



Problem Avoider

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15% of 30-74 yr olds
in the sample

Problem Avoiders are happy and enjoying life. As they feel fine, health issues are not top of their mind and they do not see any point in looking for a problem. Of all the 7 segments, they are 5th most interested in an NHS Health Check. They are more likely to be over 60, retired, affluent, and living in rural/coastal areas. They tend not to have any long-term health conditions and are reluctant to make changes to their life.

"I don't think too much about health and disease. I'm happy as I am." (qual participant)

Problem Avoider characteristics:

I've just retired and I love it. Finally, **I have some money and time to enjoy myself.**

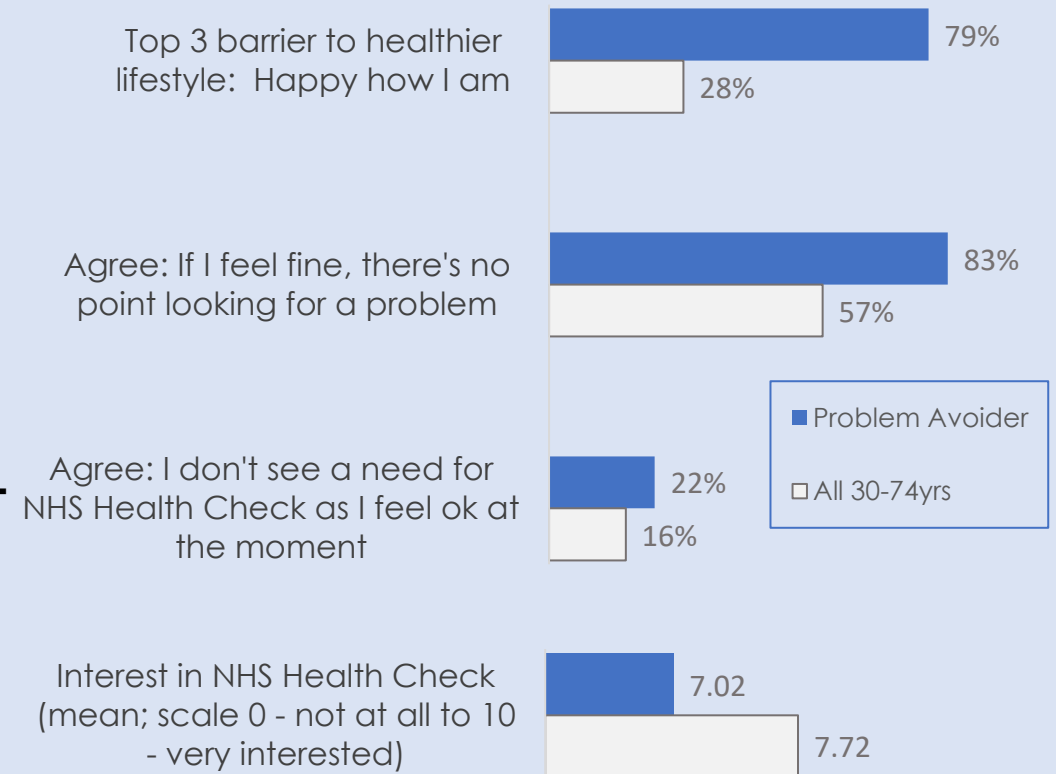
When it comes to my health I am doing ok, as I've no serious issues to contend with.

I know there is advice out there about what you should be eating and drinking to be healthy, but **I like to make my own mind up** about these things.

I'm **pretty content with my life**. I just try to find a balance, although my main priority is to enjoy life. I see **no point in worrying** about what might happen.

That said, I do **want to carry on enjoying life** for as long as I possibly can.

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 over 60 years old, retired and living with a partner in a rural location. They are more likely to be affluent, have their own car and to be very digitally confident.

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

Gender	Male	
Age group	60-69	70-74
Social Grade	AB	
Household composition	Partner/spouse	Live alone
Employment status	Retired	
Transport	Own car	
Ethnicity	White British	White Eastern European
Digital confidence	Very confident	
Location	Rural	Coastal
	Yorkshire & Humber	East of England
Health Conditions	None	

Areas **more likely** to be

Herefordshire	Worcestershire
Cornwall	Suffolk
Somerset	Kent
Nottinghamshire	Shropshire
Bedfordshire	Cumbria

Areas **less likely** to be

Cheshire	Hertfordshire
West Midlands	Oxfordshire
Leicestershire	Wiltshire
Essex	Devon



DEFINING ATTITUDES - LIFE

I am very happy with how my life is
I cope well when things get difficult in my life
I find it easy to motivate myself
Life is short, you just have to enjoy yourself

DEFINING ATTITUDES – HEALTH

I don't think much about my health day to day
If I feel fine, there is no point looking for a problem
I tend not to think about my health unless I've got a problem

CVD RISK FACTORS

1 in 6 have at least 2 CVD risk factors*

ENABLERS TO HEALTHIER CHOICES

- They want to enjoy life to the full, keen to live good quality of life for long time
- They have money and time
- They 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 and preferences

- 43% aware of the NHS Health Check (compared to 38% of all 30-74 year olds in the sample)
- 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 the check as looking for a problem when they would rather not know
- Delivery preference: in person at GP practice or at a pharmacy. This group are less likely to be open to digital than all 30-74 year olds in sample, despite over 40% saying they would attend a check delivered in this way.
- Communications preference: letter or email, not phone call



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

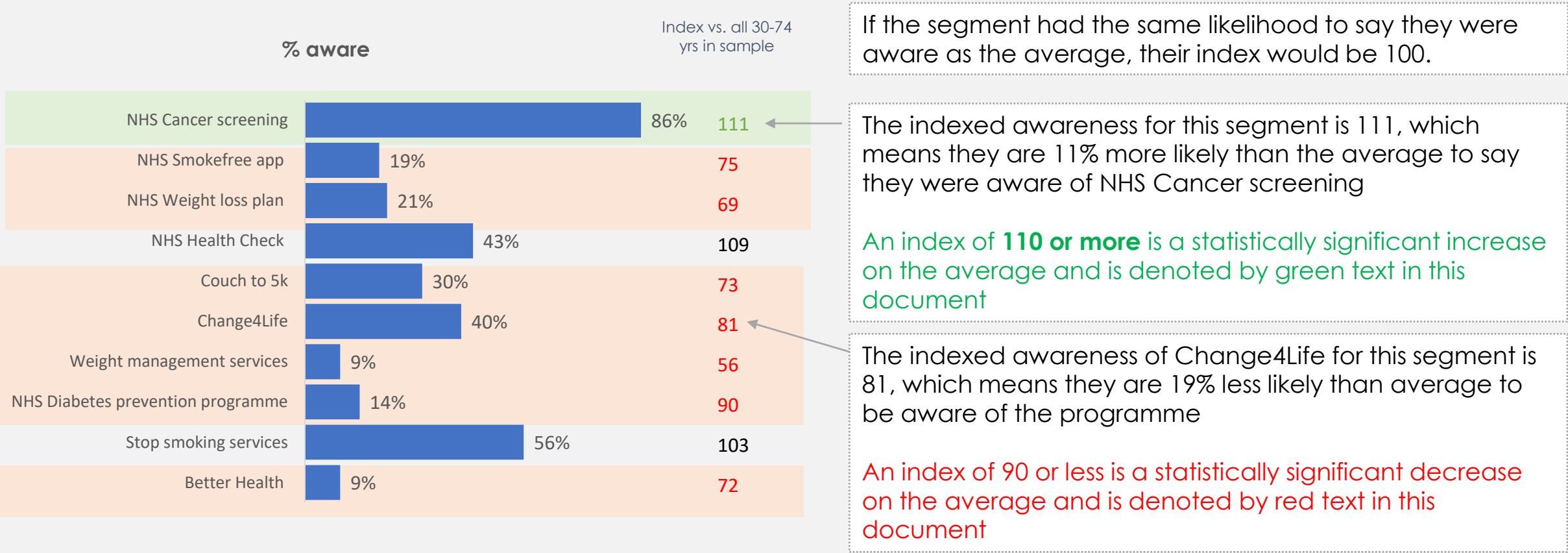
- Use behaviour change techniques and social norming to explore the benefits of referrals to services
- Level with them, treat them as an equal
- Use the NHS Health Check [results booklet](#) (or a local version) to help them identify actions on healthy behaviours that they can take
- Provide them with 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

Reading the data in the following slides

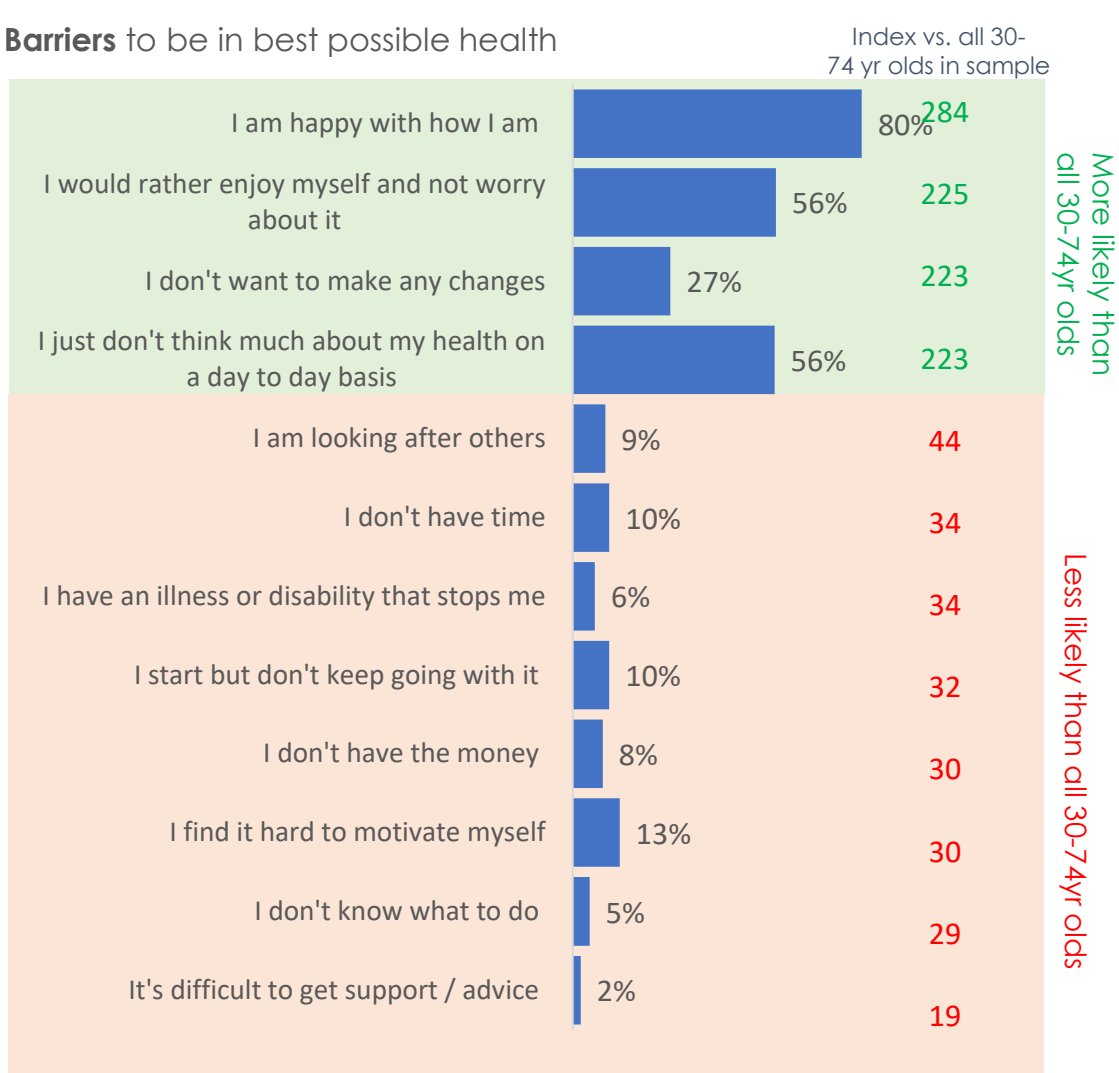
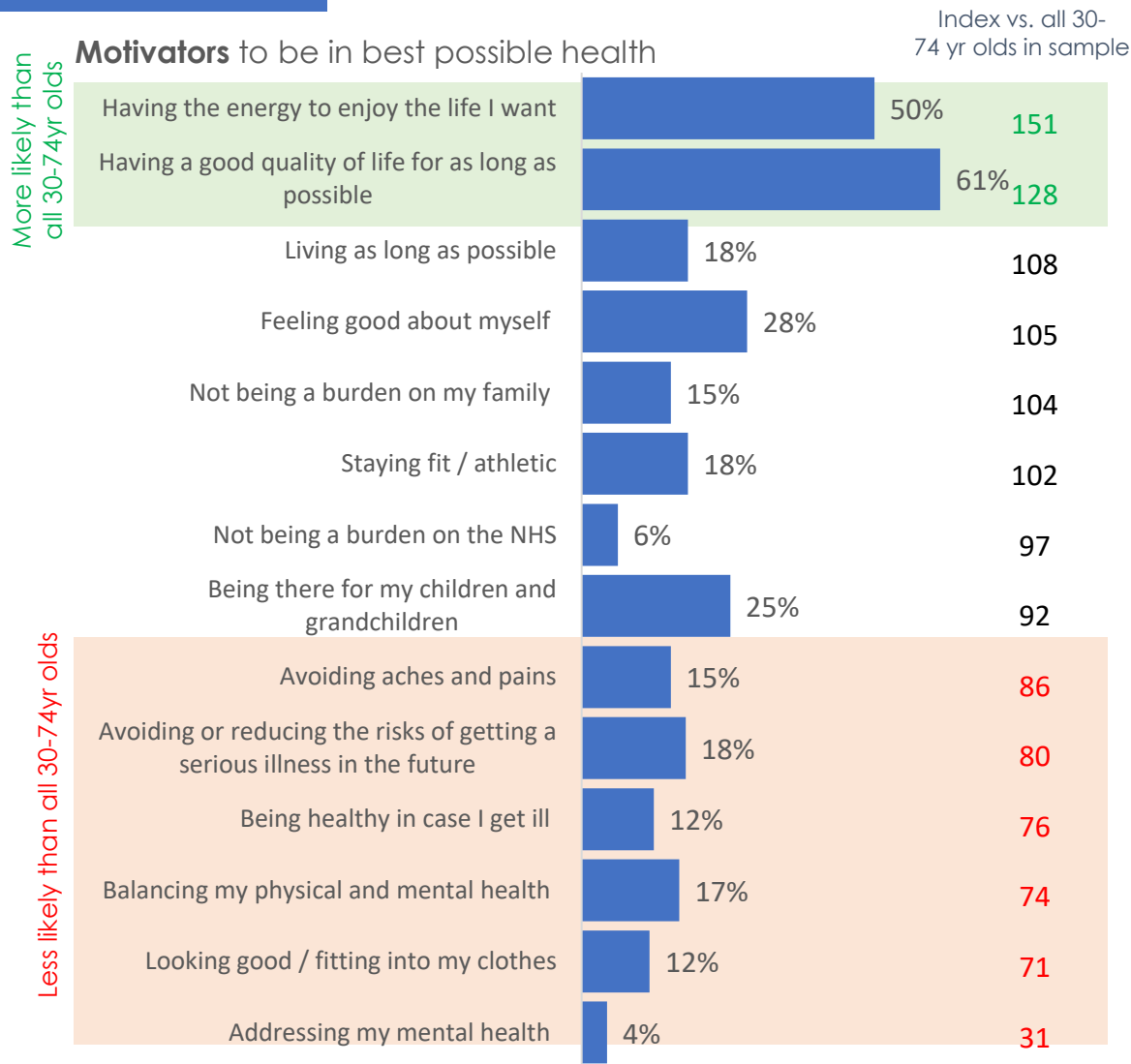
Data for the segment has been shown as percentage of the segment responding to the question, and as an **index** – which shows how the segment response differs from the average of all 30-74 year olds in the sample.



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.



Their main motivation is having a good quality of life for as long as possible, yet their barrier is that they are happy with how they are right now.





Key attitudes highlight their contentment and focus on enjoyment of life, they do not think about their health day to day unless there is a problem.

Key differentiators - *more likely to agree*

	% agree	Index vs. all 30-74 yr olds in sample
Barriers to healthier choices**: I am happy with how I am	79%	286
Barriers to healthier choices**: I just don't think much about my health on a day to day basis	57%	230
Barriers to healthier choices**: I would rather enjoy myself and not worry about it	56%	227
Barriers to healthier choices**: I don't want to make any changes	27%	224
I don't think about developing a serious health condition	54%	205
I don't think much about my health day to day	71%	186
I am very happy with how my life is	76%	174
I feel in control of my life	85%	168
If I feel fine, then I don't need to think about future health problems	49%	165
I tend not to think very much about my health unless I've got a problem	81%	161
I cope well when things get difficult in my life	74%	158
Motivators to healthier choices*: Having the energy to enjoy the life I want	51%	152
I find it easy to motivate myself	64%	150

More likely than all 30-74yr olds

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



While they feel able to make change happen, they don't think about the future and see no point in looking for a problem – they would rather not know.

Key differentiators - *more likely to agree*

	% agree	Index vs. all 30-74 yr olds in sample
I feel able to make change happen in my life	69%	149
If I feel fine, there's no point looking for a problem	83%	146
I tend to live in the moment and not think about the future	37%	131
Motivators to healthier choices*: Having a good quality of life for as long as possible	61%	129
Life is short, you have to just enjoy yourself	78%	121
Motivators to healthier choices*: Living as long as possible	19%	114
If there is something wrong with me but I feel fine, I'd rather not know	29%	112

More likely than all 30-74yr olds

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

*Q: What are the top 3 things that motivate you to be in your best possible health?



They say they do not need support to make changes, and do not have any significant barriers like money, knowledge or ability to self-motivate.

Less likely than all 30-74yr olds

Key differentiators – *less likely to agree*

	% agree	Index vs. all 30-74 yr olds in sample
I worry a lot about my health	25%	6
I need support to help me make / keep up a healthy lifestyle	7%	19
I worry a lot about the future	10%	22
I struggle to make time for myself	8%	26
Barriers to healthier choices**: I don't know what to do	5%	29
Barriers to healthier choices**: I don't have the money	8%	29
Barriers to healthier choices**: I find it hard to motivate myself	13%	30
Barriers to healthier choices**: Addressing my mental health	5%	32
My job/career is my priority	5%	32
I would struggle to find the time to make lifestyle changes	6%	38
I don't have enough time in the day to get everything done	16%	41

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

**Q: What are the top 3 things that stop you taking steps to be in your best possible health?

Problem Avoider

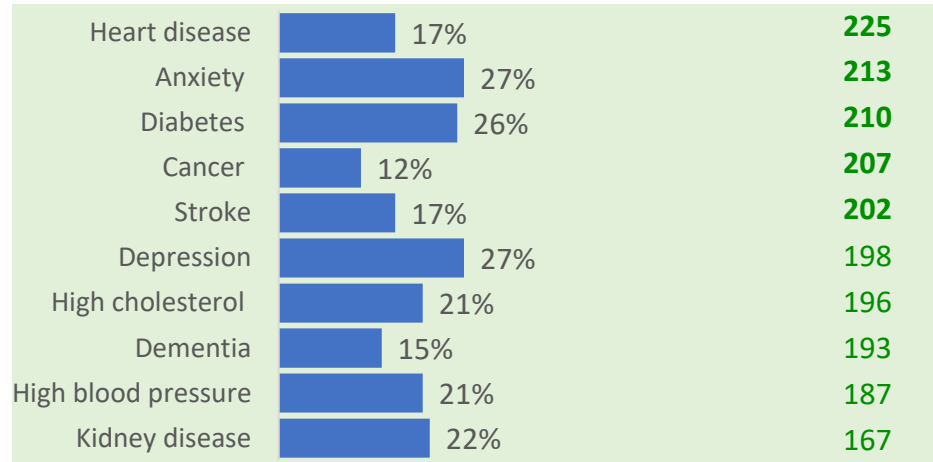


They are unconcerned about CVD as they feel fine and are less likely to have anyone close to them with CVD. While they know conditions are preventable they do not see prevention as something they need to do.

% Not concerned at all

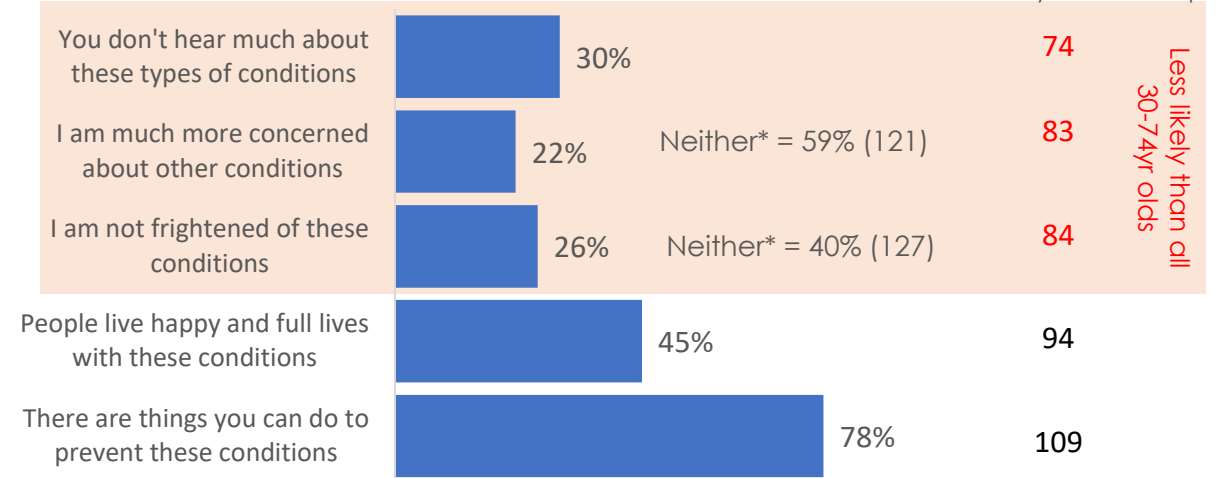
Index vs. all 30-74 yr olds in sample

More likely than all 30-74yr olds



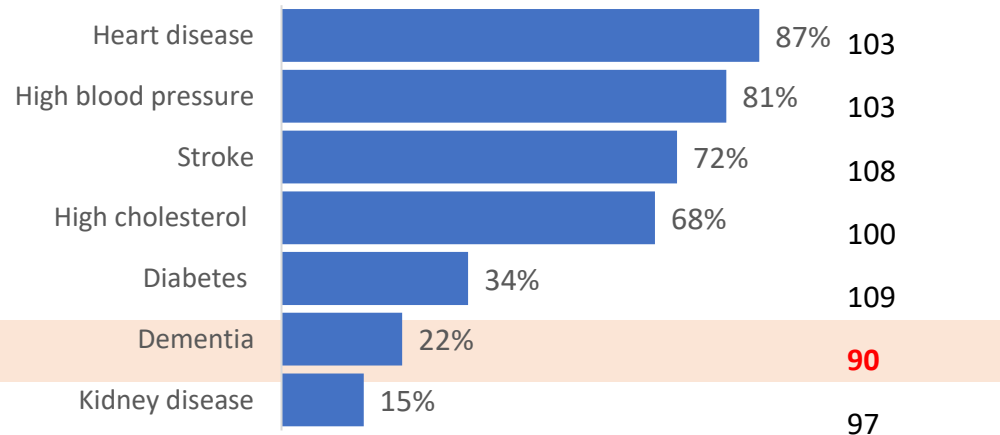
Attitudes to CVD – % strongly agree/agree

Index vs. all 30-74 yr olds in sample



% aware link to CVD

Less likely than all 30-74yr olds



Friends diagnosed

COPD	17%	127
High blood pressure	34%	102
Stroke	13%	71
Heart disease	15%	85
Depression	24%	68
Anxiety	17%	59

Family diagnosed

Diabetes	29%	95
Cancer	44%	95
Kidney disease	3%	52
Stroke	16%	67
Heart disease	23%	89
Depression	13%	54



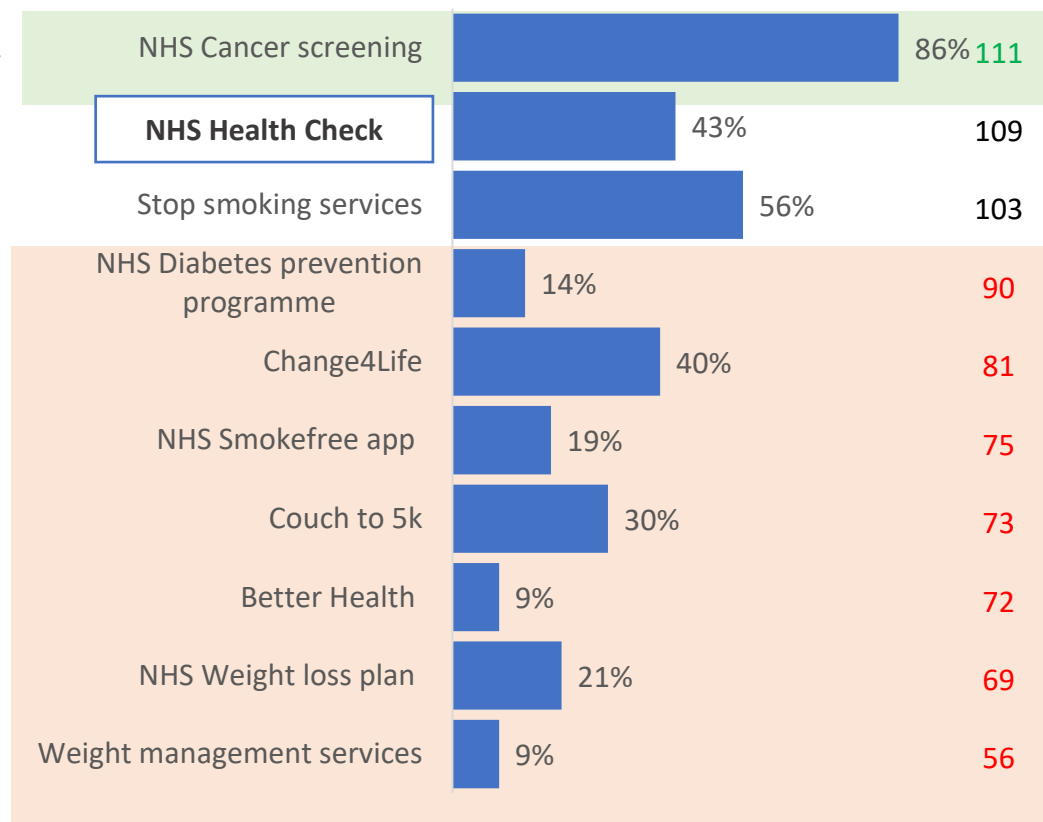
While awareness of the NHS Health Check is similar to all 30-74 year olds in sample, they are less aware of other prevention programmes. They are less likely than all 30-74 year olds to have attended an NHS Health Check if invited.

% aware

Index vs. all 30-74 yr olds in sample

More likely than all 30-74yr olds

Less likely than all 30-74yr olds

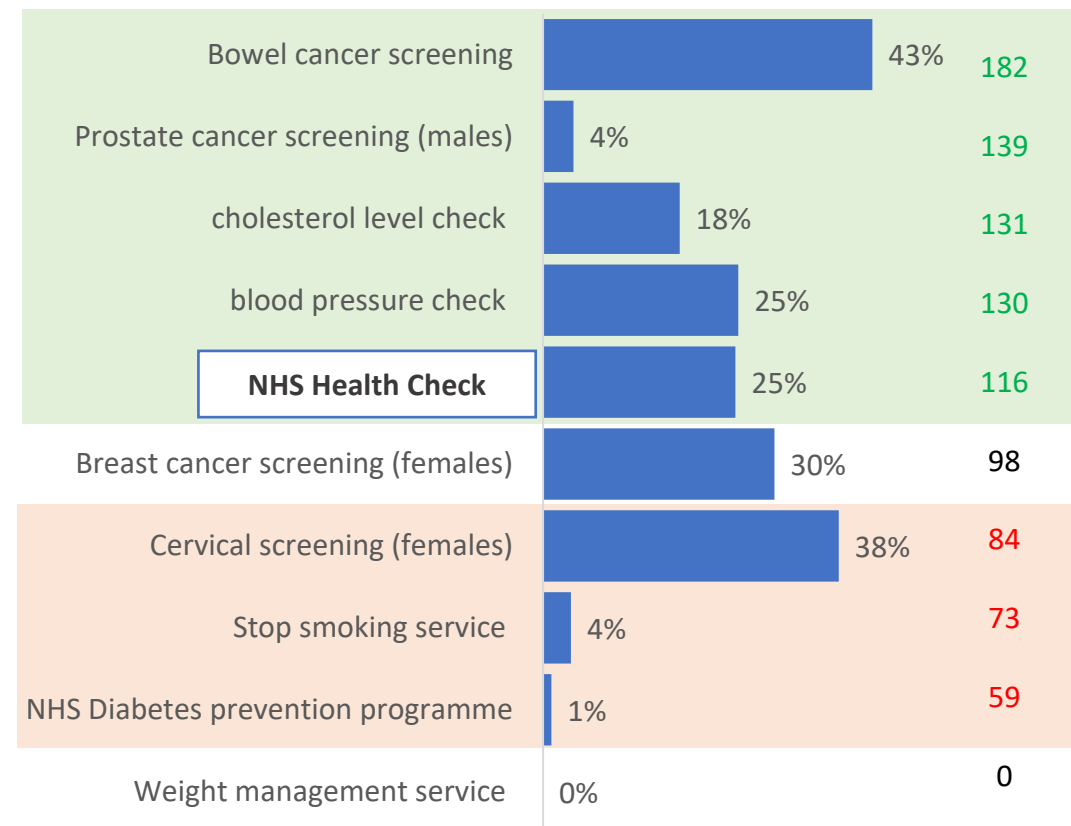


% recall being invited

Index vs. all 30-74 yr olds in sample

More likely than all 30-74yr olds

Less likely than all 30-74yr olds

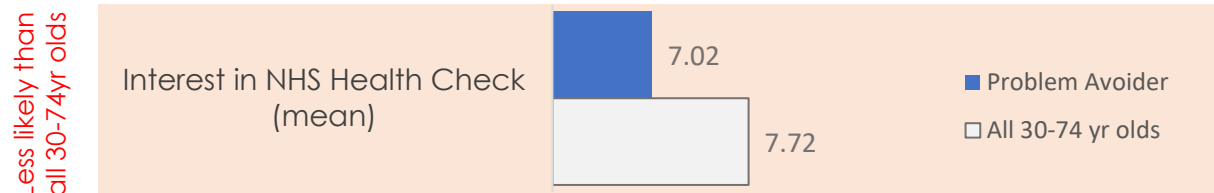


NHS Health Check: Of those invited 26% (75) attended



While they show some interest in NHS Health Check and some are curious to know their health status, they don't see an obvious reason to attend as they feel fine and do not want to be told to change their lifestyle.

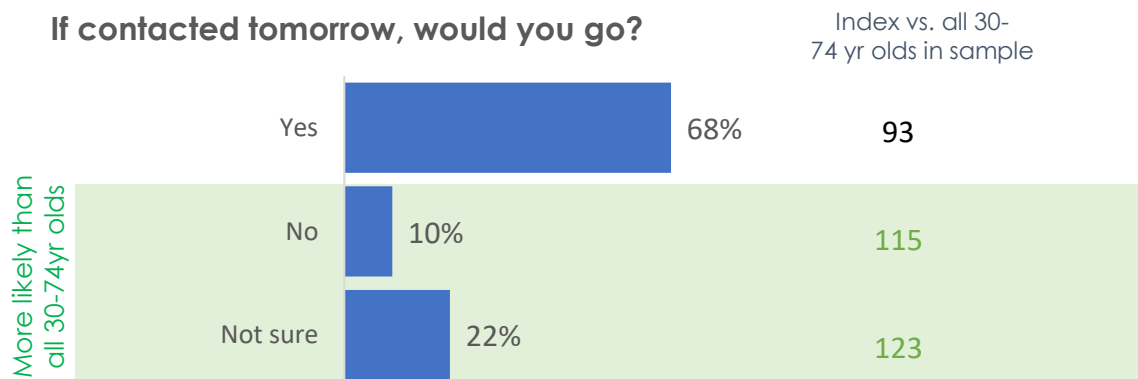
Based on description, interest in NHS Health Check*



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



If contacted tomorrow, would you go?



*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

Base: Problem Avoider (n=198)

Qualitative findings on NHS Health Check

- No obvious reason to go as are not looking for any support or information – so show some uncertainty about attending although do not reject it outright
- Some do engage with GP invite - think 'why not?'
- Do not want to think about their health if no problem exists; do not want to worry
- Are resistant to advice on healthy changes

"The Dr sent for me so I went, I wouldn't have done otherwise... it was all fine, so happy days! I think I was 40 and my heart age was 44 or something and I thought bloody hell, but they said it wasn't bad... I hadn't thought about having heart problems, I think most of us don't until it happens"

"That was one of the main reasons I went just to check if I had any symptoms of diabetes as we have family members who have it"

"It is good and if I was pushed by family members... I might do it but I don't want to do it... I don't want to find out something I don't want to know about really "

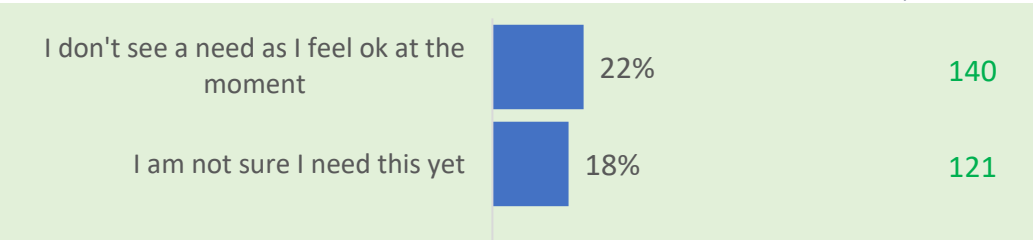


They are more likely than all 30-74 year olds in sample to say they don't see a need for the NHS Health Check but are not embarrassed or scared at the idea. They show a strong desire to make changes of their own volition and are less likely than average to welcome referrals.

Attitudes to NHS Health Check

Index vs. all 30-74 yr olds in sample

More likely than all 30-74yr olds

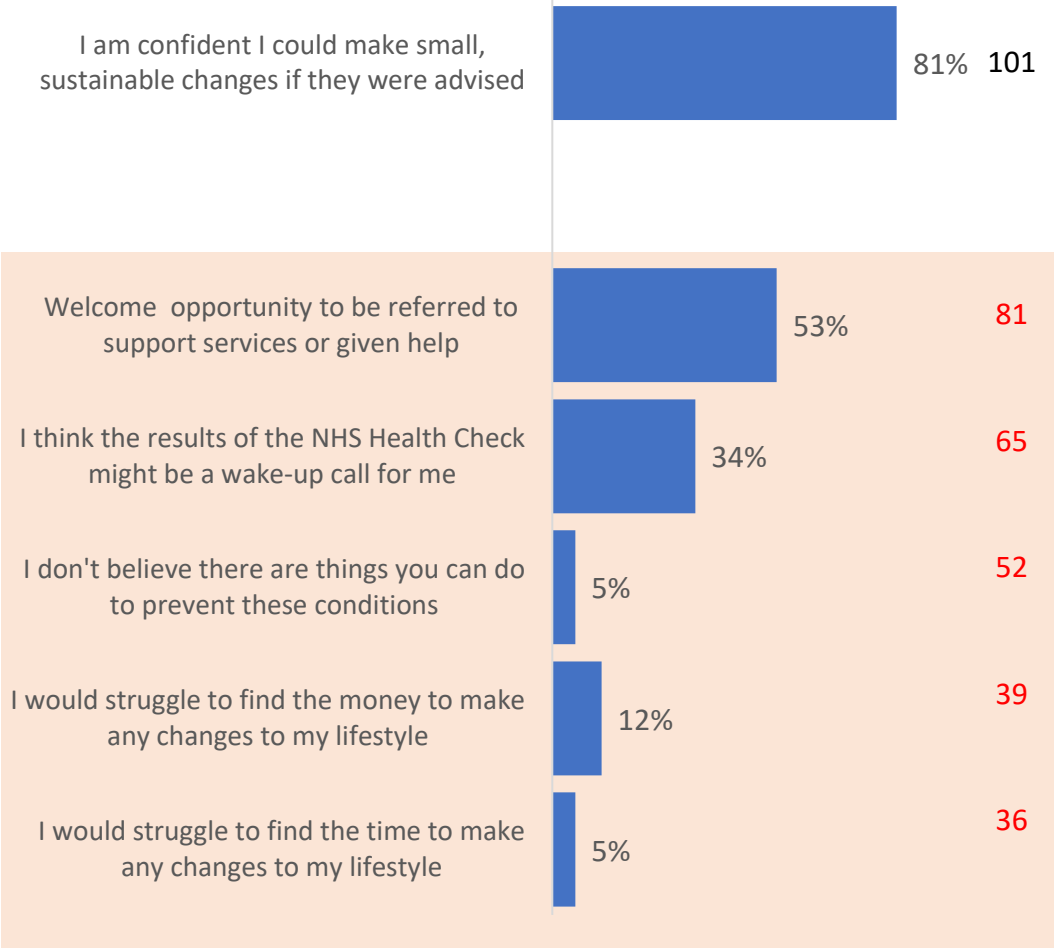


Less likely than all 30-74yr olds



Attitudes to advice and support may receive

Index vs. all 30-74 yr olds in sample



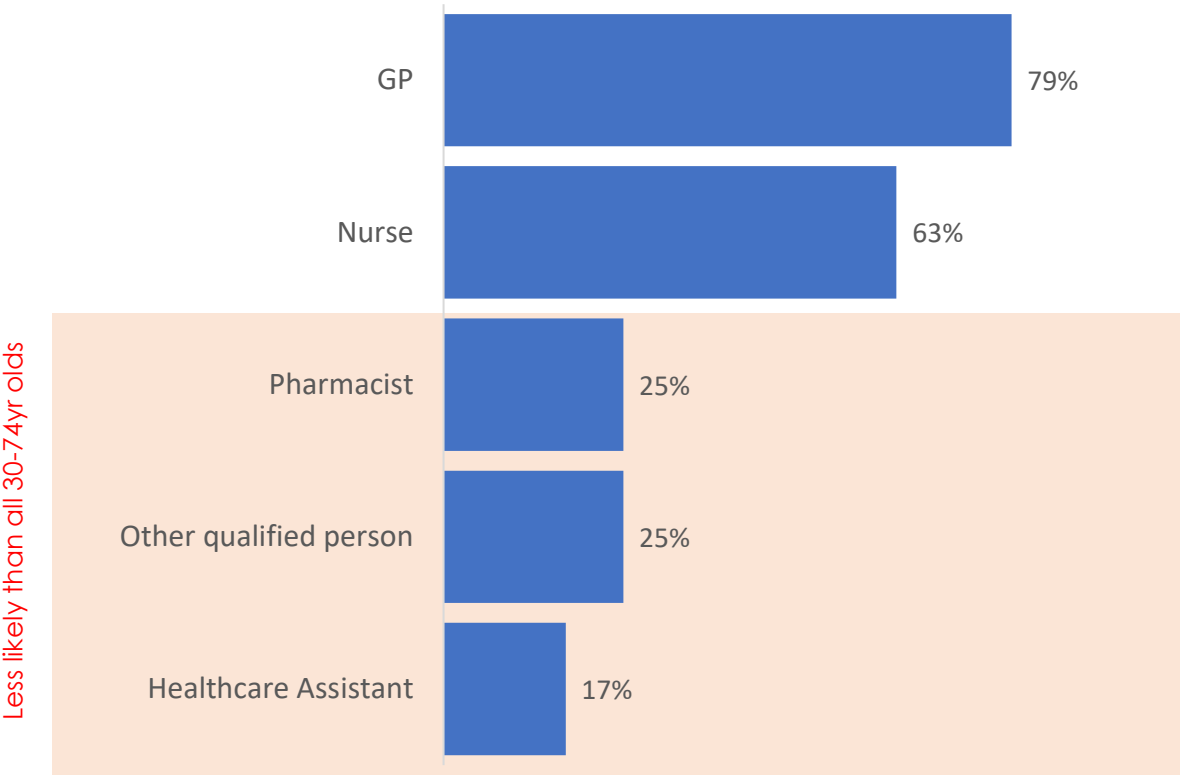
Less likely than all 30-74yr olds

Problem Avoider



They show a preference for a GP or nurse to deliver advice, and are less likely to listen to advice from a pharmacist, healthcare assistant or other qualified person than all 30-74 year olds. They engage most with CVD risk score and signs/symptoms of dementia.

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



Base: Problem Avoider (n=198)

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

NHS Health Check elements

Your cardiovascular risk score

Signs & symptoms of dementia

Personalised advice

Your blood pressure

Your cholesterol levels

Advice on how to prevent cardiovascular health problems

Your diabetes risk assessment

Referral to get medication to lower blood pressure or cholesterol

Practical tips to help make changes

Your physical activity assessment

Information on lifestyle changes

BMI

Referral to support services

Your alcohol use score

Highly valuable Not valuable

43%	74	8%	165
40%	77	10%	156
38%	67	8%	197
38%	75	12%	168
37%	71	12%	181
36%	69	9%	172
35%	67	10%	149
28%	66	17%	139
27%	59	14%	204
26%	64	18%	159
22%	56	19%	206
22%	67	26%	128
18%	49	29%	174
17%	67	41%	116

Bold indicates elements segment are most likely to engage with



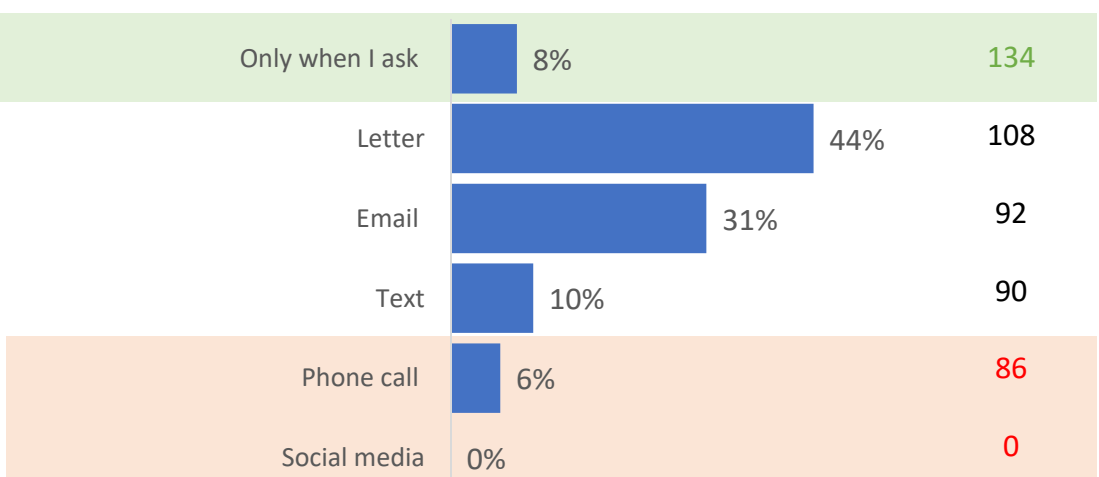
They prefer in person delivery (at GP or pharmacy) as they want it done in one go and prefer letter or email communications. Messaging needs to be 'light touch' and highlight the ease of participating.

Delivery mode – % would attend

Index vs. all 30-74 yr olds in sample



Preferred communication for NHS Health Check



Base: Problem Avoider (n=198)

Qualitative findings on delivery needs

- GP invite and the professionalism of the NHS is important for them
- They want the check to be completed in one go by a trusted healthcare professional as they do not want a multi-stage process – see digital as too complicated

Qualitative findings on messaging that engaged

- Ease of access, participation and subsequent action likely to increase engagement and interest
- Keen to live their life to the full therefore looking for reassurance that they can continue to do that
- Like to know others are participating
- Prefer to not hear list of conditions – more light touch

“Tells you loads of people [are having it], so take advantage. It's 1000s of people, why don't you do it? It's very popular”