



# **Activate to Listen**



18% of 30-74 yr olds  
in the sample

**Activate to Listen have a latent desire to be healthier** but struggle to make changes as they prioritise others over themselves. They are open to having a NHS Health Check and ranked as the 4<sup>th</sup> most interested segment. They tend to be female, in their 50s, and slightly more affluent. Found in rural and suburban areas, they have a good quality of life so take their health for granted.

*"I don't really worry too much about my health as I am fairly healthy" (qual participant)*

Activate to Listen characteristics:

**My family is my everything**, I always put them first.

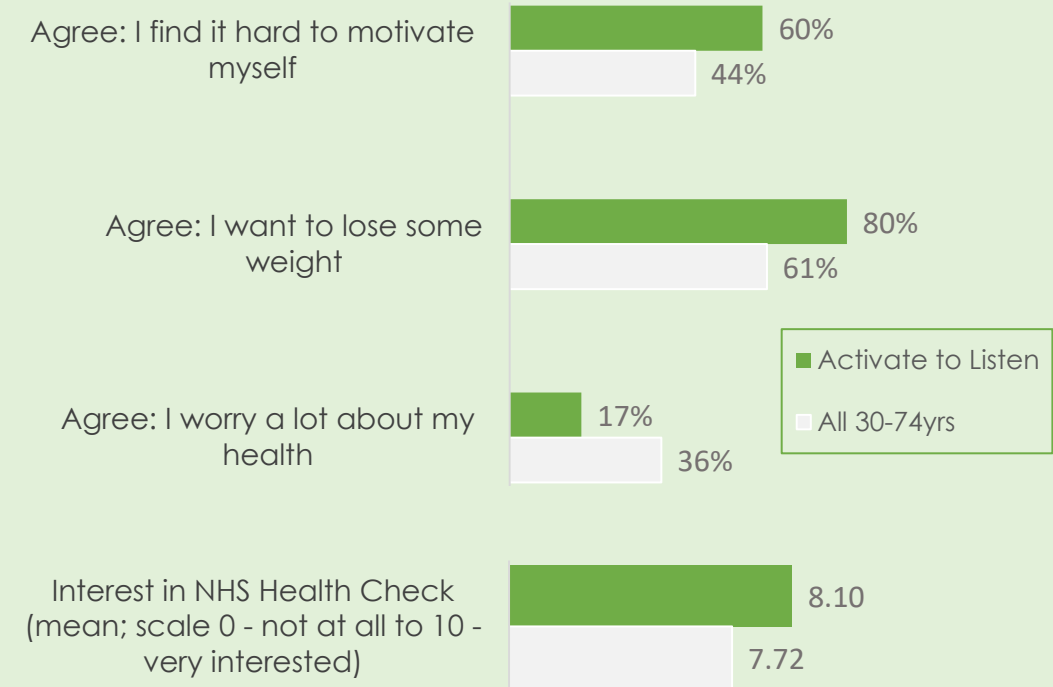
**I'm pretty healthy**, although I probably could do with losing a little weight it doesn't bother me too much.

My life is good, it's busy every day but that's how I like it. There is **very little time for myself** but as I'm getting older I realise I **probably should start to think about looking after myself more**.

I am noticing more niggles so **getting some advice on how to be in the best shape I can would be helpful**.

If there are things I can do to be with my children and grandchildren for longer then **I'd like to know** about it.

Top differentiators\*



\*largest observed difference in quantitative data between segment and all 30-74yrs in sample



This group are more likely than all 30-74 year olds in the sample to be female, 50-59 and slightly more affluent. They are more likely to be white and have high digital confidence. They are more likely to be found in rural and suburban areas and tend to have their own car or access to a car. They are unlikely have any existing health conditions.

The characteristics listed are **more likely** in this segment than all 30-74 yr olds in sample

Gender	Female		
Age group	50-59		
Social Grade	BC1		
Household composition	Partner		
Employment status	Homemaker		
Transport – typical week	Drive work/some else car		Own car
Ethnicity	White British		Any other white background
Digital confidence	Very confident		
Location	Rural	Suburban	
	North East	East Midlands	East of England
Health Conditions	None		

Areas **more** likely to be

- West Sussex
- East Sussex
- Hertfordshire
- Dorset
- Bristol
- Derbyshire
- Northamptonshire
- Norfolk
- London boroughs of – Merton;  
Islington; Westminster; Wandsworth

Areas **less** likely to be

- Somerset
- Suffolk
- Berkshire
- Lincolnshire
- London boroughs of – Enfield; Havering;  
Waltham Forest
- Cornwall
- Buckinghamshire
- Essex
- Wiltshire



**DEFINING ATTITUDES - LIFE**

I feel in control of my life  
I am very happy with my life how it is  
I don't have enough time in the day to get everything done  
Personal development is *not* a key focus for me

**DEFINING ATTITUDES – HEALTH**

I probably take my health for granted  
I don't think much about my health day to day  
I find it hard to motivate myself to make changes that would improve my health  
I have tried to lose weight in the past but struggle to keep it off

**CVD RISK FACTORS**

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

**NHS HEALTH CHECK – attitudes**

- 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 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
- Delivery preference: lean to in-person at GP or pharmacy but open to self-led digital approach. Less likely than all 30-74 year olds to want a check delivered via telephone, despite just over half reporting they would attend a check delivered in this way.
- Communications preference: letter, email

# Activate to Listen - RECOMMENDATIONS TO INCREASE ENGAGEMENT

36% aware of NHS Health Check, 4<sup>th</sup> most interested



## 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

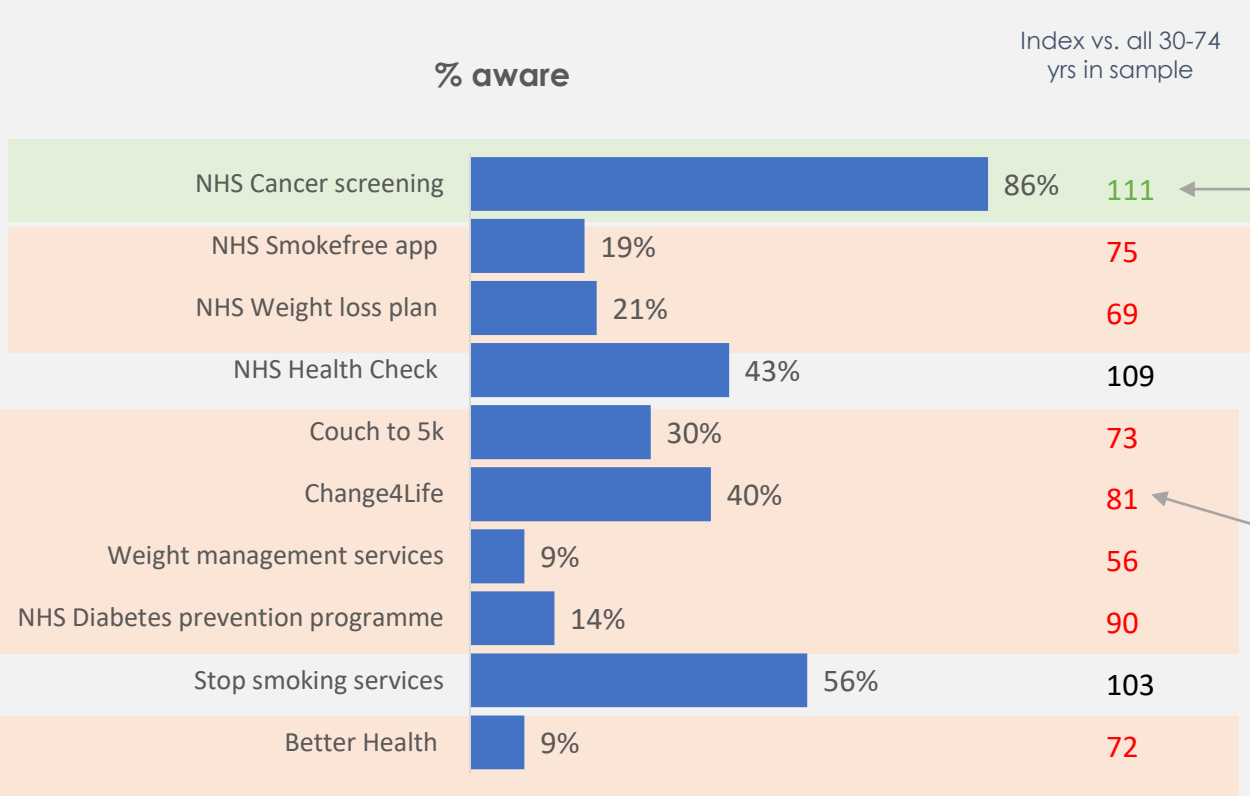
- Use behaviour change techniques such as motivational interviewing to:
  - Mirror their concerns – address their anxiety at being able to maintain changes by helping them to plan
  - Help them draw on their support network, and encourage them to carry on prioritising themselves
  - Acknowledge and discuss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

# Reading the data in the following slides

Data for the segment has been shown as percentage of the segment responding to the question, and as an **index** – which shows how the segment response differs from the average of all 30-74 year olds in the sample.



If the segment had the same likelihood to say they were aware as the average, their index would be 100.

The indexed awareness for this segment is 111, which means they are 11% more likely than the average to say they were aware of NHS Cancer screening

An index of **110 or more** is a statistically significant increase on the average and is denoted by green text in this document

The indexed awareness of Change4Life for this segment is 81, which means they are 19% less likely than average to be aware of the programme

An index of **90 or less** is a statistically significant decrease on the average and is denoted by red text in this document

A mixed method approach was used to develop this segmentation. This included qualitative group and depth interviews and an online survey. The participants were people aged 30-74 years old in England, without an existing diagnosis of cardiovascular disease. A total of 1750 respondents completed the survey. This total sample is referred to as **“all 30-74 year olds in sample”** in this document.

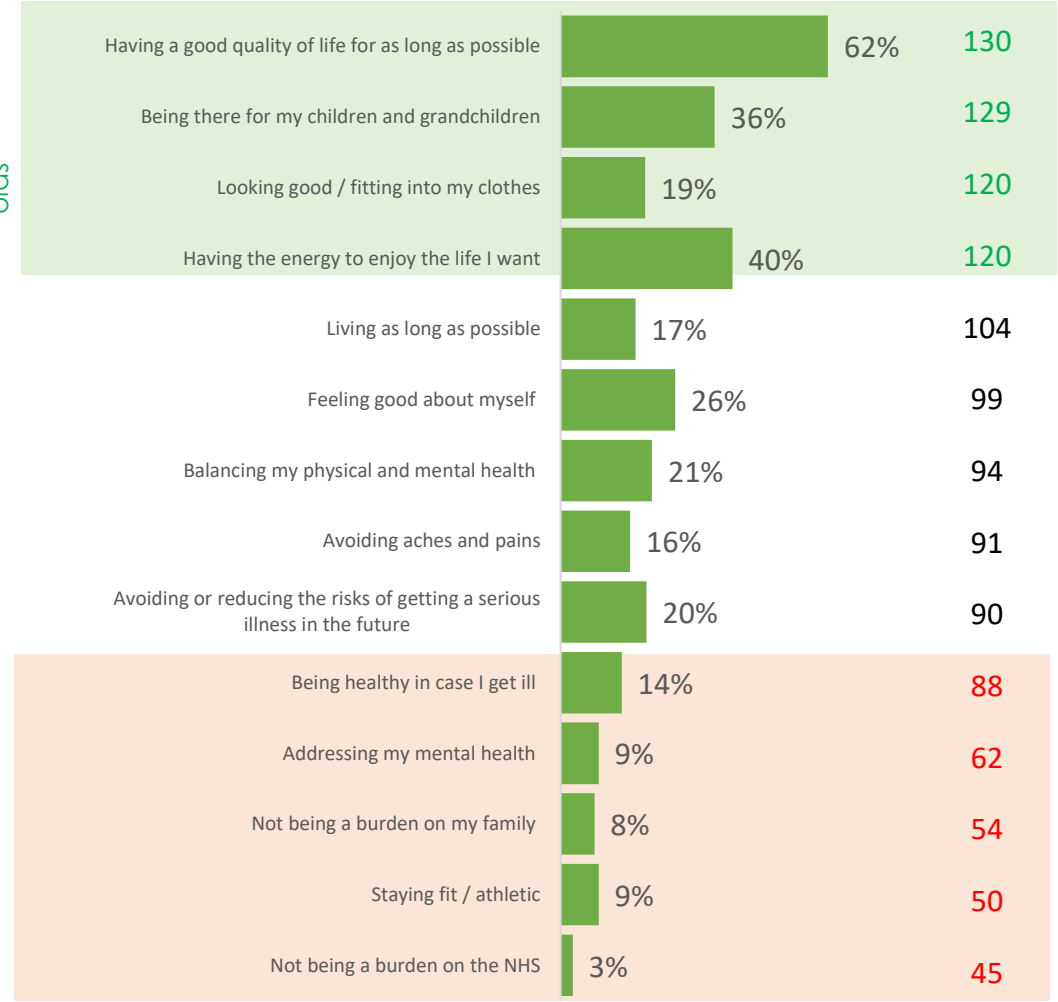


They are motivated to be in the best possible health as they want a good quality of life for as long as possible, to spend time with family and to look good. They can struggle with motivating themselves, maintaining good habits, and finding time.

More likely than all 30-74yr olds

Motivators to be in best possible health

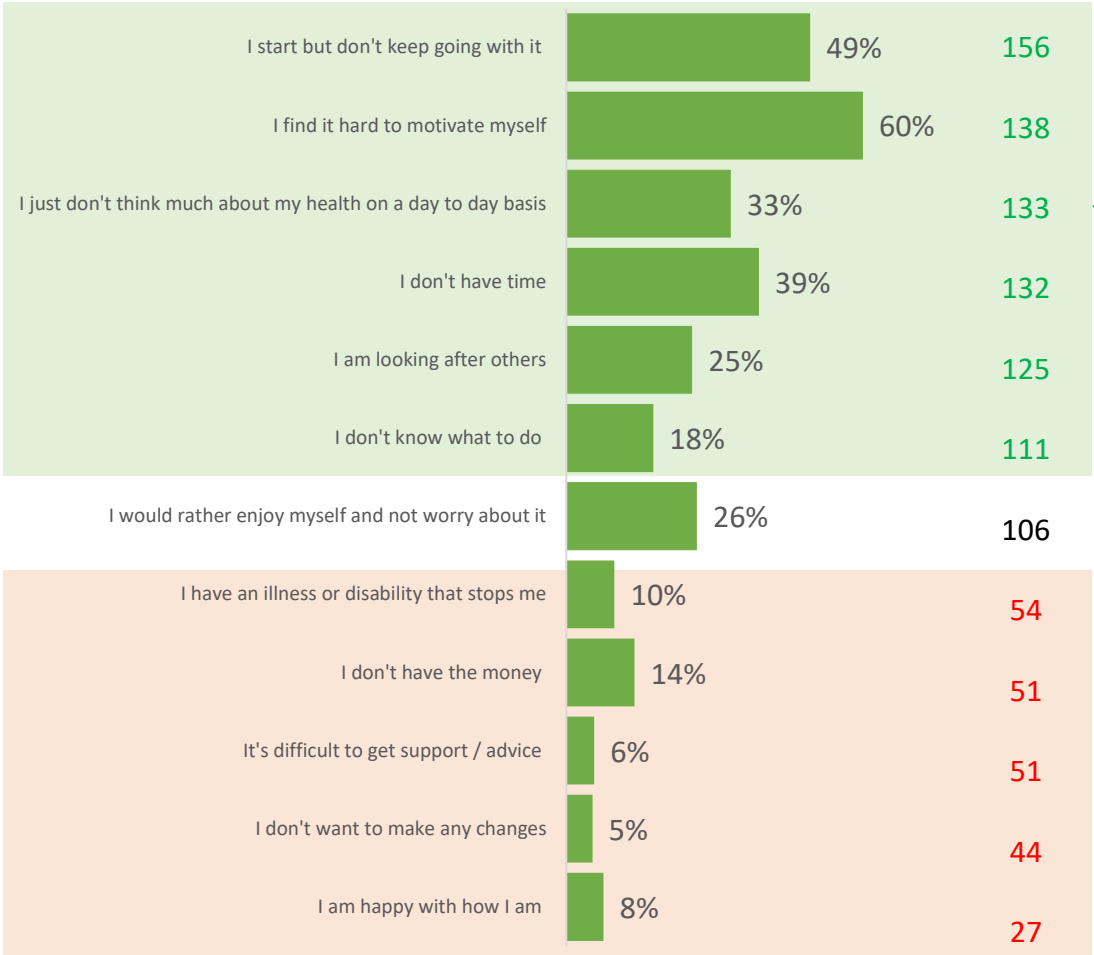
Index vs. all 30-74 yr olds in sample



Less likely than all 30-74yr olds

Barriers to be in best possible health

Index vs. all 30-74 yr olds in sample



More likely than all 30-74yr olds

Less likely than all 30-74yr olds



Key attitudes are that they take their health for granted and can struggle to motivate themselves – despite wanting to lose weight and feeling in control of their lives. They are open to hearing advice on making healthier choices

More likely than all 30-74yr olds

### Key differentiators - *more likely to agree*

	% agree	Index vs. all 30-74 yrs olds in sample
I probably take my health for granted	69%	142
I don't think much about my health day to day	53%	136
I find it hard to motivate myself to make changes to my lifestyle that would improve my health	59%	135
I have tried to lose weight in the past but struggle to keep it off	51%	132
I feel in control of my life	67%	131
I tend not to think very much about my health unless I've got a problem	66%	131
<b>I want to lose some weight</b>	<b>80%</b>	<b>131</b>
I am very happy with my life how it is	56%	125
If I feel fine there's no point looking for a problem	67%	117
Maintaining work-life balance is a priority	69%	116
I don't have enough time in the day to get everything done	44%	113
I am open to hearing advice on my lifestyle that would improve my health	77%	112

**Bold** indicates this segment are most likely of all segments to agree with this statement





They do not see themselves as knowledgeable about prevention. They are not happy with their weight but are not actively making changes to improve their health.

## Key differentiators - *less likely to agree*

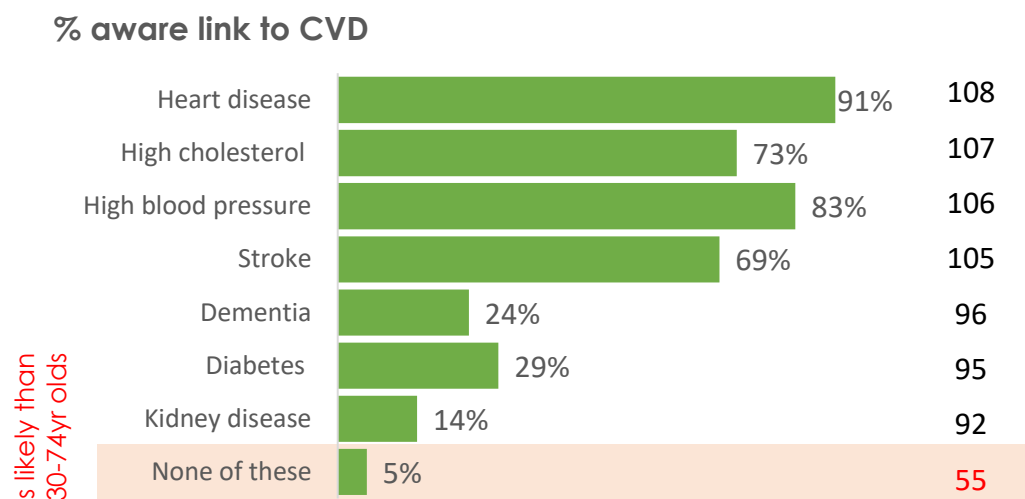
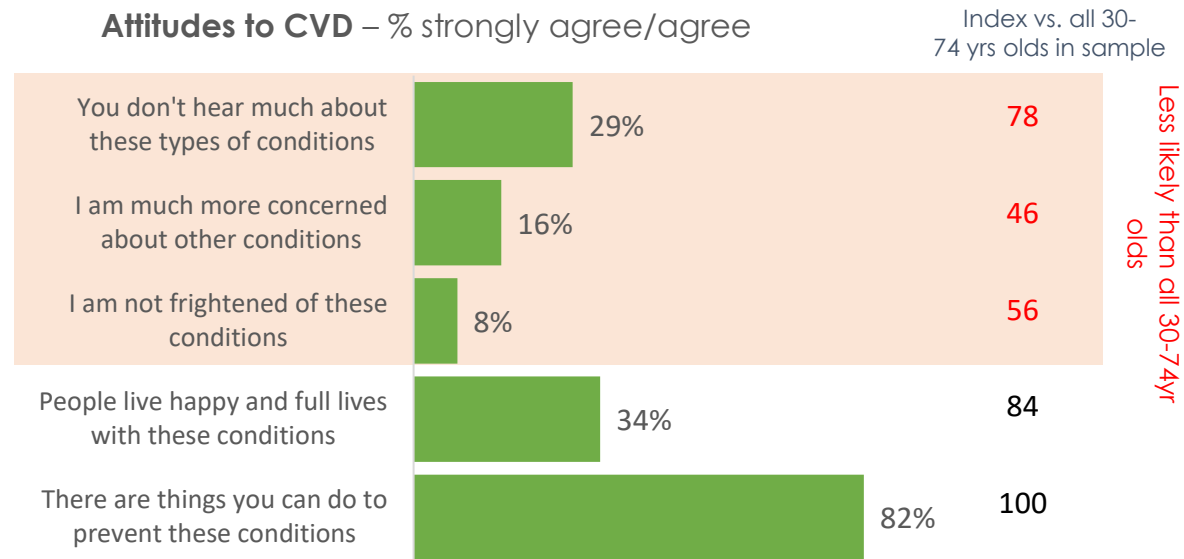
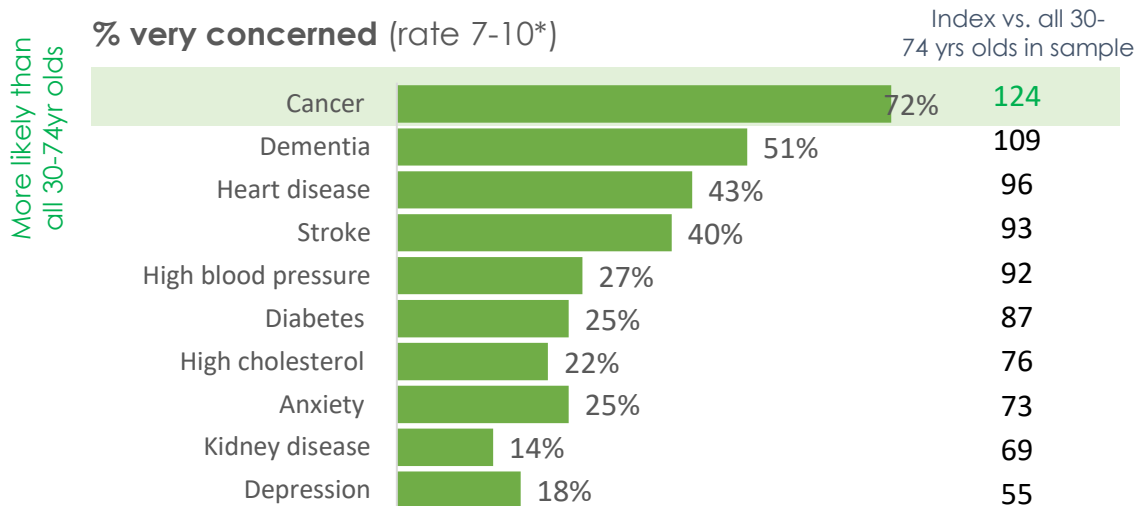
Less likely than all 30-74yr olds

	% agree	Index vs. all 30-74 yrs in sample
I can afford to put my health to one side to get ahead in life	5%	44
I am happy with my weight	16%	47
I worry a lot about my health	17%	47
My job/career is my priority	8%	50
Personal development is a key focus for me	23%	66
I regularly think about how to look after myself to avoid serious illness in the future	31%	68
My main concern at the moment is money	28%	70
I worry a lot about the future	32%	74
If there is something wrong with me but I feel fine, I'd rather not know	19%	75
I've got more immediate priorities to think about than potential future health problems	26%	84
I am actively making changes to way I live my life to improve my health	37%	85
I tend to blame myself when something goes wrong	43%	85
If I feel fine, then I don't need to think about future health problems	25%	85
Someone I know getting seriously ill has had a big impact how I think about my health	34%	88
I know what I should do to prevent getting serious health conditions	52%	89
I tend to live in the moment and not think about the future	25%	89

**Bold** indicates this segment are most likely of all segments to agree with this statement



They are concerned about health conditions, particularly cancer, and have good awareness of conditions linked to CVD. They are less likely than all 30-74 year olds to agree 'you don't hear much about these types of conditions' or 'I am not frightened of these conditions' showing some concern about CVD.



### Friends diagnosed

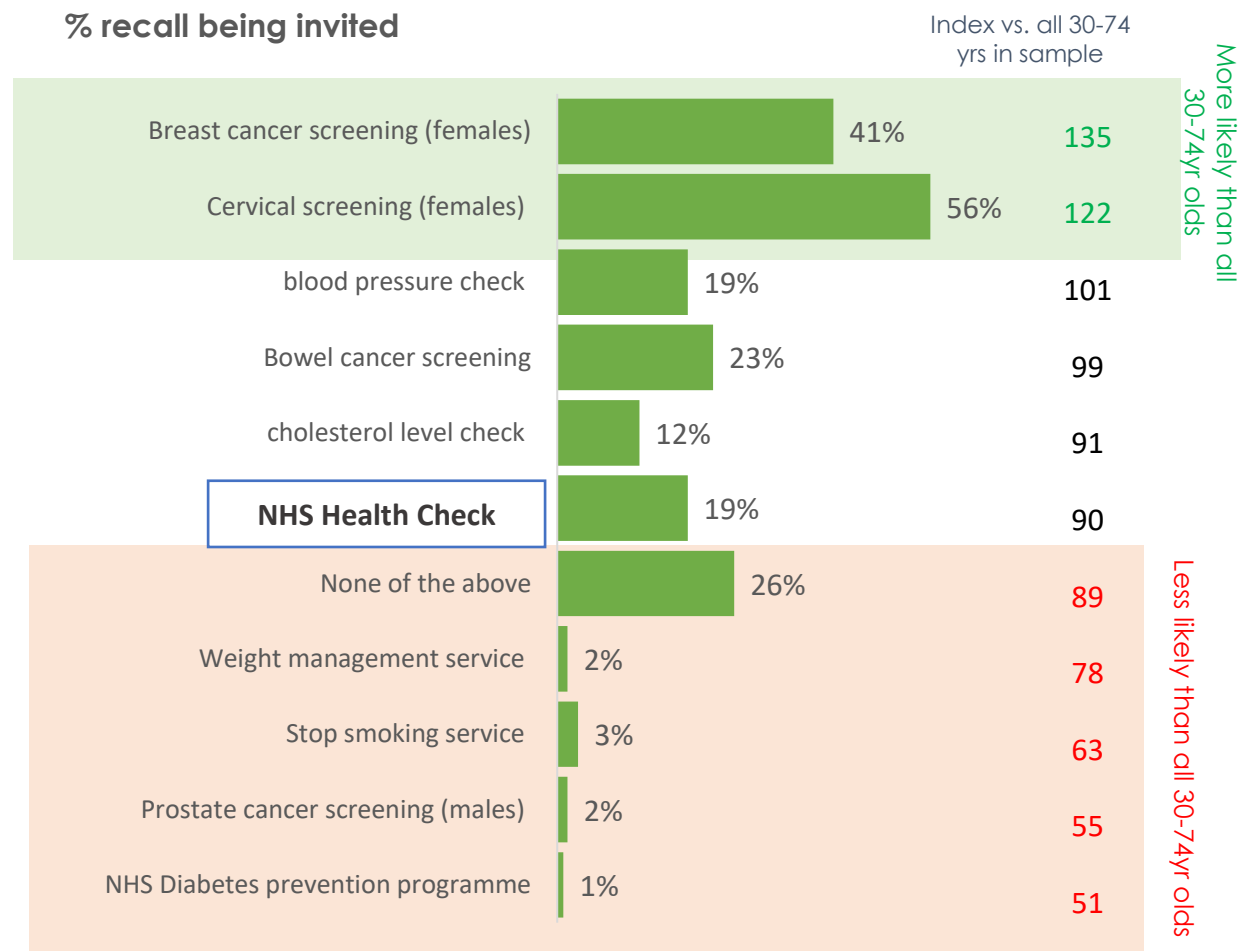
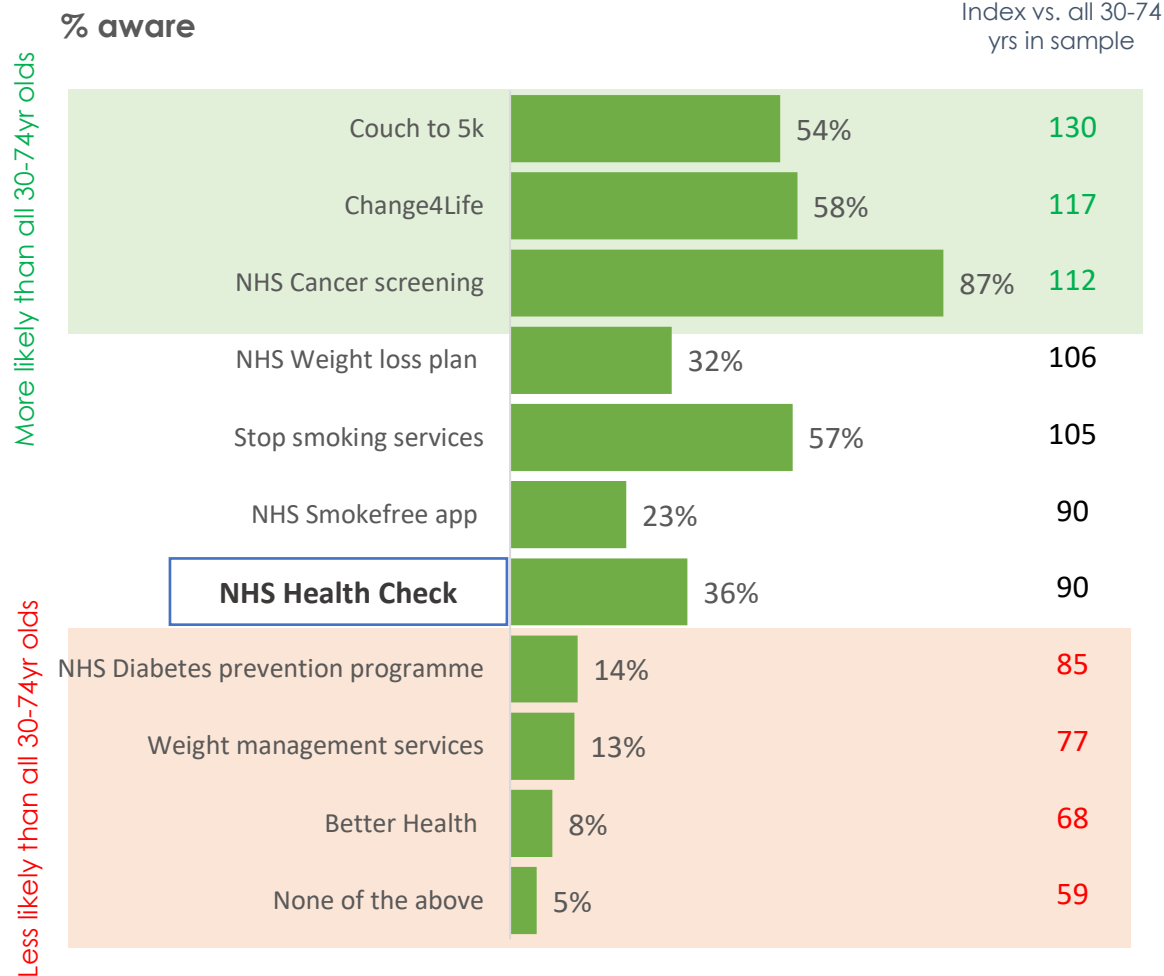
Kidney disease	7%	124
Cancer	46%	109
Heart disease	14%	84
Stroke	15%	82

### Family diagnosed

Dementia	27%	119
Cancer	52%	114
Stroke	25%	105
Heart disease	26%	102



They are aware of preventative health services like cancer screening, Change4Life and Couchto5k but less likely to know about the NHS Diabetes Prevention Programme and Better Health than most 30-74 year olds. Just over one third are aware of the NHS Health Check, similar to all 30-74 year olds.



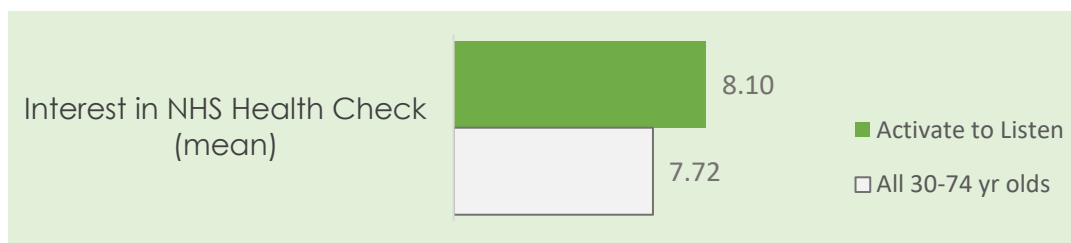
NHS Health Check: Of those invited 24% (92) attended



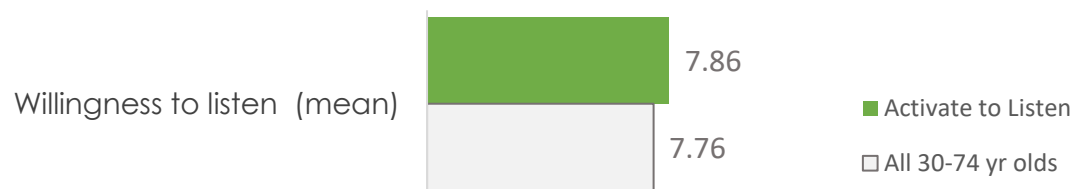
They are open to the NHS Health Check and any advice they may be given – they are aware of the importance of health but their motivation needs to be triggered to engage them further.

Based on description, interest in NHS Health Check\*

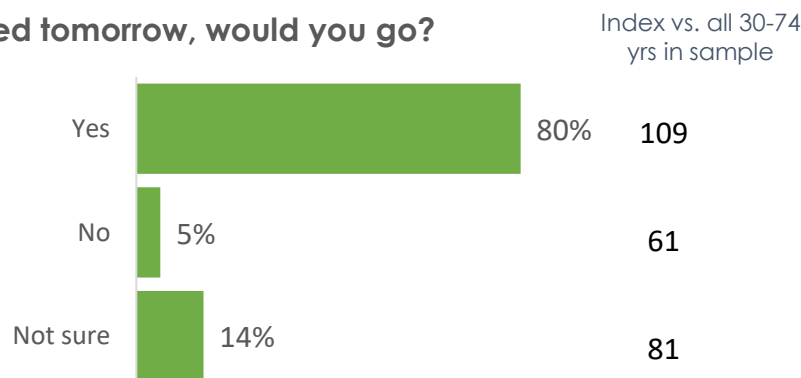
More likely than all 30-74yr olds



Willingness to listen to and act on any advice given\*\*



If contacted tomorrow, would you go?



**Qualitative findings on NHS Health Check**

- Open to prompting around health, can be aware of recent changes in weight, and have a desire to do more
- Suffer from motivation issues - life gets in the way of them being their 'healthiest selves'
- When triggered to think about their health this encouraged higher engagement in health and a more positive response to the concept of an NHS Health Check

*"You would hardly feel motivated to make any changes if it came out that your risk score was very low over 10 years, very easy to ignore"*

*"My brother had one and his cholesterol was very high and he was shocked and said I really needed to get it done, otherwise to be honest I might have ignored the invite"*

\*scale 0 – Not at all interested to 10 – Very interested

\*\*scale 0 – Would not listen to advice to 10 – Would listen to and act on advice



They find the idea of the NHS Health Check reassuring and an opportunity. They believe that knowing their CVD risk score would motivate them and that they would be able to make small changes if advised. Over half of this group know this may be a 'wake-up call' which indicates underlying concern about the results.

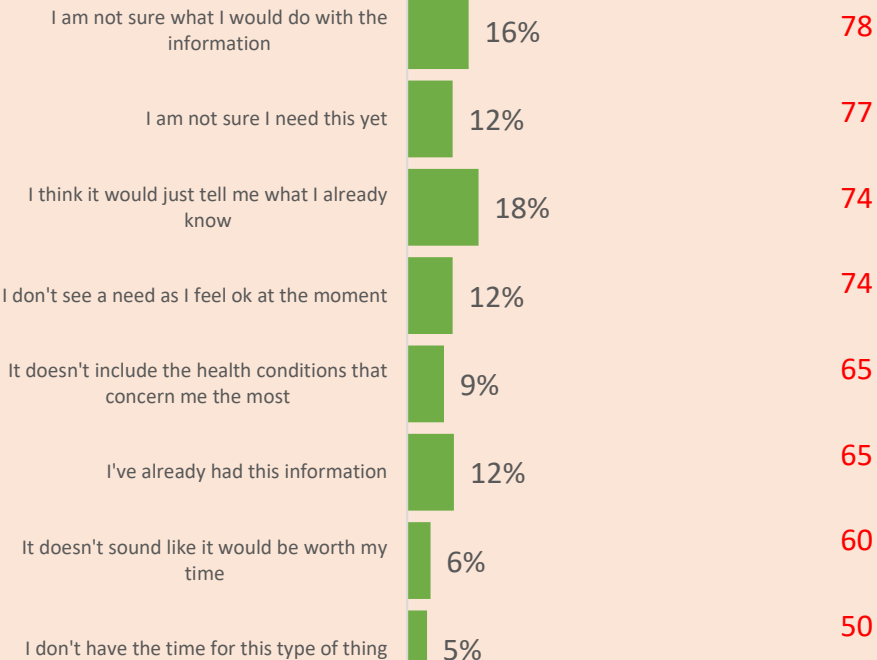
### Attitudes to NHS Health Check

Index vs. all 30-74  
yr olds in sample

More likely than  
all 30-74yr olds



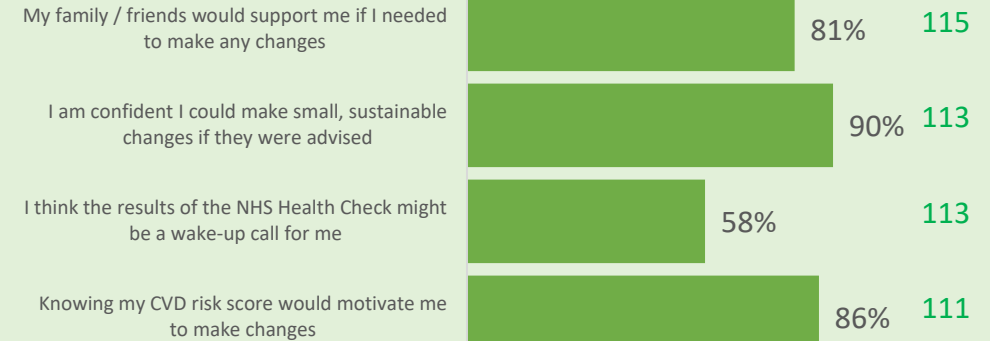
Less likely than all 30-74yr olds



### Attitudes to advice and support may receive

Index vs. all 30-74  
yr olds in sample

More likely than all 30-74yr olds



Less likely than all 30-74yr olds

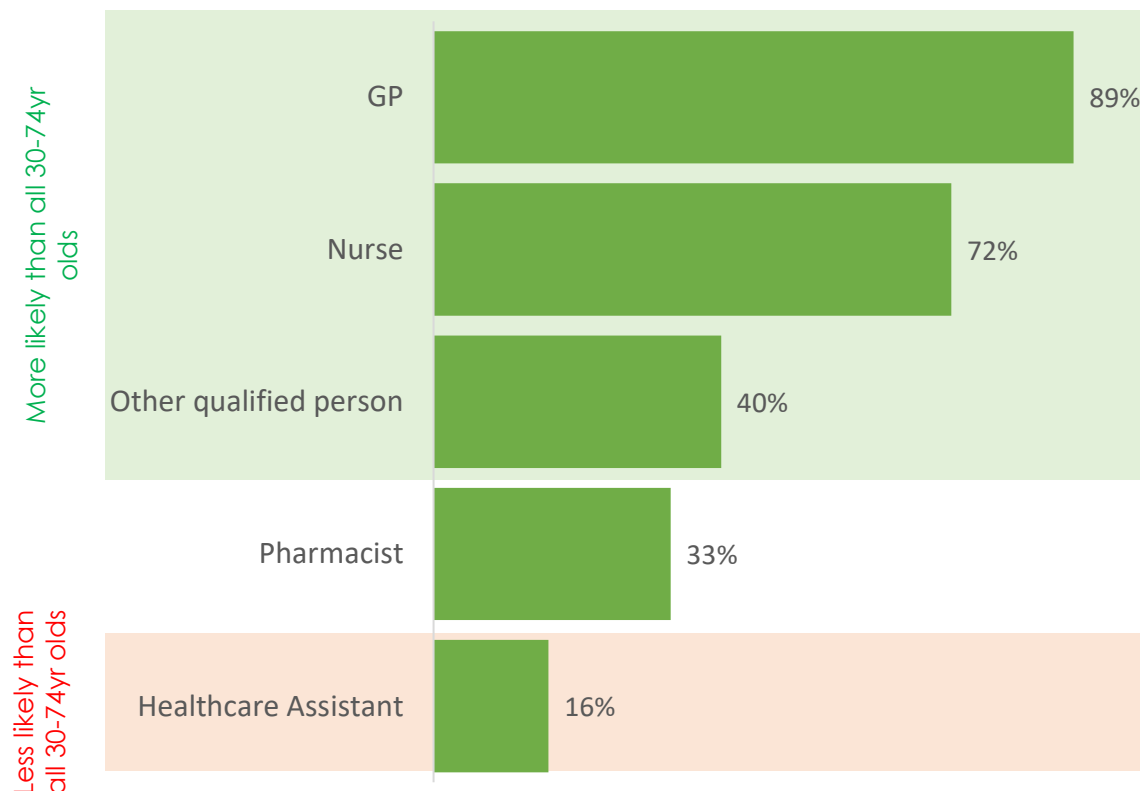


## Activate to Listen



The majority prefer that advice is given by a GP. They are less likely to listen to advice given by a healthcare assistant than all 30-74 year olds. They engage with cholesterol levels, signs and symptoms of dementia, as well as their CVD risk score and diabetes risk. They are particularly interested in personalised advice.

### NET: % likely to listen\* if given advice by...



\*scale 1 – Less likely – 5 – More likely  
Net: % More likely minus % less likely

Base: Activate to Listen (n=311)

### NHS Health Check elements

	Highly valuable		Not valuable	
<b>Personalised advice</b>	<b>62%</b>	<b>110</b>	2%	49
<b>Your cardiovascular risk score</b>	59%	103	1%	25
<b>Advice on how to prevent cardiovascular health problems</b>	57%	109	1%	13
<b>Your cholesterol levels</b>	56%	106	2%	30
<b>Your diabetes risk assessment</b>	54%	105	1%	19
<b>Signs &amp; symptoms of dementia</b>	54%	104	3%	39
Your blood pressure	51%	100	3%	46
Practical tips to help make changes	48%	105	3%	40
Referral to get medication to lower blood pressure or cholesterol	46%	107	9%	74
Information on lifestyle changes	40%	101	3%	38
Referral to support services	36%	99	12%	73
Your physical activity assessment	35%	85	7%	60
BMI	31%	93	17%	84
Your alcohol use score	23%	91	33%	94

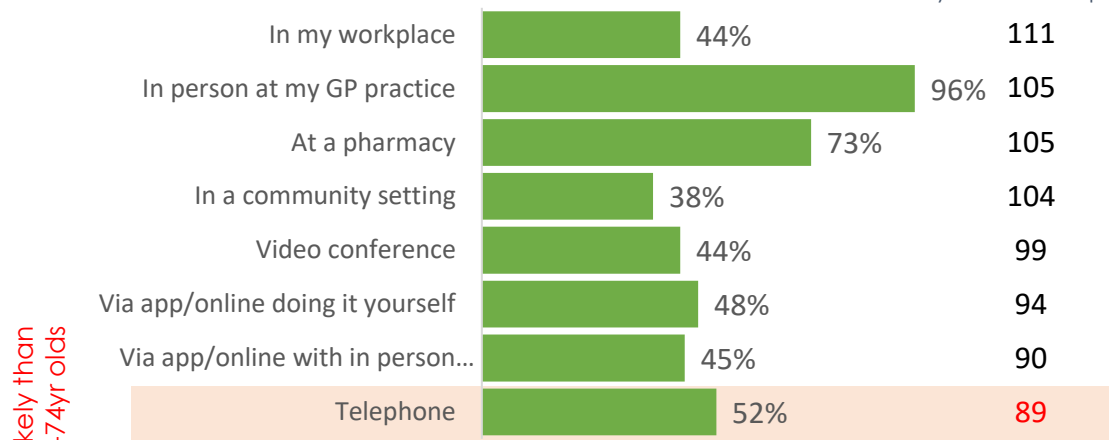
**Bold** indicates elements segment are most likely to engage with



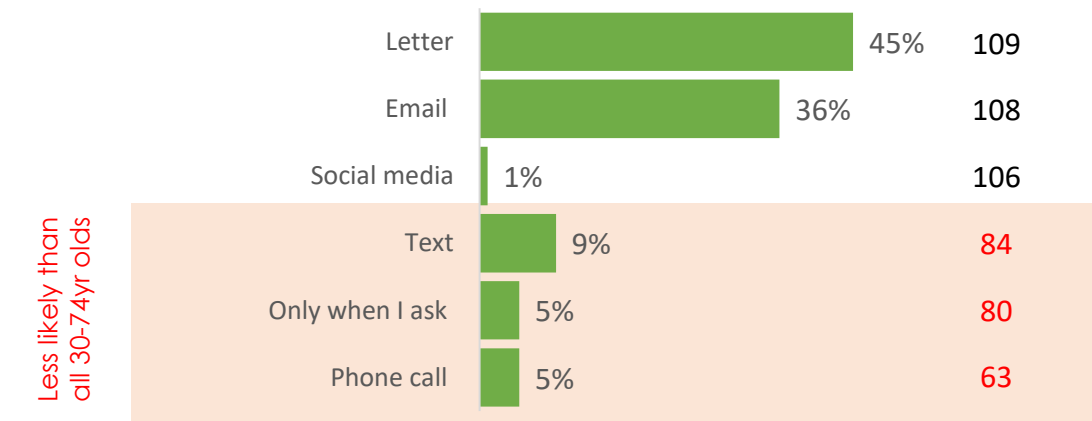
They show a preference for in person delivery at GP practice or pharmacy, and just under half are willing to use a self-led digital approach. Messaging can be direct to challenge them to prioritise their health. Written communication is most preferred – letter or email.

### Delivery mode – % would attend

Index vs. all 30-74  
yr olds in sample



### Preferred communication channel



### Qualitative findings on delivery needs

- Are open to all modes of delivery, their focus is more on good follow up and support
- Potential to link age milestones to heighten importance

### Qualitative findings on messaging that engaged

- Communicate that the NHS Health Check is a quick and easy process as this segment are time poor
- Tap into their concerns about underlying health issues
- Capitalise on their recognition that health is becoming increasingly important to encourage them to have a check
- Use the patient information leaflet to speak to their interest in a range of health conditions and acting early

*"It's free and it might help me to know how my body is doing"*

*"The issues with getting an appointment at the GP put me off trying to book in for this"*