

SLOUGH WELLBEING BOARD - WEDNESDAY, 25TH SEPTEMBER, 2019

SUPPLEMENTARY PAPERS

The following papers were tabled at the meeting.

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
3.	Health Beliefs and Physical Activity Research	1 - 34	All

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m.e.l
research

Slough Health Beliefs - Supporting a Healthy Lifestyle'

September 2019

Page 1

AGENDA ITEM 3

Research Context

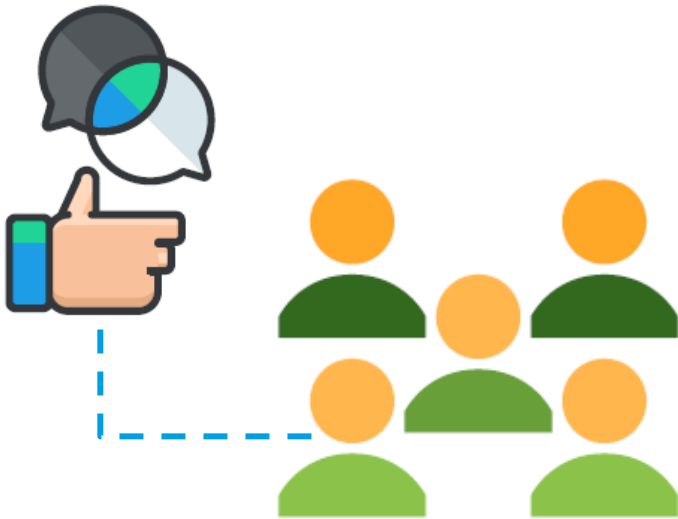
Page 2

- Community led research project to involve Slough residents in a local conversation on health and activity levels;
- Identify what residents believe they can do to keep physically and mentally well and prevent poor health in themselves and their loved ones, with support from the council as needed;
- Inform key elements of the long-term work of the council in improving the public's health as well as contributing towards the “health in all areas” approach.



Two key stages

Stage 1: Qualitative exploration

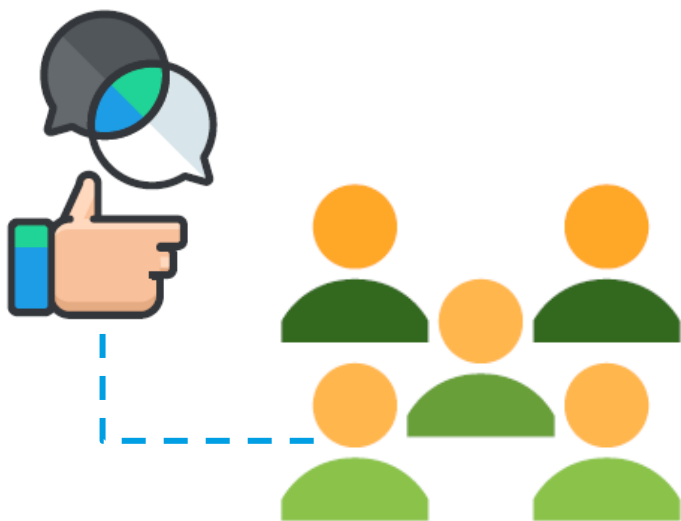


Stage 2: Quantitative door-step survey



Stage 1: Qualitative exploration

Page 4



- Stakeholder workshop
- ‘Chattabouts’ with six community groups
- Two focus groups with residents

Who we spoke to

- **Stakeholder workshop:**

- Active Communities, Customer engagement and transformation, Community Mental Health, Early Years, Slough Parks, School Sport and Young People's Services
- Representatives from NHS East Berkshire CCG, Community Dental Service Oral Health project, Slough Children's Services Trust, Slough CVS and the Wildfowl & Wetlands Trust

- **Chattabouts:**

- Aik Saath, Art Beyond Belief, Berkshire Autistic Society, Britwell Recycled Teenagers, Chalvey Community Forum, Rise & Shine Slough

- **Focus groups**

- Broadly representative sample of residents aged 18 to 70
- Langley Pavilion
- Council offices at St Martins place

Stage 1: Qualitative approach

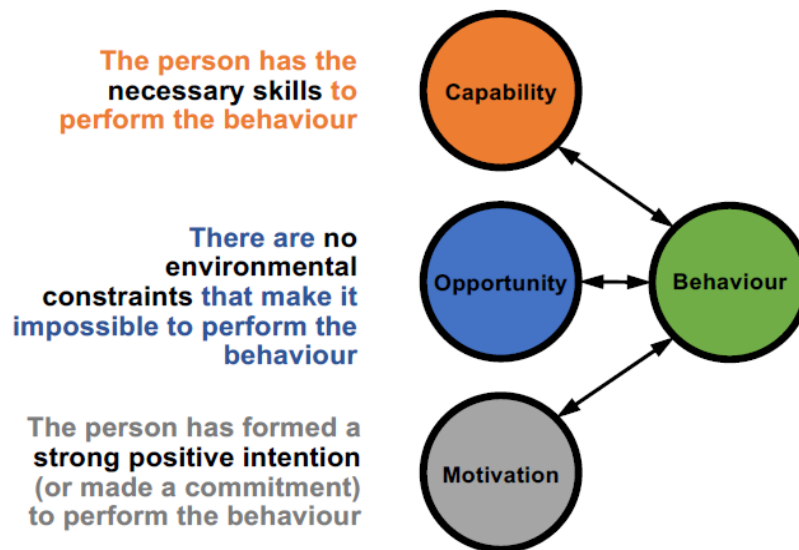
Research based on Appreciative Inquiry (AI) and Behaviour Change (COM-B) models

Page 6

AI based upon five key principles. Differs from traditional consultation methods as it does not outwardly look to identify 'problems' or 'barriers' but rather looks to identify 'positives' and 'strengths'.



COM-B model



Key findings: Capability

- Page 7
- In the main, residents' knowledge and awareness (their psychological capability) had been informed by National and local campaigns on healthy eating and exercise... but only on what people 'should' be doing.
 - Children found it much easier to list the things that detracted from a healthy and active lifestyle; computer games and social media = inactive lifestyles, fast food, sugar, drinking, smoking, drugs.



Key findings: Opportunity

Page 8

- Many in the chattabouts recognised the council provided the physical opportunities (e.g. leisure centres) to undertake activities to help stay healthy and active - but they needed reassurance that they would fit in and be around like-minded, similar and familiar people.
- Gyms were not seen as social spaces – views suggested that people turn up to undertake their own routines and ‘zone out’ everyone else.
- Perceptions exist around a lack of availability and poor(er) quality of local community assets and leisure facilities, linked to austerity and service cuts.



Key findings: Motivation

Page 9

- Interventions are required that make people stop and think, rather than continuing with habits (moving to reflective motivation and away from automotivie motivation).
- Key barriers are said to be ‘time’, ‘safety concerns’, ‘education’ and need for greater ‘social’ opportunity activities.
- Some residents felt the Council should be doing more to promote healthier behaviours, particularly to reduce the availability of poorer choices, e.g. not allowing new fast food outlets.



Conclusion from Stage 1

- The qualitative research stage has shown that residents have the broad Capability to lead healthy and active lifestyles, but Opportunity and Motivation needs to be focussed on.
- This stage identified key themes to be measured in the wider survey to be undertaken with a representative sample of residents from across the Borough.
- The findings from the survey should assist in prioritising what actions are needed and with which segments of the population.



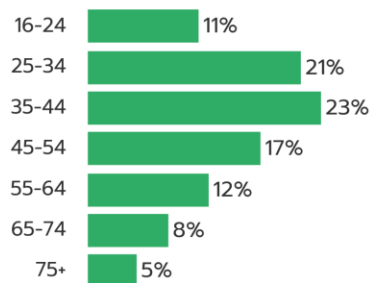
Stage 2: Survey



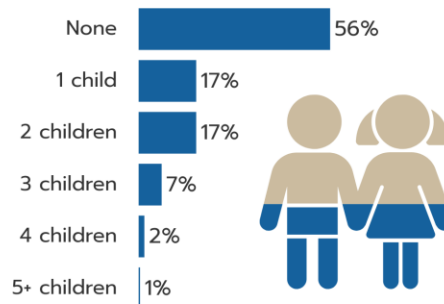
- A 20-minute, face-to-face (doorstep) survey covering wide range of health and activity themes;
 - Sexual health or Vaccinations and dental health;
- Fieldwork took place **between July and August 2019**;
- Undertaken with **1,605 residents**, representative by gender, age band and ethnicity;
- Statistically reliable to $\pm 2.4\%$ for a 50% finding.

Who we spoke to

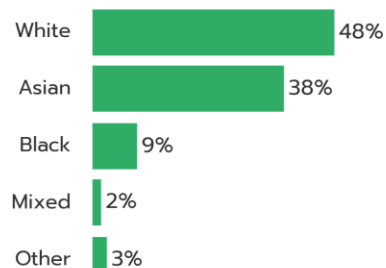
Age group



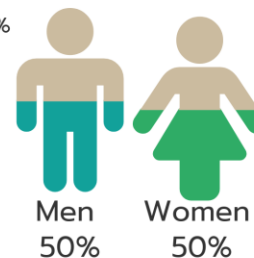
Children in the home



Ethnicity



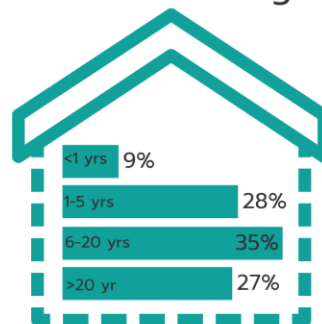
Gender



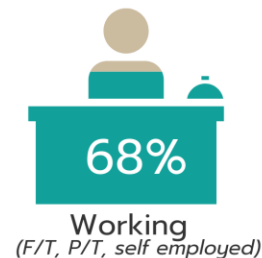
Caring responsibilities



Length of time in neighbourhood

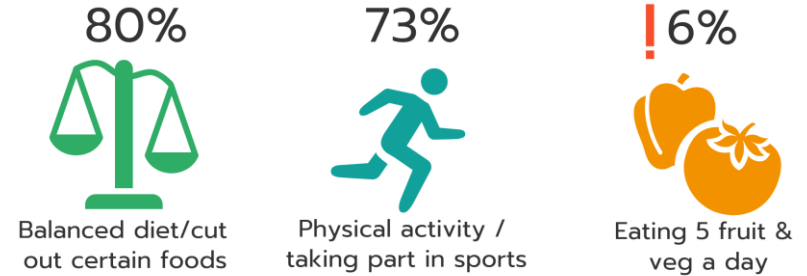


Employment status

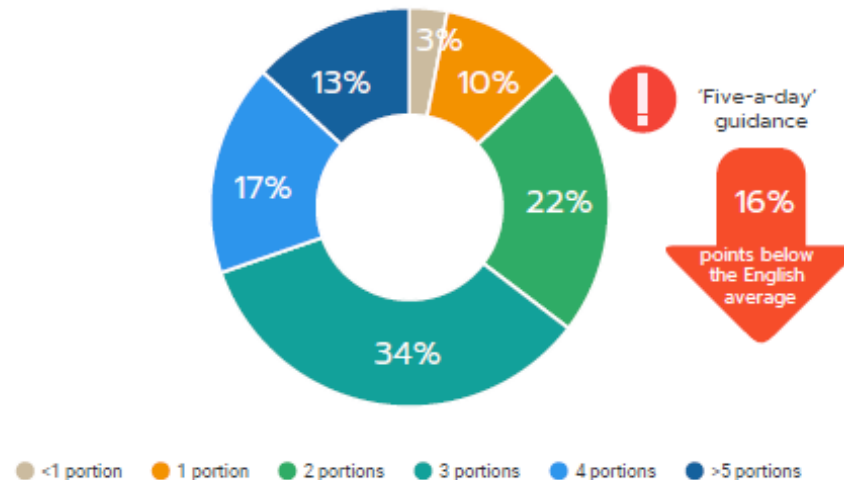


Attitudes to staying healthy

What does staying healthy mean to you?



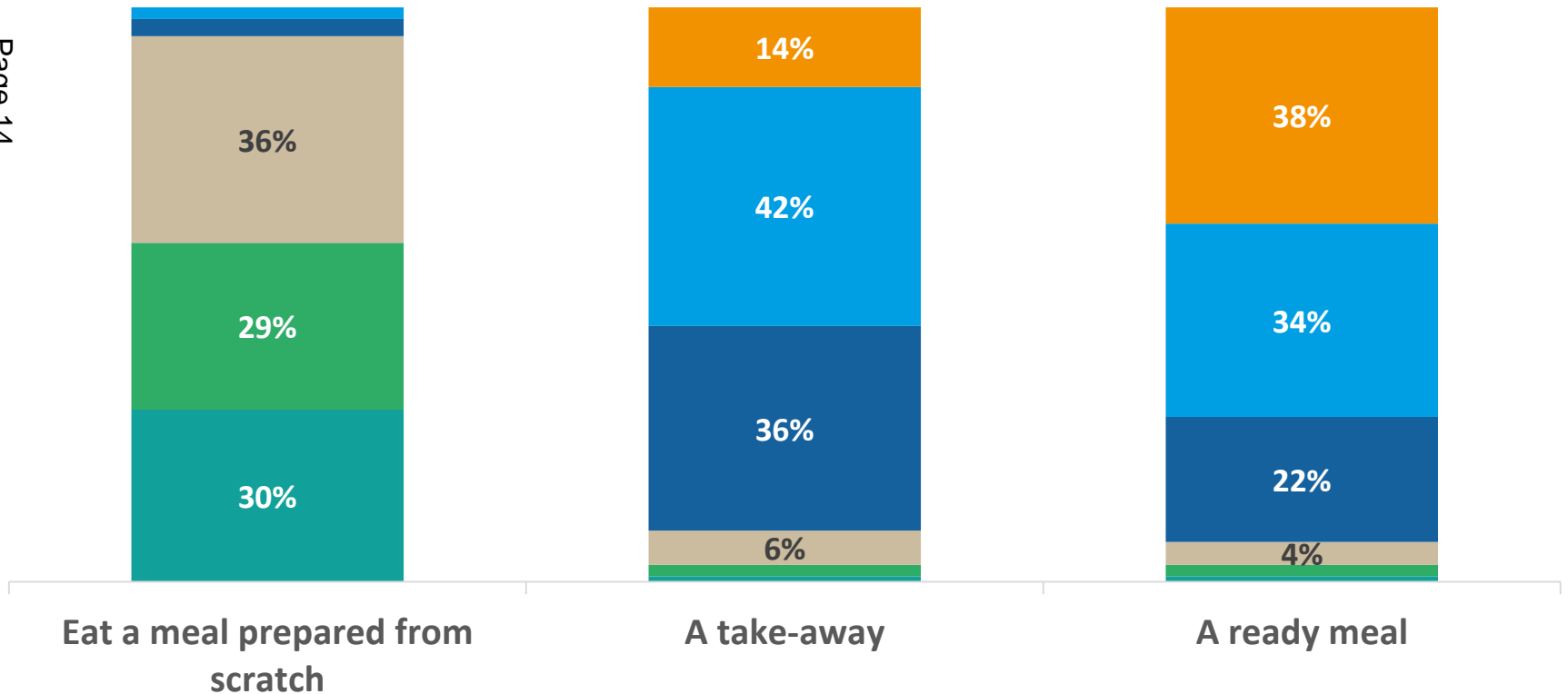
Daily portions of fruit and vegetables



Meal preparation

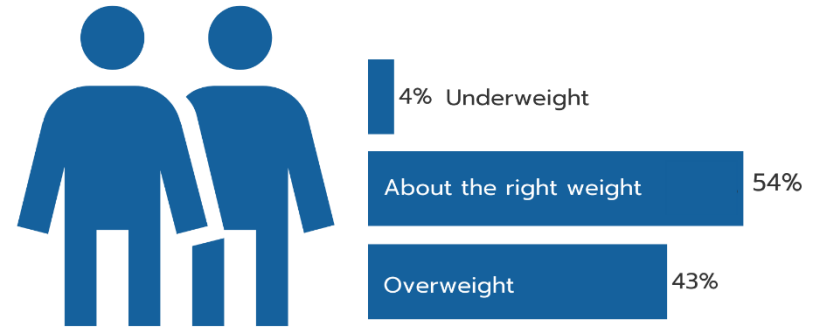
- More than once a day
- Once a day
- Most days (3-6 times a week)
- Once or twice a week
- Less than once a week
- Never

Page 14



Weight & healthy eating

How would you describe your weight?



90% said they wanted to eat more healthily

What would help people to eat more healthily...



40%
nothing, I can do it by myself



30%
cheaper healthy food



20%
more health food in the shops



19%
more time to prepare food

Advice & guidance on staying health & active

Sources of advice on staying healthy and active



74%

Online e.g.
Google



38%

GP
surgery

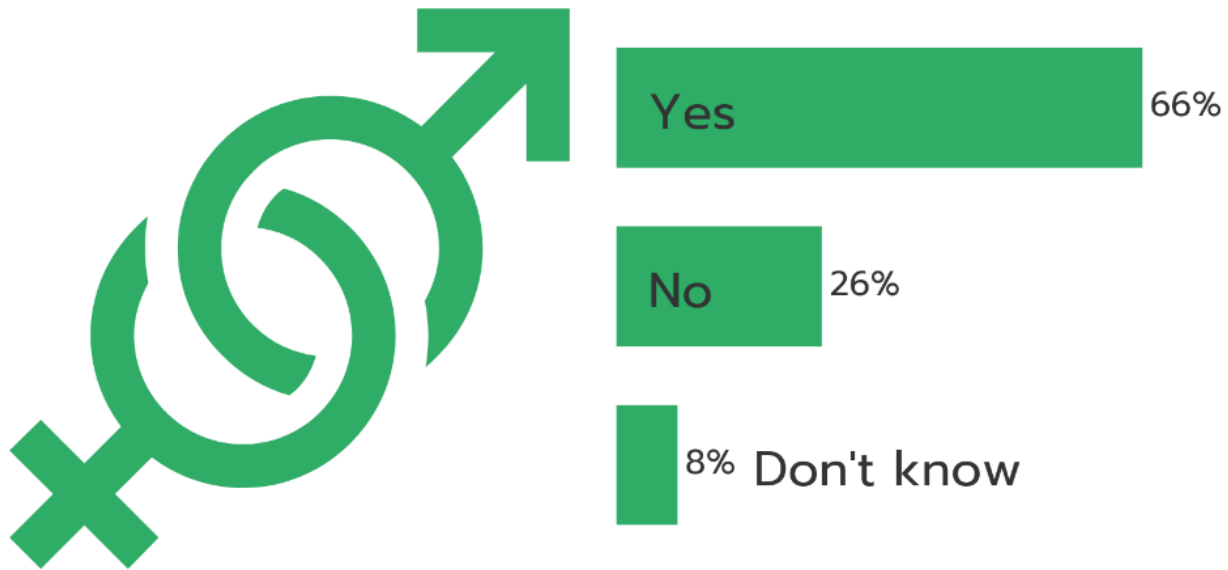
General health & activity awareness & attitudes



Sexual health

Whether received sex education at school

Page 18



Advice on sexual health and contraception

Page 19



79%
the GP



44%
sexual health
clinic



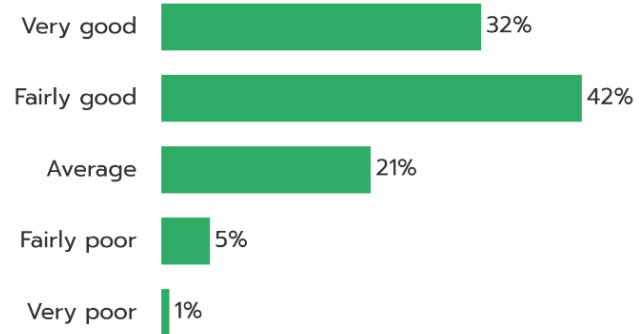
30%
online



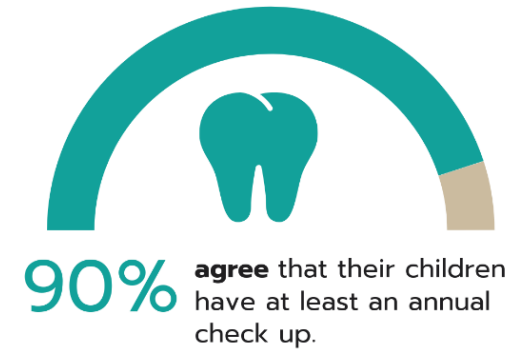
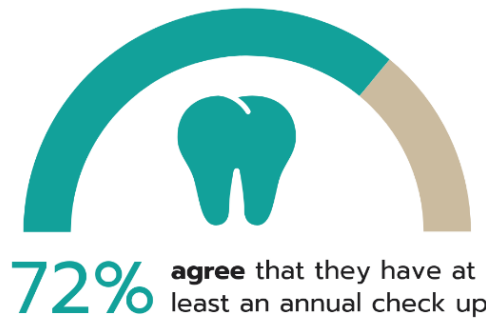
26%
family planning
clinic

General health

Rating of general health



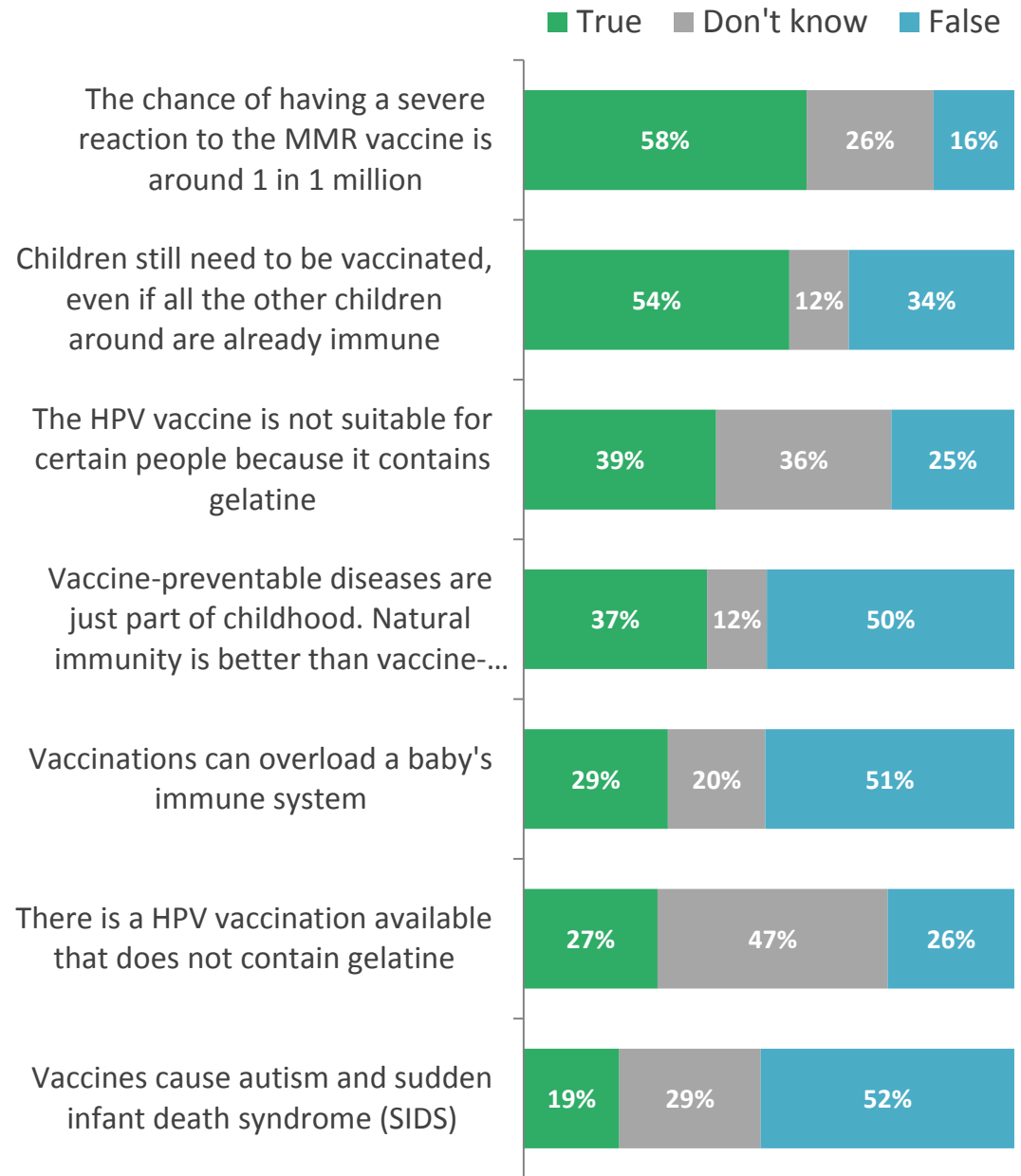
Attitudes to dental check ups



Dental practice registrations



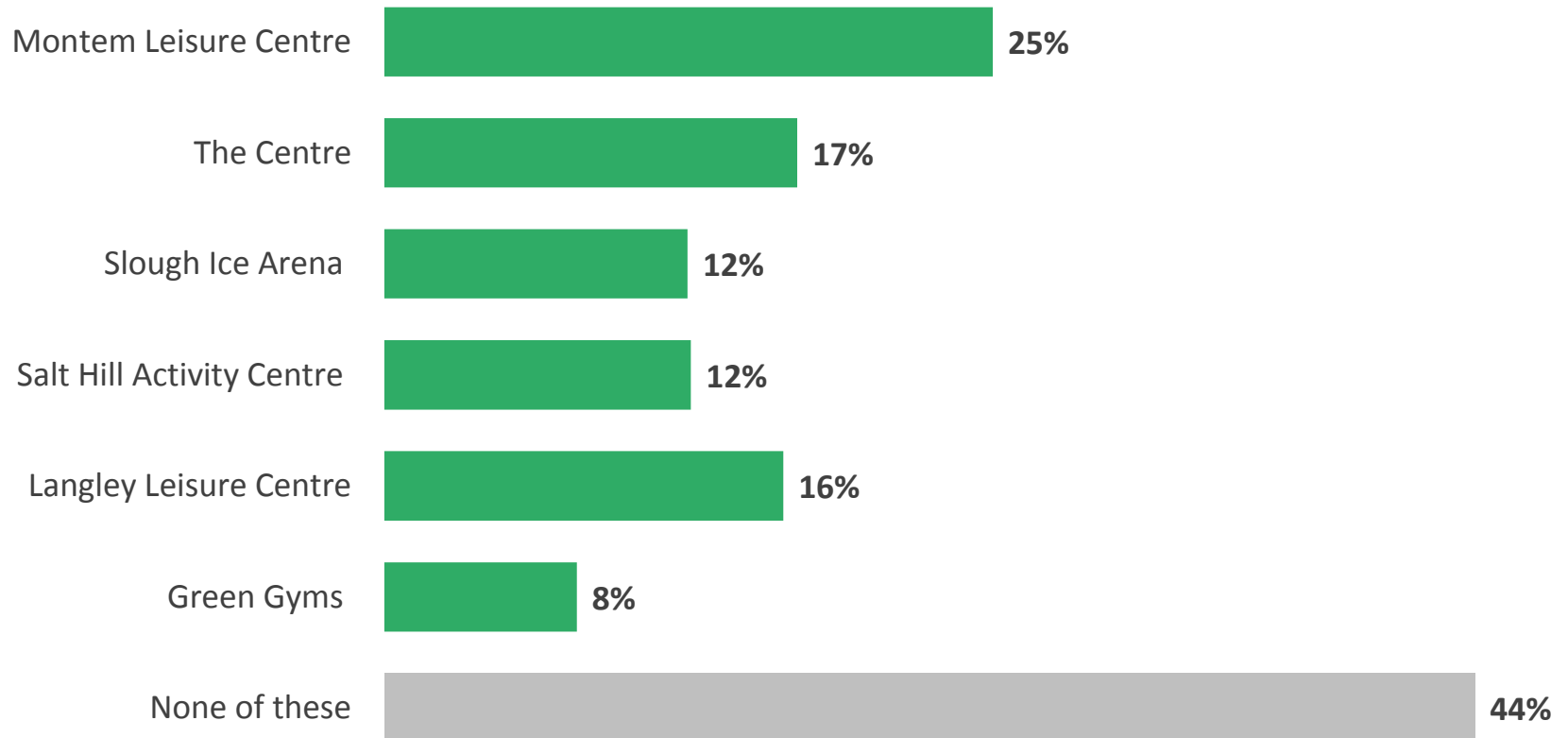
Vaccination myths



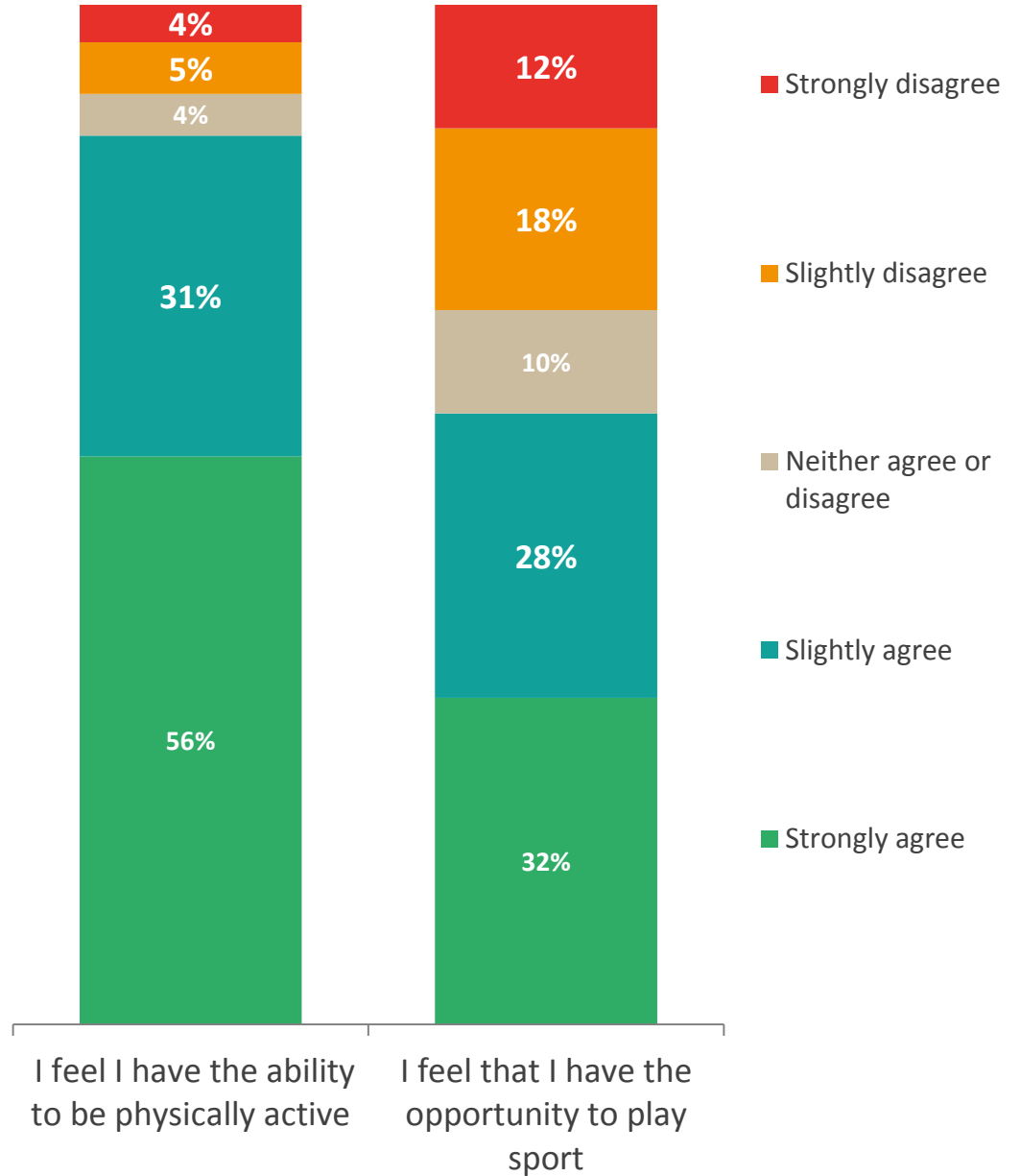
Advice on vaccinations



Use of council leisure facilities

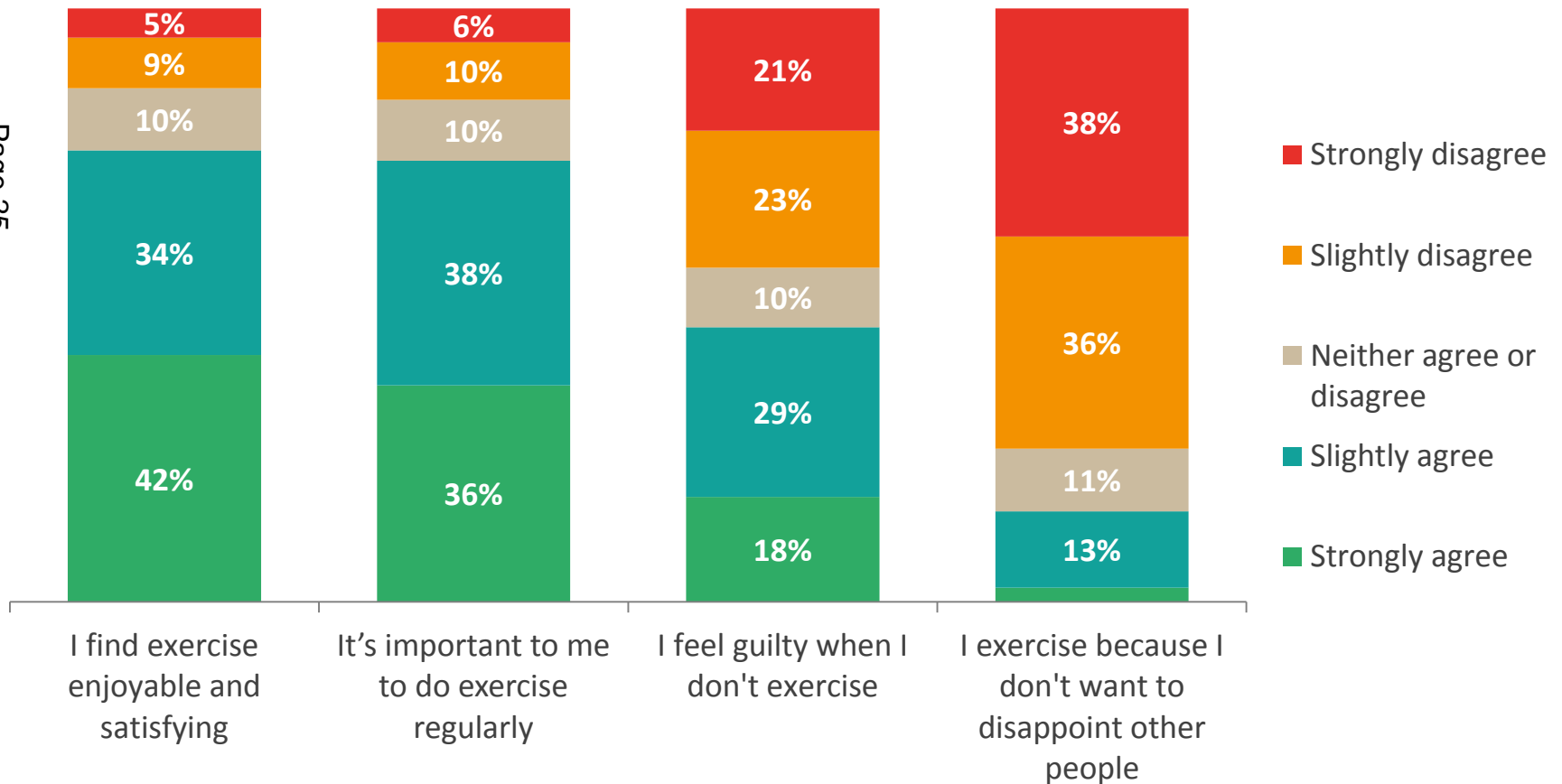


Attitude to physical activity



Motivation for physical activity

Page 25



Levels of activity

Questions were included to establish levels of activity in the last four weeks and whether any activity was moderate and/or vigorous physical activity.

Page 26

Moderate physical activity includes activities that takes medium physical effort and makes you breathe a little harder than usual. For example: brisk walking, tennis, easy cycling, dancing, easy swimming, gardening, working on an allotment, housework and domestic chores, etc.

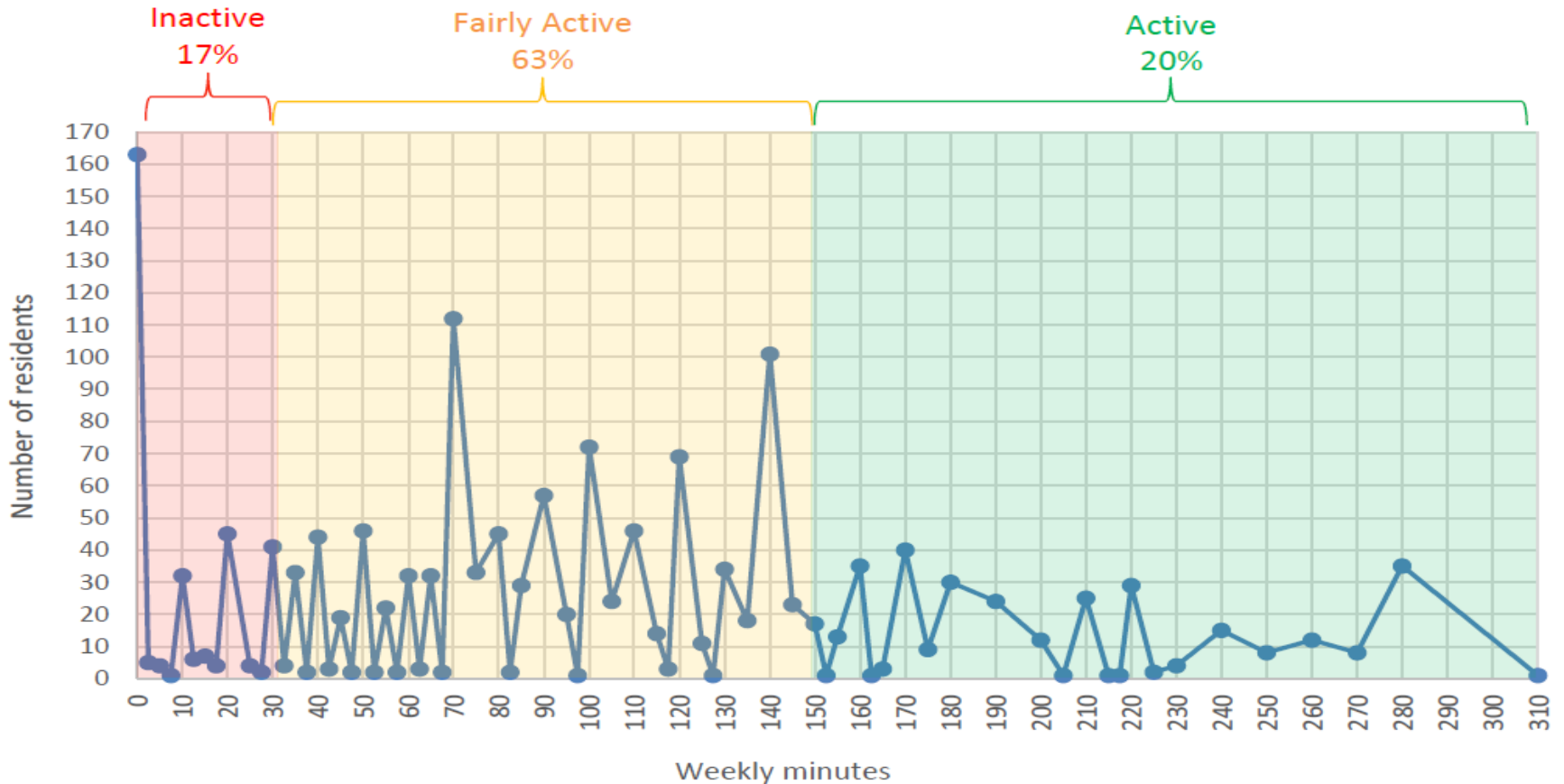
Vigorous physical activity includes activities that made you out of breath or sweaty (e.g. squash, running, aerobics, strenuous hill walking, weight training, boxing, football, rugby, hockey, vigorous swimming, vigorous cycling or similar activities).

Sport England measure activity based on the number of moderate intensity equivalent minutes whereby each 'moderate' minute of activity counts as one minute and each 'vigorous' minute of activity counts as two moderate minutes.

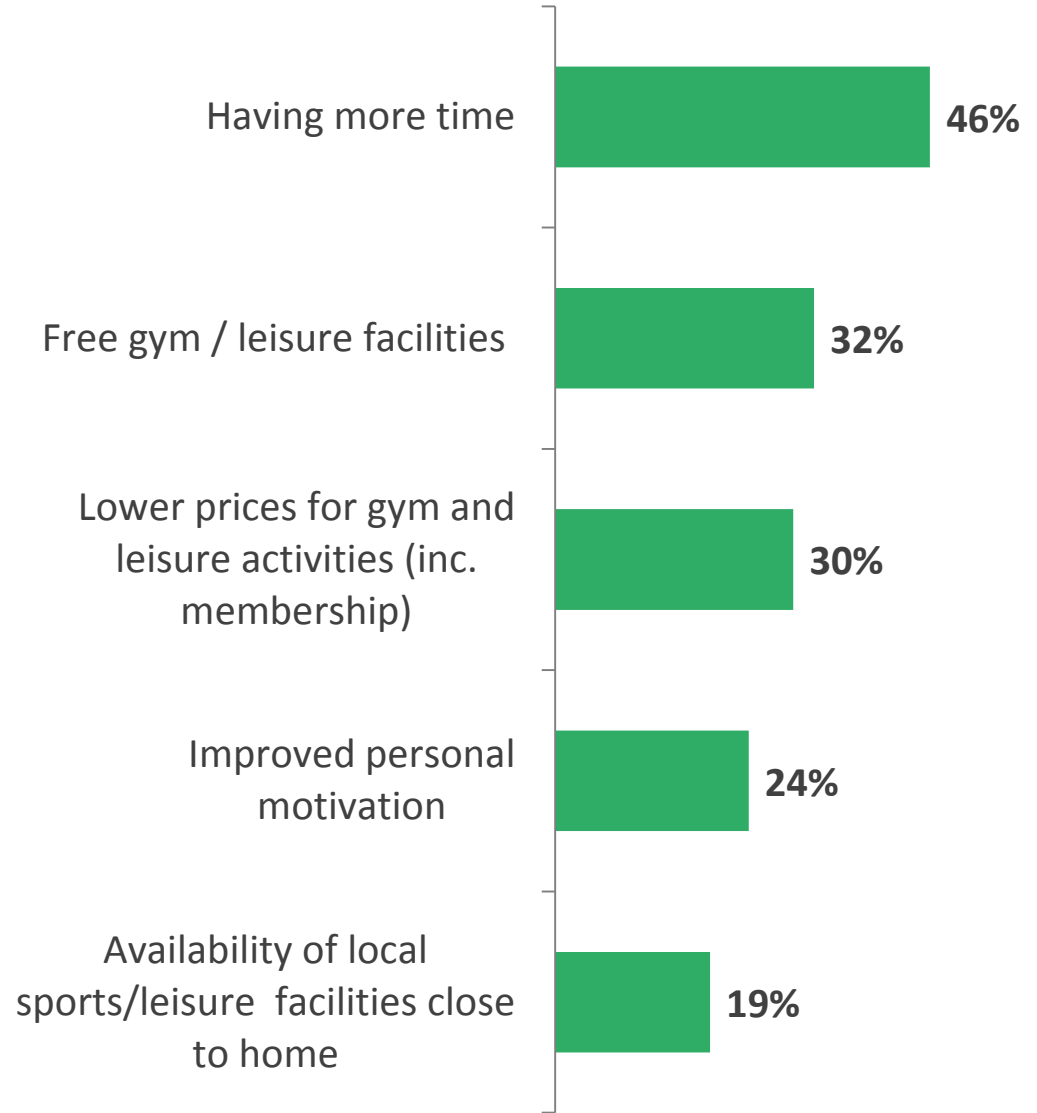
- Inactive – doing fewer than 30 minutes a week
- Fairly active - doing 30-149 minutes a week
- Active – doing at least 150 minutes a week

Levels of activity

Page 27

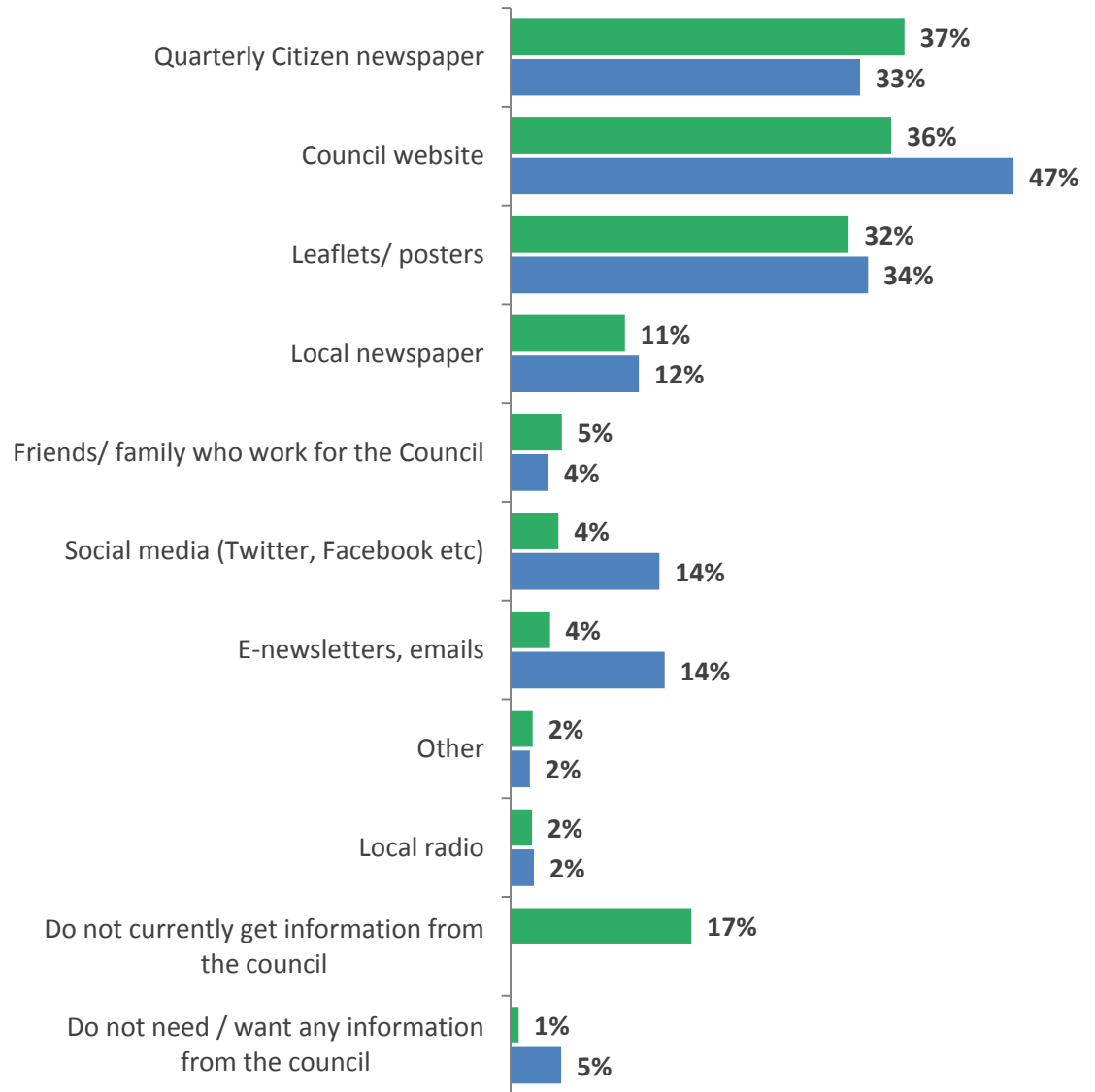


Support to be more physically active (top 5)



Receiving information from the Council

■ Current method of receiving information ■ Preferred method of receiving information



Conclusions and recommendations

- The survey has reinforced many of the findings from the qualitative exploratory stage:
 - Residents have the broad capabilities (both physical and psychological) to undertake healthy and active lifestyles, should they choose;
 - The opportunities to do so are limited by age and lifestage, as well as their financial circumstances;
 - Automotive motivation is a key barrier to undertaking healthy and active lifestyles – social opportunity activities may help;
- Use of planning and licensing controls could be used to introduce greater opportunities for healthily eating choices – working with local businesses to promote healthier options should also be considered.



Conclusions and recommendations

- Greater promotion of the council's leisure provision and Active Slough programme is needed to raise awareness - this also needs to resonate with broad groups and the less active:
 - The provision of social/group activities that indicate it is for 'people like you and me' would go some way to achieving this – the park run activity demonstrates that this is effective;
 - Advertising will need to use imagery that demonstrates inclusiveness;
 - Highlighting a wider range of activities, such as brisk walking and gardening, that can lead to healthier and active lifestyles would be beneficial;
 - Consider how financial incentives and promotions could support those groups in most need.



Conclusions and recommendations

- Education around healthy eating and healthier choices could be introduced into schools;
- Raising awareness and dispelling myths around sexual health and vaccinations requires ongoing work by the council and its partners;
- Dental health is not consciously linked to leading a healthy lifestyle – this is likely to be a national challenge and not simply a focus for Slough;
- There is high reliance on GPs for information and advice, particularly for the over 65's:
 - Greater use of Pharmacists and digital and online channels may be useful mechanisms for supporting healthy and active lives.

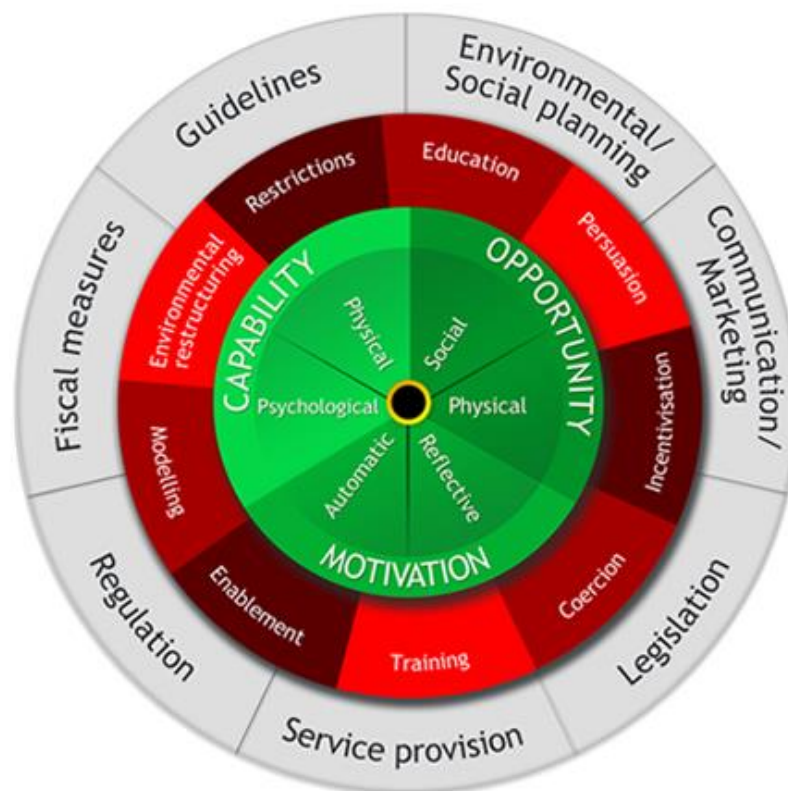


Further resources

Page 33

The COM-B model used as a basis for this research is linked to the Behaviour Change Wheel (BCW) and supporting guide to designing interventions.

- The guide is a synthesis of 19 behaviour change frameworks that draw on a wide range of disciplines and approaches. It is designed for policy makers, practitioners, intervention designers and researchers and introduces a systematic, theory-based method, key concepts and practical tasks.



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