings or digital if they receive in-person support
- Offer reassurance that the check links to their health record and consideration of existing health conditions

### Don't

- Assume they can use digital by themselves – they may need clear instructions to work through

## Risk communication / brief intervention

### Do

- Meet their need to know that there will be future opportunities to monitor and review their results
- Use behaviour change techniques such as motivational interviewing to:
  - Empower them to act for themselves;
  - Explore their potential barriers to taking action – existing health, time and financial constraints need to be understood to work with them so they are clear on what to do; and
  - Help them to identify the action they might take and offer them information on tools that might support them (e.g., NHS Smokefree app) even if no referrals are needed.

### Don't

- Assume they will take action as they are not easily motivated long-term and can struggle to maintain focus on themselves



**They are proactive about their health, and they are positive, motivated, and resilient.  
1 in 16 have at least 2 CVD risk factors.**

#### ENABLERS TO HEALTHIER CHOICES

- Already made positive changes to lifestyle, enjoy keeping fit and active - seek out more energetic pursuits
- Want reassurance by assessing likelihood of underlying illnesses as they want to reduce future risk
- Open to hearing advice and willing to take personal responsibility

#### BARRIERS TO HEALTHIER CHOICES

- No major barriers
- May struggle for time
- Can hold the belief that they already have knowledge and information to prevent serious illness

#### DEMOGRAPHICS *more likely than all 30-74 year olds in sample to be...*

- Male
- Over 50
- Working full time or retired
- Affluent
- Have own car but also cycle
- Black African; black Caribbean
- Very digitally confident
- Less likely to have serious physical or mental health conditions

#### NHS HEALTH CHECK – attitudes

- **They are 2<sup>nd</sup> most interested in NHS Health Check**
- 57% are aware of the NHS Health Check (compared to 38% of all 30-74 year olds in the sample) and likely to have attended if recall being invited
- Majority are very interested in attending, have no reticence to attend or barriers to making any advised changes
- Particularly keen to get advice, if not also reassurance that they are already doing all they can to prevent illness

#### RECOMMENDATIONS TO INCREASE ENGAGEMENT

- Take steps to increase awareness using the [PR toolkit](#)
- Use GP surgery as messenger
- Reinforce that a check is the way to know their risk level and receive personalised advice
- Frame the NHS Health Check as acting early to help them live life to the full
- Use the NHS Health Check [patient information leaflet](#) to highlight health conditions
- Open to delivery models outside of general practice if they are reassured of link up with their GP health records and delivered by a well-trained practitioner
- Highlight digital as a convenient and secure option, with access to personalised advice and follow up



## Awareness

## Delivery

## Risk communication / brief intervention

### Do

- Take steps to increase awareness using the [PR toolkit](#)
- Use GP surgery as messenger
- Reinforce that this is a way to know their risk levels and receive personalised advice
- Frame as acting early to help them live life to the full (gain frame)
- Use the NHS Health Check [patient information leaflet](#) to highlight health conditions
- Key themes to encourage engagement:
  - Free – cholesterol level, blood pressure
  - You might feel great...
  - Know your risk
  - Monitor your health
  - Stay healthier for longer

### Don't

- Focus on social norming as they are self-motivated

### Do

- Make sure the experience and delivery feels professional
- Deliver by a practitioner who is well trained and able to clearly explain any issues arising
- Reassure that information will go on to their GP record – if the check is not delivered in the GP surgery
- Highlight digital as a convenient option and reassure them information is managed securely and they will get personalised advice

### Don't

- Just deliver basic health information that they are already familiar with
- Make them feel rushed or that the process is superficial - detail is important for this group

### Do

- Challenge their perceptions that they are already healthy and ask open questions, explore beyond surface responses
- Acknowledge their ability to take personal responsibility but highlight any areas around increased risk and clarify support available
- Focus on their CVD risk, cholesterol and abnormal results as these are the components they are most interested in
- Ensure good follow up and timely support is agreed before the check ends
- Reassure where they are doing the 'right things' and remind of the benefits of being proactive through attending preventative health services

### Don't

- Leave them without clear idea of follow up and next steps – even if this is simply when their next NHS Health Check will be



**This segment are feeling overwhelmed and are struggling to manage. They worry about their health but need support to make changes. 1 in 3 have at least 2 CVD risk factors.**

### ENABLERS TO HEALTHIER CHOICES

- Want to be there for their family and to avoid aches/pains
- Concerned about all health conditions, and want to address their mental health
- Have people close to them with CVD and family history, are aware this may heighten their risk

### BARRIERS TO HEALTHIER CHOICES

- Health has dropped down their priority list
- Struggle with mental health and physical illness
- Find motivating themselves tricky and want support but don't easily ask for help
- Limited financial resources and lack the time to take action

### DEMOGRAPHICS *more likely than all 30-74 year olds in sample to be...*

- Female
- 50s
- Lower socio-economic groups (DE)
- Unemployed - unable to work; carer
- Less digitally confident
- Living with anxiety/depression; have physical health conditions

### NHS HEALTH CHECK – attitudes

- **They are 3<sup>rd</sup> most interested in NHS Health Check**
- 37% are aware of the NHS Health Check (compared to 38% of all 30-74 year olds in the sample) and less likely than other eligible to have attended if invited
- Have strong interest but show uncertainty about attending which reflects their anxiety around health and concern about having to deal with the outcomes when already struggling to manage
- NHS Health Check can sound 'scary', and they show concern they would be judged although do acknowledge it may offer support

### RECOMMENDATIONS TO INCREASE ENGAGEMENT

- Take steps to increase awareness using the [PR toolkit](#)
- Use national NHS Health Check branding; the national [invitation template letter](#) and GP surgery as primary messenger
- Provide positive role models, use NHS.UK [videos](#) and NHS Health Check [image library](#)  
Make use of testimonies from local service users
- Use the NHS Health Check [patient information leaflet](#) and [marketing materials](#) to help communicate the health conditions that the check can help with
- Ensure checks in person at GP or pharmacy are on offer as this segment welcome face to face interaction. However, a range of delivery models need to be available as they have practical barriers to overcome e.g. lack of transport. Over half are open to digital
- They would welcome the opportunity to take someone with them to their NHS Health Check



## Awareness

### Do

- Take steps to increase awareness using the [PR toolkit](#)
- Use the NHS Health Check [patient information leaflet](#) and [marketing materials](#) to help communicate the health conditions that the check can help with. Cancer and dementia are of particular interest
- Highlight that support is available in a caring and encouraging tone as they can be fearful of attending
- Enlist significant others and community groups to encourage this segment to come forwards
- Use national NHS Health Check branding
- Use national [invitation template letter](#) and GP surgery as primary messenger
- Provide positive role models, use NHS.UK [videos](#) and NHS Health Check [image library](#) for images. Make use of testimonies from local service users
- Key themes to encourage engagement:
  - Free
  - Able to act early
  - Easy, quick
  - Living life to the full

### Don't

- Rely on one single invitation, this segment will need encouragement to attend

## Delivery

### Do

- Ensure in person at GP or pharmacy is on offer as they welcome face to face interaction
- Offer them the opportunity to take someone with them to their NHS Health Check
- Have a range of models available – consider their ability to attend as have practical barriers to overcome e.g., lack of transport
- Make digital an option, although not all are confident digitally, having this available makes it feel easy and accessible

### Don't

- Rely on community or workplace settings as this group need reassurance of the NHS to have confidence to attend

## Risk communication / brief intervention

### Do

- Provide positive reinforcement for things they are doing well already.
- Frame messages in relation to the prevention of CVD, cancer and dementia as these are health issues of most interest to this segment.
- Use behaviour change techniques such as motivational interviewing to:
  - Recognise their social and financial context, explore their barriers to making change happen and help them to identify possible support;
  - Provide sensitive and empathetic handling, especially if discussing weight loss;
  - Work with them to understand impact of existing illness on ability to make changes; and
  - Encourage them to generate support network for themselves and create social 'commitments' to help stick to changes.

### Don't

- Make changes feel like a burden or that they alone have responsibility to act on the information



**They have a latent desire to be healthier but struggle to make changes as they prioritise others over themselves. 1 in 3 have at least 2 CVD risk factors.**

### ENABLERS TO HEALTHIER CHOICES

- Core motivations are around spending time with family and looking good.
- Want a good quality of life for as long as possible – things are going well for them so want to keep it that way.
- They are not happy with their weight.

### BARRIERS TO HEALTHIER CHOICES

- Do not find it easy to motivate themselves and maintain good habits
- Can struggle for time as looking after others
- Do not make their own health a priority or think about it very much
- Are most concerned about cancer and may not engage with CVD to the same extent

### DEMOGRAPHICS *more likely than all 30-74 year olds in sample to be...*

- Female
- 50s
- BC1 – quite affluent
- Homemaker
- Rural; Suburban
- White British
- Very digitally confident
- No existing health conditions

### NHS HEALTH CHECK – attitudes

- **They are 4<sup>th</sup> most interested in NHS Health Check**
- 36% are aware of the NHS Health Check (compared to 38% of all 30-74 year olds in the sample)
- Find the idea of NHS Health Check reassuring and an opportunity – can be used as a trigger to think about prioritising themselves
- Believe that they would be able to make small changes if advised. They know this may be a 'wake-up call' which indicates underlying concern about the results

### RECOMMENDATIONS TO INCREASE ENGAGEMENT

- Take steps to increase awareness using the PR toolkit
- Use healthcare professionals as messengers; frame as identifying underlying health issues and that support is available to reduce risks
- Use the NHS Health Check [patient information leaflet](#) and [marketing materials](#) to communicate the health conditions the check can help with
- Help give them permission to prioritise themselves by relating the benefits of a check back to their motivation of family and loved ones
- Offer both in-person and digital options – while digitally confident, some will need the reassurance of an in-person discussion
- Provide reassurance on credibility and expertise of providers. Their preference is for advice given by a GP but 40% are open to listening to advice from 'other qualified people'.



## Awareness

## Delivery

## Risk communication / brief intervention

### Do

- Take steps to increase awareness using the [PR toolkit](#)
- Use healthcare professionals as messengers
- Frame NHS Health Check as identifying underlying health issues and support is available to reduce risks
- Use the NHS Health Check [patient information leaflet](#) and [marketing materials](#) to help communicate the health conditions that the check can help with
- Encourage personal responsibility by identifying benefits of taking action
- Help give them permission to prioritise themselves by relating the benefits of a check back to their motivation of family and loved ones
- Key themes to encourage engagement:
  - Able to act early
  - Quick, convenient
  - Your health is important

### Don't

- Scaremonger – whilst open to a challenge they may be a little afraid
- Rely on text messages. Use the national [invitation template](#) as they prefer letter or email communication

### Do

- Offer both in person and digital options – they are digitally confident but some will need the reassurance of in person discussion
- Provide reassurance on credibility and expertise of those involved in the delivery – they show a preference for advice given by a GP but 40% are open to listening to advice from 'other qualified people' e.g. other than GP, nurse, pharmacist.

### Don't

- Miss opportunities to link messaging with cancer and dementia which are both of interest to this group. For example, using the messaging "what is good for your heart is good for your brain" and helping them understand that CVD risk factors are also common to preventable cancers.

### Do

- Use behaviour change techniques such as motivational interviewing to:
  - Mirror their concerns – address their anxiety at being able to maintain changes by helping them to plan
  - Help them draw on their support network, and encourage them to carry on prioritising themselves
  - Acknowledge and discuss potential interruptions there may be to their plans, help them keep their focus on themselves

### Don't

- Let them go without using the national NHS Health Check [result booklet](#) (or a local version) to develop a clear action plan and agree first steps to take



**They are happy and enjoying life. As they feel fine, health is not top of mind, and they do not see any point in looking for a problem. 1 in 6 have at least 2 CVD risk factors.**

### ENABLERS TO HEALTHIER CHOICES

- Want to enjoy life to the full, keen to live a good quality of life for long time
- Have money and time available
- Are resilient and can self-motivate

### BARRIERS TO HEALTHIER CHOICES

- No desire to change their life
- No serious health issues for them or those close
- Do not show concern about CVD or other health conditions
- Low awareness of preventative health services

### DEMOGRAPHICS *more likely than all 30-74 year olds in sample to be...*

- Male
- 60/70s
- Retired, affluent
- Rural/coastal
- Have own car
- White British; White Eastern European
- Digitally confident
- No serious physical or mental health conditions

### NHS HEALTH CHECK – attitudes

- **They are 5th most interested in NHS Health Check**, with below average interest compared to all 30-74 year olds in the sample
- 43% are aware of the NHS Health Check (compared to 38% of all 30-74 year olds in the sample) but past attendance is lower than average where they recall being invited
- Less likely to be interested and show some uncertainty about attending but do not reject the idea – just not willing to listen to advice on healthy behaviours
- See it as looking for a problem when they would rather not know

### RECOMMENDATIONS TO INCREASE ENGAGEMENT

- Take steps to increase awareness using the [PR toolkit](#)
- Brand as NHS, use the national [invitation template letter](#) and send from their GP
- Outline that others, like them, are attending in their area (using local statistics where available)
- Frame the NHS Health Check as an opportunity to gain knowledge that will allow them to enjoy life to the full
- Focus on delivery models that are a one step process, in person, to keep it simple; only offer a digital check if it can be completed at home without multiple visits to other settings
- Ideally offer this group delivery in a healthcare setting. They are open to a check in a pharmacy if clearly under the brand of the NHS



## Awareness

### Do

- Take steps to increase awareness using the [PR toolkit](#)
- Brand as NHS, use the national [invitation template letter](#) and send from their GP
- Outline that others, like them, are attending in their area (use local statistics where available)
- Frame as gaining knowledge that will allow them to enjoy their life to the full
- Highlight inclusion of dementia as this is one of the few conditions which concerns them and they are unaware of any link with CVD
- Key themes to encourage engagement:
  - Easy, quick – 20 mins
  - Live life to the full

### Don't

- List out conditions as this can help them dismiss relevance to them
- Focus on the potential for referrals or significant change ahead

## Delivery

### Do

- Focus on models that are a one step process and in person to keep it simple
- Ideally offer checks in a healthcare setting, preferably a GP surgery
- Consider offering checks in a pharmacy, as this might help to make it seem less serious but need to build credibility – stress the professionalism of the NHS
- Only offer the option of a digital check if it can be completed at home without multiple visits to other settings, as this segment are digitally confident

### Don't

- Offer checks delivered in non NHS community settings or workplaces

## Risk communication / brief intervention

### Do

- Use behaviour change techniques and social norming to explore the benefits of referrals to services
- Level with them, treat them as an equal
- Use the NHS Health Check [results booklet](#) (or a local version) to help them identify actions on healthy behaviours that they can take
- Provide them with the facts on cardiovascular risk, blood pressure and cholesterol
- Use the [dementia patient information](#) to share facts on the signs and symptoms of dementia
- Remind them that support is there should they need it, and signpost to support they can explore for themselves (e.g. apps)

### Don't

- Start with alcohol use score as this has least value to this group



**They have a lot going on and health just isn't a priority. They are not all convinced that serious illness can be prevented. 1 in 7 have at least 2 CVD risk factors.**

#### ENABLERS TO HEALTHIER CHOICES

- Want to feel good about themselves, as well as staying fit and fitting in clothes
- Look to stay healthy in case they get ill, to not be a burden on NHS
- Can engage with idea of link with family history and knowing about 'hidden' problems

#### BARRIERS TO HEALTHIER CHOICES

- Don't think much about their health, tend not to have anyone close with a serious condition – they are happy for it to remain in the background
- Have limited time available and some have stretched finances
- Don't necessarily believe there are things you can do to prevent illness
- Are focused on now, not the future – lack motivation of future benefit

#### DEMOGRAPHICS *more likely than all 30-74 year olds in sample to be...*

- Male
- 30/40s
- Working full-time
- Children in household or live alone
- Urban
- Indian; Pakistani; Bangladeshi; Eastern European
- Not digitally confident
- No existing health conditions

#### NHS HEALTH CHECK – attitudes

- **They are 6th most interested in NHS Health Check**, with below average interest compared to all 30-74 year olds in the sample
- 34% are aware of the NHS Health Check (compared to 38% of all 30-74 year olds in the sample)
- They do not reject the idea of NHS Health Check but are not particularly engaged with it either; they struggle to see a need and they show some concern about being judged or learning something scary
- They are unsure there are things you can do to prevent CVD

#### RECOMMENDATIONS TO INCREASE ENGAGEMENT

- Take steps to increase awareness using the [PR toolkit](#)
- Use the national NHS Health Check [marketing templates](#) and [image library](#) with NHS branding and use peers, community and employers as messengers to normalize
- Frame the NHS Health Check as part of a positive routine in the here and now, to keep yourself fit and keep on top of your health so you can get on with life
- Use opportunistic invitations to encourage spontaneous participation
- Make use of community spaces to raise awareness – both social media and offline communities
- Digital is of more interest to this segment than any other, with high potential for self-completion for those who are digitally confident
- As not all are digitally confident also deliver in community and workplace settings to ensure it fits with their (work) schedules



## Awareness

## Delivery

## Risk communication / brief intervention

### Do

- Take steps to increase awareness using the [PR toolkit](#)
- Use gain framing focussed on the here and now to encourage attendance - the check as part of a positive routine to keep yourself fit, keep on top of your health to get on with life and feel good
- Use opportunistic invitations to encourage spontaneous participation and avoid over thinking
- If you are sending a written invitation then include a booked appointment
- Make use of community spaces to raise awareness both on and offline communities
- Use the national NHS Health Check [image library](#) and [marketing templates](#) with NHS branding and use peers, community and employers as messengers to normalise attending a check
- Key themes to encourage engagement:
  - Easy, quick - 20 minutes
  - Free
  - Straightforward
  - Small changes make a big difference

### Don't

- Focus on future benefits or problems

### Do

- Digital is of more interest to this group than other segments and there is a high potential to self-complete for those who are digitally confident
- As not all are confident online, also offer delivery in community settings and workplaces to ensure fits with their schedules – be mindful that this group will need checks to fit in around work

### Don't

- Make booking or accessing an NHS Health Check feel difficult or onerous

### Do

- Use behaviour change techniques such as motivational interviewing to:
  - Provide simple, bite sized advice
  - Communicate risk results within the context of feeling good about yourself today and mental wellbeing
  - Capitalise on their interest in CVD risk and what they can do about individual risk factors by offering personalised advice
  - Explore their context as it is likely they have significant time barriers: need to feel supported and focused on improving their wellbeing
  - Emphasise how healthier choices may help immediately

### Don't

- Place too much emphasis on future benefits



**They are fatalistic about their health and have more immediate priorities, health is not something they think about. 2 in 5 have at least 2 CVD risk factors.**

### ENABLERS TO HEALTHIER CHOICES

- They do not want to be a burden to their family or the NHS – want to be there for their family
- Want to address their mental health
- Want to lose weight, to look good/fit into clothes better

### BARRIERS TO HEALTHIER CHOICES

- Limited resources – hectic lives and finances very challenging
- Struggle to motivate themselves, have low self-esteem but not ready to listen to advice
- Avoid doctors and do not see a need to change if feel ok
- Have existing mental health or physical conditions

### DEMOGRAPHICS *more likely than all 30-74 year olds in sample to be...*

- Female
- 40/50s
- Children living at home
- Suburban
- Indian
- Without a car
- Not very digitally confident
- Have serious physical condition or anxiety or depression

### NHS HEALTH CHECK – attitudes

- **They are the segment least interested in NHS Health Check**
- 26% are aware of the NHS Health Check (compared to 38% of all 30-74 year olds in the sample)
- Feel disempowered which may drive their lack of willingness to listen to advice
- See an NHS Health Check as quite scary, they are concerned they would be judged
- Believe they would struggle to find the money, time and confidence to make changes

### RECOMMENDATIONS TO INCREASE ENGAGEMENT

- Take steps to increase awareness using the [PR toolkit](#)
- Use the national NHS Health Check [image library](#) and [marketing templates](#) with NHS branding and make use of peers as messengers
- Focus on how easy an NHS Health Check is and the positive support available
- Offer in pharmacy, community and workplace settings along with GP surgery to highlight ease of access
- Ease and convenience of digital could be useful and allow engagement on their own terms but don't rely on digital alone
- Consider future use of community champions to minimise how daunting the NHS Health Check might feel but continue to brand as NHS



## Awareness

### Do

- Take steps to increase awareness using the [PR toolkit](#)
- Use the national NHS Health Check [image library](#) and [marketing templates](#) with NHS branding and make use of peers as messengers
- Focus on how easy an NHS Health Check is and the positive support available
- Avoid the NHS Health Check feeling intimidating by making it feel less long-term health focused
- Focus on short term wellbeing gains
- Key themes to encourage engagement:
  - Easy, quick – 20 minutes
  - Small changes make big difference

### Don't

- List out the conditions as this can add to their fears and make it seem both overly serious and time consuming

## Delivery

### Do

- Highlight the ease of access by offering in pharmacy, community and workplace settings as well as GP surgery
- Consider that the ease and convenience of digital could be useful to allow engagement on their own terms
- Consider future use of community champions to reduce how daunting the NHS Health Check might feel but continue to brand as NHS

### Don't

- Rely on digital alone, they may need prompting to follow through on the actions to complete

## Risk communication / brief intervention

### Do

- Use behaviour change techniques such as motivational interviewing to:
  - Constructively navigate their concerns and meet their need for advice;
  - Recognise their context – cost and convenience is important to this group,
  - Identify and explore the actions they feel that they can fit in to their life; and
  - Make changes feel worthy of the time being spent – for example, discuss the positive impact on mental health of physical activity

### Don't

- Overload with information or make them feel judged, this can make them feel anxious and less confident to make changes
- Leave this segment to their own devices, they may struggle with confidence to make changes so need ongoing support