Report of research to explore motivators and barriers to engagement with Health Checks

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1 Introduction, objectives, method and sample

1.1 Introduction, background and overall research aim

This document outlines study findings from research exploring facilitators and barriers to engagement with Health Checks with a view to providing practical guidance on how to enhance engagement of the Keep Well target audience with anticipatory care initiatives. This included insight into how to develop additional communications and engagement support.

1.1.2 Background to the study

Public health policy in Scotland continues to identify both anticipatory care and reduction in inequalities as national priorities. Keep Well is one such initiative that has been rolled out in key target areas of high social deprivation in two waves over the past two years. A full evaluation is currently underway to assess impact of the initiative including detailed feedback from patients on their experience of Keep Well.

In order to avoid any potential ‘interference’ with the full evaluation, as well as to enhance the value of the proposed research to other anticipatory care initiatives, questioning did not focus on Keep Well but on health checks generally.

The Keep Well Communications Group has developed a range of materials and techniques used to invite and encourage people to attend a Keep Well Health Check. New methods and models might be developed on recommendation from the full evaluation when it reports in 2010.

In the meantime, the Communications Group required an update of the perceptions, attitudes and motivations towards health and health checks of people in the target audience to enhance further understanding of how to improve engagement and boost the number of Keep Well health checks being conducted, particularly with those who have not engaged at all to date.

1.2 Study objectives

Study objectives, essentially were twofold:

1. What is it that really matters to people in the target audience in terms of health and its ‘place’ in their lives?
   - What do they understand by health? What impacts it?
   - The triggers to placing more/less value on health.
   - Extent of perceived personal responsibility for health.
   - Characterise and segment the target group in terms of life priorities and attitudes towards health.
2. How can initiatives such as Keep Well reach people in the target audience, engage with what matters to them, and motivate them to have a health check?

1.3 Study objectives in more detail

- To explore the target group’s understanding of a health check.
- To identify the motivators and barriers for individuals to attend a health check – practical, rational and emotional.
- To elicit means of overcoming barriers.
- To establish what channels or methods of contacting the target audience would potentially encourage a response.
- To determine which media or social forums are most relevant i.e. appropriate, accessible, to the target group?
- To determine the role for communications, including advertising, in motivating participation in a health check.
- To identify relevant, trusted sources of information about health checks for the group, including the influence of family, friends, neighbours, etc. and testimonials from those who have benefited from a health check.

1.4 Method and sample

A series of focus groups each lasting 1½ hours and with 6-8 respondents, as well as depth interviews with individuals (lasting 40 minutes each) was conducted among the Keep Well target group in December 2008.

The Keep Well target group consists of:
- Men and women.
- Aged 45-64 year olds – and the sample included representation across the full age range
- All living in the 15% of most socially deprived areas (Scottish Index of Multiple Deprivation).

The sample of respondents was all, also in socio-economic groupings DE and was registered with a GP.

Fieldwork took place in Dundee, Glasgow (East, North and South West) and rural Fife. All registered with a GP.
1.4.1 Sample summary

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| 3 individual depths with women |
| Depth 1                  | East Glasgow            |
| Depth 2                  | Dundee                  |
| Depth 3                  | Rural Fife              |

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*Two minority ethnic women (each South Asian) were invited to participate in the focus group but did not attend on the day.
**One African and one South Asian.

None claimed to have attended a Keep Well Health Check; a very small minority recalled having been invited.

1.5 Concepts for exploration and to stimulate discussion

1.5.1 Engagement methods

- Letter and information leaflet e.g. Keep Well examples
- Telephone call (from GP practice/contact centre)
- Leaflet drop to your house
- Being asked at your GP practice when visiting
• Recommendations from family/friends
• Recommendation from health check ‘champions’
• Advertising in the community – would this generate interest and people be motivated to make contact? Potential areas to advertise:
  o Community venues/centres; Buses; Local newspapers; Radio; Library; GP practices; Community pharmacies; Post offices/shops
  o Keep Well sample posters used as examples
• Face to face – do people welcome the idea of being approached for either an invitation for a health check or an actual health check there and then?
  o In home; in the street; in shopping centre; in community centre; other venues?

1.5.2 Potential Settings for health checks
• GP practices; Community pharmacies; Community centres; Libraries; Mobile vans; Workplace; Home.

1.5.3 Options for Information resources
• How would people like to receive information about the health check?
  o Letter
  o The internet
  o Information leaflet
  o Face to face
  o Poster in community venues
  o Telephone number – information line
• What information do people need to make a decision about whether to attend the health check?
• Do people just want to know about the health check or what happens after it e.g. support services available?
• How important is it to hear about others positive experiences of health checks? Does this just have to be family/friends or anyone in the community? What format?
  o DVD/Stories on the web/Booklet of experiences.
2 Summary and recommendations

The target group can be divided into three broad segments, based on general attitudes towards health and the perceived value of health checks in particular. Research indicates that no single strategic approach will engage all groups equally.

A segment of the target we can call the ‘Health Involved’ will be Early Adopters of health checks. They are convinced of the benefits that accrue from making the effort to stay healthy. For these people there will be few if any attitudinal barriers to trial. It will pay dividends therefore to ensure that any potential practical barriers are minimised, e.g. by providing a degree of flexibility in appointment times.

A second segment we can call the ‘Healthy Enough’ acknowledge that health is important, but currently a direct link between improved health and an improved life is not clear to them – other life issues have priority. All feel sufficiently healthy such that no additional effort is urgently required. Emotional barriers and rational misperceptions, as well as even minimal required effort or inconvenience, mean that an invitation to participate in a health check will likely be declined or simply ignored. For this segment, research identified concepts which will minimise the required effort and/or improve perceptions of the benefits of a health check, thus making participation ‘worth it’ for these people. It is recommended that these concepts are developed and explored further, e.g.

- Phone call following the letter to confirm/rearrange/arrange health check appointment
- Testimonials of those who have benefited from a health check
- Communication campaign focusing on other life priorities as reasons to stay healthy.

The third group in the segmentation analysis can be called the ‘Health Wary’. They have significant emotional barriers to attending a health check. These barriers are apparently so profound as to demand face to face ‘coaxing’, directly reassuring the individual of the benefits of participation.

Various motivating roles for mass media communications have been identified by this research. In particular advertising would seem to have a positive function initiating discussion, creating a groundswell of favourable opinion and promoting word of mouth recommendation. Respondents did not see a direct response role for advertising, such as was presented to them using Keep Well posters as examples. Using posters however, to announce the initiative and encourage eligible participants to expect an invitation – either by post or face to face in local venues – does seem to have value.

Written materials like a letter from the GP instantly accord authority and trust to an invitation for a health check, but on their own seem unlikely to break down the often
complex barriers for many of those in the Healthy Enough segment and do not seem able to remove them for the Health Wary.

Engaging the Healthy Enough and the Health Wary in a face to face interaction that allows explanation, reassurance and the right non-judgemental tone to develop into trust seems to be required to encourage many in these groups to participate in health checks.

The actual setting for the health check is less important than a personal approach and an appropriate tone, but it can make participation more convenient, e.g. at a community centre if the person frequents this venue anyway, or at the workplace.

3 Detailed findings

3.1 Context – attitudes towards health

3.1.1 Importance of health

‘Health’, as is often the case when introduced as a topic in research, spontaneously means ‘ill health’ until the discussion is refocused. It is actually very easy for respondents, at least at a rational level, to place personal health very high on a list of their life priorities.

Individuals often claim to know that staying healthy is up to them; however, they go on to say that it can be very difficult to do all they should to meet that responsibility. So, for most people, the process of ‘staying healthy’ consists of constantly balancing the desirable end benefit against the undesirable effort involved. There is a prevalent belief that the individual will get a ‘warning’ of some sort if they are at risk of serious ill health. Thus most seem to be waiting for that warning before making the additional effort needed to maintain or improve our health.

3.1.2 Reasons for staying healthy

Although most place health (towards) the top of their list of life priorities, it takes very little probing to reveal that other issues are more pressing and more important.

Some individuals are conscious that some of these other priorities are in themselves significant reasons to maintain good health. Research identified that often these focus around caring, perhaps for children or grandchildren, or for an adult dependent with for example Alzheimer’s or recovering from a drug addiction. Some of those interviewed saw the need to maintain health so they can enjoy an active lifestyle, involving for example 5 a side football, line dancing or dog walking. A disabled male respondent valued the independence he could retain by staying healthy.
Other respondents claim that making personal health a priority requiring additional effort is either unnecessary, impractical or both.

There is apparently an opportunity here to present health checks as a very simple means of enabling the pursuit of more immediately important goals; that is, putting the focus on the things people want to be healthy for, not on being healthy in itself.

3.1.3 Prompts to re-evaluate importance of health

Age milestones make people think about things, either the big birthdays (40, etc) or the age at which a parent died, for example. Illness, especially serious illness, in the respondent or someone close to them, or a sudden realisation of new limitations or ‘slowing down’ will also focus the mind. For many, circumstances like these are the only times that personal health can be said to be front of mind. Consequently, it is at these personal junctures that people are more open to hear about the benefits of, or be motivated to accept, an invitation to a health check. Tying communication to these personal events is clearly an opportunity.

Spontaneously, when people talk of health it is almost always physical health that they mean. ‘Stress’, as shorthand to discussing mental health/emotional wellbeing, is usually introduced at a later stage in any discussion. Once the subject is broached, the link between other determinants and mental vs. physical health is recognised most readily by respondents, with financial difficulties, poor housing and so on frequently being cited.

3.2 Segmenting our target group

The Keep Well target group is not one homogeneous entity – even when a sample is drawn from the most socially deprived areas and is entirely in socio-economic grouping DE.

However, it is useful to segment the target group according to how much active attention they pay to health, and what impact those attitudes will have on their response to invitations to receive health checks.

We can identify three broad groups in the target:

- ‘Health involved’ who fully accept the message of anticipatory care and claim they would participate “automatically”.
- ‘Healthy enough’ who require removal of barriers, large and small, to engage them in health checks.
- ‘Health wary’ who require significant coaxing to participate in a health check.
3.2.1 Pen portraits – Health ‘involved’

Pen portraits illustrate what the different groups have in common as well as how individuals within them have their own motivations and needs. They provide clues as to how to engage the different groups within the broad Keep Well target audience.

- Mary is in her early 60s and retired. She enjoys socialising and is in several clubs. She loves ball-room dancing and wants to stay healthy for that, so she goes to all her health screenings. The single biggest improvement to her life would be not to worry about her grown up children and their problems.

- Peter is in his mid 50s and unemployed. He is physically disabled and has post traumatic stress disorder. He needs good physical health to help manage his mental wellbeing. The biggest single improvement to his life would be to remove his disability. He is extremely supportive of help, including health checks, offered to maintain good health.

- John is in his late 50s and a labourer. Physically very active, he still plays football at weekends. He claims to eat healthily and feels very healthy. The single biggest improvement to his health he claims would be to stop smoking.

- Liz is in her late 40s and employed. She had a stroke in her mid 40s, in consequence she totally changed her lifestyle by stopping smoking, joining an exercise class and changing her diet. The single biggest improvement she could make would be to worry less.

All have in common:
An active awareness of a reason to be healthy. A recognition that being healthy can take effort and a willingness to make it. They see a health check as an obvious means of maintaining good health.

3.2.2 Pen portraits – ‘Healthy enough’

- Irene is in her mid 40s and is a working lone parent. Her family comes first. She leads a very busy life, but in fact has no real interests outside of her work and her family. She has changed her job quite recently and as it is less physically active, as a consequence is feeling less fit. The biggest single improvement she could make to her life would be to be able to find more leisure time for herself.

- George is in his early 50s, he has recently been made unemployed. Financial security and personal fulfilment are his priorities. He believes he should do something about being overweight, but he finds it very difficult and anyway feels fine. The biggest single improvement to his life would be finding work.
• Abraham is in his late 40s and is a minority ethnic man. Family safety and security are his top priorities. He is settled in UK for less than 3 years and is trying to find work to suit his qualifications. His life would be improved most by better housing or a better job.

• Christine is in her late 50s, works part-time, has a grown up family and consequently claims she has time to enjoy a social life. She has no acknowledged health concerns. She is a bit bothered at being overweight but for reasons of appearance not health. She believes her life would be improved by finding a way of dieting easily.

All have in common:
They acknowledge that health is important but for this group improved health doesn’t provide a direct link to an improved life – other issues have much greater impact. All feel healthy enough such that no additional effort is urgently required, or yet ‘worth it’. Most of them are likely to believe they will get some warning of important health risks, and believe they will take action when that happens. To make participation in health checks ‘worth it’ for this group will require that they are made substantially more aware of the benefits of a health check benefits and/or a big reduction in effort.

3.2.3 Pen portraits – ‘Health Wary’

• Sandra is in her late 40s and unemployed. She has multiple health issues e.g. part of a lung removed, infertility. She has poor past experiences of health care and is scared that “doctors always find something wrong”. She requires considerable reassurance that a health check will be a positive and beneficial experience.

• Tom is in his mid 50s and employed. There is a history of cancer in his family. He eats healthily and his job keeps him active and fit. He doesn’t smoke. He does not want to know if he is at risk of cancer, believing the worry will have significant negative impact on his health.

• William is in his 60s and semi-retired. He “lives for his dogs”, walking them miles each day. He is proud that he looks and feels much younger than 64 years. He has kept himself healthy his whole life with a good diet, exercise and positive thinking. He has an aversion to going to the doctor which comes from a mix of embarrassment, perhaps borne of unfamiliarity, and scepticism. He needs convincing that a health check offers any benefit to him, as someone who believes he is very much in tune with his health needs, beyond just finding insoluble problems.

• Trisha is in her late 50s and works in a factory. Her responsibility is primarily for herself – her children are grown up, though some still live at home. She ‘knows’ what to expect if she goes for a health check – she has already been told to stop
smoking. She does not want to know if anything’s wrong: if it’s serious, nothing can be done, and if it’s not serious, then she’s not willing to make much effort to tackle it.

Each of these respondents and others in this group, have very different attitudes towards responsibility and effort in personal health. However, they do share a fear of finding a serious or terminal condition they will be unable to deal with. And often a scepticism about the value of health professional intervention and early detection of risk.

3.3 Experience and understanding and attitudes towards ‘health checks’

3.3.1 Awareness and knowledge of ‘health checks’

Most have either no, or a very limited, or only distant past experience of health checks. Despite this, they are able to anticipate, relatively accurately, the tests (i.e. blood pressure, blood test for cholesterol) and the linked conditions - though heart disease is more readily mentioned than diabetes.

The Keep Well leaflet, used as an example Health Check leaflet was very well received by respondents in terms of ease of comprehension, perceived sufficiency of information and appeal of presentation.

There is a very prevalent view that a health check will test for various cancers – and references made to the blood test in the Keep Well leaflet seem to confirm this.

Several men anticipate a fuller set of tests – including chest x-ray, treadmill. This expectation is for some, based on past experience e.g. chest x-ray at work, HGV licence health check.

Most respondents believe they understand enough about what is offered by a health check to take an informed decision to participate or not. Few claim they would actively seek out additional information from ‘official’ sources e.g. website or helpline to help them make their decision. This is especially the case once they have seen the Keep Well letter and leaflet i.e. they claim to offers sufficient insight, often confirmation of the content of the health check.

3.3.2 Perceived benefits of a ‘health check’

Respondents claim that the benefits of health checks are to:
- confirm and reassure that you are healthy
- catch a serious condition early enough to treat it
- lead to treatment (sometimes self-treatment) of a condition e.g. lower blood pressure.
Generally, the ‘Health Involved’ are better informed about the links between test results, increased risk and potentially serious health problems e.g. blood pressure and heart disease, or sugar level and diet and diabetes.

Many of those who believe themselves to be overweight do not seem to appreciate the health implications and risks of this. There is a tendency to focus more on concerns over appearance and perceived ‘slowing down’ than more serious or longer term health problems.

Smokers expect to be told to stop smoking but have little expectation of effective support. Most of our sample had no knowledge of local help in quitting. A few claimed to be disappointed with previous cessation support initiatives they had tried.

Lack of insight into risk and lack of knowledge of available support can become barriers to attending a health check.

### 3.4 Barriers to attending health check and potential solutions

#### 3.4.1 Practical barriers and potential solutions

**Barrier:**
- Recipients simply do not recognise the invitation, perhaps seeing it as junk mail.

**Potential solution:**
- Remove all hints of junk mail from the presentation.
- Lead with an invitation for a health in all personal communications (rather than details about who is eligible as in the current Keep Well letter).

**Barrier:**
- Respondents anticipate it will be impossible to get an appointment so they do not even try.
  - If they do try, they get an inconvenient appointment and then cannot get time off work or childcare or without losing pay. There is a perception that going for a health check is in some way not a legitimate reason to have time off work unlike going to the GP when ill.

**Potential solution:**
- Provide an appointment with the initial invitation.
- Have a follow up call to the letter, offering an appointment.
- Provide evening and weekend appointments.

**Barrier:**
- Some respondents are rarely sure when they will be free to go for a health check.
Potential solutions:
- Offer flexible scheduling e.g. drop in checks.
- Use local venues e.g. a mobile unit at the ‘road end’, enhancing convenience.

Barrier:
- Respondents claim they sometimes simply forget to go or forget to make an appointment.

Potential solutions:
- Make a follow up phone call (perhaps text) offering or confirming an appointment.

3.4.2 Rational barriers and potential solutions

Barriers:
- I feel fine.
- I’ll get a warning if a serious health condition starts to develop.
- I have other priorities in my life right now.
- I know what they’re going to tell me e.g. as a smoker, as being overweight.

Individuals in the focus groups often convinced others of the benefits of health checks by relating examples of those finding undiagnosed conditions and managing them. There seems to be considerable power in testimonials. A motivating concept that emerged and seems worth further development is to focus on other life priorities as reasons to be healthy.

Respondents would also welcome further information about follow-up support, as described to them by co-respondents in the discussions; there is little evidence however that they would seek it out from ‘official' sources such as websites or helplines.

3.4.3 Emotional barriers and potential solutions

Barrier:
- There is a reluctance by some to set out on what they see as an inevitable and lengthy journey to ‘improved’ health.

Potential solution:
- Respondents require insight into the likely outcome, follow-up and effort expected of the participant in such tests.

Barrier:
- Some have poor previous experience with health professionals.
- Some fear the experience will be potentially embarrassing, intrusive and at the very least unsettling because unfamiliar.
Potential solution:
- The invitation should be delivered in a respectful, non-judgemental tone.

Barriers:
- Some argue there are better ways of spending their limited ‘me time’.
- Some are just too scared to risk finding something really serious i.e. cancer.

Alternative settings are generally less important in being able to engage participants than the promise of personal attention and an appropriate tone.

Insight and reassurance, given face to face by a trusted source, is looked for with regards to the ease of the procedure and the risks and benefits of attending.

3.5 Improving engagement

The sheer diversity of the target group - even among what appears to be the largest single group, the ‘Healthy Enough’ - plus the many potential combinations of barriers means no single engagement ‘package’ can work for all.

For the Health Involved, a personalised letter to them from their GP inviting them for a health check at the surgery is all that is required to encourage them along. The Keep Well leaflet provides valuable additional insight.

Only insurmountable practical barriers would seem to prevent anyone in this group from attending a health check.

3.5.1 Engaging the ‘Healthy Enough’

Any combination of emotional or rational barriers including even slight effort is sufficient reason for the ‘Healthy Enough’ to ignore invitations to a health check. It seems easiest to remove all practical barriers to attendance, making attending the health check as simple and effortless as possible. However, removing rational and emotional barriers, although difficult, might ultimately be more motivating. Striking when health is occasionally more front of mind for this group has potential, such as giving opportunistic invitations while visiting the GP, or contacting the person on milestone birthdays.

3.5.2 Alternative settings as a means of removing barriers for ‘Healthy Enough’

Ideas with the potential to motivate participation emerged in response to suggestions made by, as well as introduced to, respondents. Alternative settings were considered attractive, either for their convenience or because peer support was present.
Workplace:
This idea was familiar to a few men who have had health checks through work. The potential for peer support and encouragement in this environment was recognised and welcomed by respondents.

The only widely acknowledged problem was seen as gaining employer support for such an initiative. A few mentioned concerns that any health issues identified might prejudice the employer, or that a health check might identify alcohol or drug abuse, again with negative repercussions for the employee (health check participant).

Community centre i.e. frequently visited local venues:
Some respondents in one particular location had experienced mini health checks (Blood Pressure checks only) in this venue. They reported spontaneous participation with minimal effort and generally an enthusiastic response. Recruitment had taken place in the community centre café. The setting was acceptable, and there would seem to be potential to conduct fuller health checks in this way.

Other frequently visited venues or organisations
Few respondents claimed they would want to participate in a health check when out socialising at the pub, bingo or a social or special interest group like dominoes or dancing. But it may still be possible to recruit in such situations. However, respondents indicated that targeting organisations and recruiting would require sensitivity from the health team i.e. would require health professionals who were obviously health qualified, non-patronising, non-judgemental in tone.

Other settings considered:
Supermarket/shopping centre received a mixed response in discussions. Respondents frequently visit these locations so it would be convenient. But several respondents report that they often aim to shop quickly and get away, making the setting less convenient than it might first appear.

There was some minimal knowledge that supermarkets have on site health staff – therefore this is not a completely incongruous suggestion. However, on balance research suggests a greater opportunity to provide insight and recruit participants rather than actually conduct health checks here.

Pharmacies offer a more obviously ‘relevant’ setting than supermarkets for both recruitment and actually conducting health checks. There is some potential for confusion that the health check would be undertaken by the pharmacist, but this could be managed by communication material in the location. It was pointed out that this route will not reach those who rarely or never visit a pharmacy.

Mobile units in very ‘local’, convenient sites, for example within a housing estate are immediately familiar and trustworthy (relative to other alternative settings) because of experience of the mobile blood donor and mammogram services. This system seems
to lend itself to both an appointment service and a drop-in format, especially if it were offered in the evenings and at the weekend.

Generally, a drop-in service appeals – though most likely only after the removal of other barriers - to those with less planned lives. It is seen to minimise effort significantly.

In-home health checks would be convenient once provenance and trust is established; but it is likely that concerns about 'snoopers' would remain for some.

In general, however, the motivating power of these alternative settings is thought to be less important than receiving personal attention delivered with an appropriate tone by health professionals.

3.5.3 Inviting/signing up health check participants

Further barriers to attending emerged in discussion of the methods of contacting potential participants.

A leaflet in isolation risks being seen as junk mail.

There was a hint that the Keep Well letter overstates the Keep Well branding to the detriment of NHS and GP provenance, and thus risks being seen as junk mail or at any rate is less obviously communicating a health check.

Also, improvements to the Keep Well letter would be made by leading with what is most important to potential participants i.e. the personal invitation for a health check – and not, as is current, with an explanation of the Keep Well programme.

A further, specific suggested improvement to the (Keep Well) health check letter is to give the length of the appointment: this would help people to plan for other commitments.

Cold calling by phone is seen to have some issues, in particular there is no certainty of provenance and therefore the call can lack credibility. Also some respondents are troubled by sales calls and simply do not answer the phone in the evening.

Cold calling to homes in person also has its problems. For security reasons, many respondents claimed not to answer the door in the evening or were not prepared to invite any stranger into their homes; provenance issues also emerged to a degree.

A personal letter, clearly from the GP, that is instantly recognisable as an invitation to a health check was considered to be the best contact method for Health Involved.
Providing the individual with a date and time (with the facility to change it if it is not convenient) suggests the GP really wants to see the person contacted, and conveys a sense of urgency. Furthermore, the effort of making an appointment (as long as the time offered suits) is removed for the Healthy Enough and Health Wary segments.

A cost/benefit analysis of DNAs at given appointments might justify making a phone call to confirm or change the appointment immediately following delivery of the initial letter.

Recruiting and inviting face to face in any of the alternative locations suggested was welcomed as a means to engage, explain, and establish a professional, respectful, non-judgemental tone. This level of involvement is probably essential for the Health Wary and some of the Healthy Enough segments.

The focus groups themselves offered an opportunity for peer discussion which had a marked effect on the willingness of some respondents to consider participation as ‘evidence’ of benefits was discussed. There would seem to be an opportunity to enhance understanding of health checks through organised peer discussions within communities.

There are perceived to be benefits also from creating awareness of a health check initiative in advance e.g. through advertising. Respondents felt this would lend credibility and authority to the programme, and thus minimise immediate rejection at recruitment.

3.6 Role for mass media communications including advertising

Sample posters shown in this research were rejected as a means of actually recruiting or inviting participants because the outstanding barriers are thought too substantial to be overcome by this method. The material as presented with respondents anticipating it will be located in surgeries and community centres and so on, was considered recessive if used in isolation.

(One specific element of a Keep Well poster used as stimuli caused some confusion i.e. the references to money and benefits raised questions such as:

- What do health professionals know about these topics, why would they discuss them?
- Does that mean that if you are found to be ill at the health check they will direct you to where to get benefits?

A few recognised the potential link between financial worries and ill health but they were in the minority. Others were sceptical about the motivation behind including help with finances as a benefit of a health check, failing to see a direct link.)
Important roles were identified for mass communication.

- It could raise awareness of the basic concept of the health check so that these initiatives would become familiar and normal.
- It could encourage participants to look out for their invitations e.g. by personal letter or by contact from teams of health professionals.
- It would prompt discussion and encourage word of mouth recommendation of health checks.
- It could present testimonials of health check experiences, benefits and implications.
- It could be one means of removing particularly widespread barriers through targeted messages, for example challenging participants to think about why (i.e. to meet other life priorities) they might need to be healthy, and showing how a health check facilitates this.

As a caveat, however, in mass communication any restrictions on participation (such as those suggested by the Keep Well materials shown) can be resented, especially by those nearing an upper age limit.

3.6.1 Preferred/optimal media

As a general observation, certain communications lend themselves more readily to particular media. Respondents always claim to prefer TV as the quickest, most effective method of raising awareness and familiarising the target group with all the benefits and details of a service.

However, in this study posters in prominent sites were suggested as an alternative medium, for example on bus shelters or bus sides. Some potential sites are seen as overcrowded, for example community centres and GP surgeries. This might suggest the need for a creative emphasis on standout for these locations, rather than outright rejection of them. Respondents observed that pharmacies are less cluttered so posters would be more likely to be noticed.

‘Unusual’ sites for health posters have a lot of merit, such as pubs, clubs and bingo halls, but run the risk of coming across as patronising and being resented if the situation is not handled sensitively.

Few respondents could see themselves actively seeking information prior to participating if it required any effort. The opportunity to access a website, as a wholly active pursuit, will probably have a less significant role at this stage of the engagement process but perhaps could be much more valuable at follow-up.

Research indicates that real testimonials are best: ones that come from friends and family, that is, people you can relate to and whom you trust. Testimonials can be valuable in breaking down emotional barriers. Respondents believe that printed
testimonials can work, but in general the belief is that testimonials are more easily accessed and can have more immediate emotional impact when the speaker is heard and ideally also seen.

A DVD of real testimonials would be welcomed to explain what happens at a health check and to reassure some of the Health Wary in terms of:

- benefits of early identification of those at risk, even when they ‘feel fine’
- local follow-up support
- insight into the likely effort involved in improving health after a health check.
- indicating that many will simply be reassured that they are fine.

Local ‘health champions’, who might be part of the health team that approaches individuals to invite for a health check, or who might be featured in quotes in written invitations, were also welcomed. However, respondents found it difficult to envisage that many would agree to adopt this role.

**Conclusions**

Research has segmented the health check target group into three distinct groups, each with different attitudes towards health and health checks. It is clear that no single engagement approach will meet the information and support needs of all three groups such that they can make fully informed decisions about participation in anticipatory health checks.

A series of barriers to participation, as well as potential methods of overcoming these, for each of the groups have been identified by research and it is recommended that these be further developed and explored.