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14th June 2017

Health Behaviour Change Conversations

Background and objectives

- PHW commissioned Beaufort to carry out research among general population in Wales to gain a greater understanding of the health behaviour change conversations taking place - **from public's perspective**
- Research results will inform the improvement and future development of health behaviour change conversation enabling activity in Wales

Key Objectives

1. What are the **volume & type** of health behaviour change conversations taking place & **who delivers** them?
2. What are service users' **experiences & perceptions** of the health behaviour change conversations they took part in?
3. What is the number of people that go on to make **a relevant change** following such a conversation?
4. What are the **characteristics of those who've not taken part in a conversation** & are there any missed opportunities?



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Method

- Stage 1
 - Quantitative telephone survey of **1,003 adults** aged 18+ representative of the Welsh population
- Stage 2
 - **25** follow-up qualitative depth interviews to explore key issues arising during the survey

(Fieldwork period covered is 26 Jan – 23 March 2017)

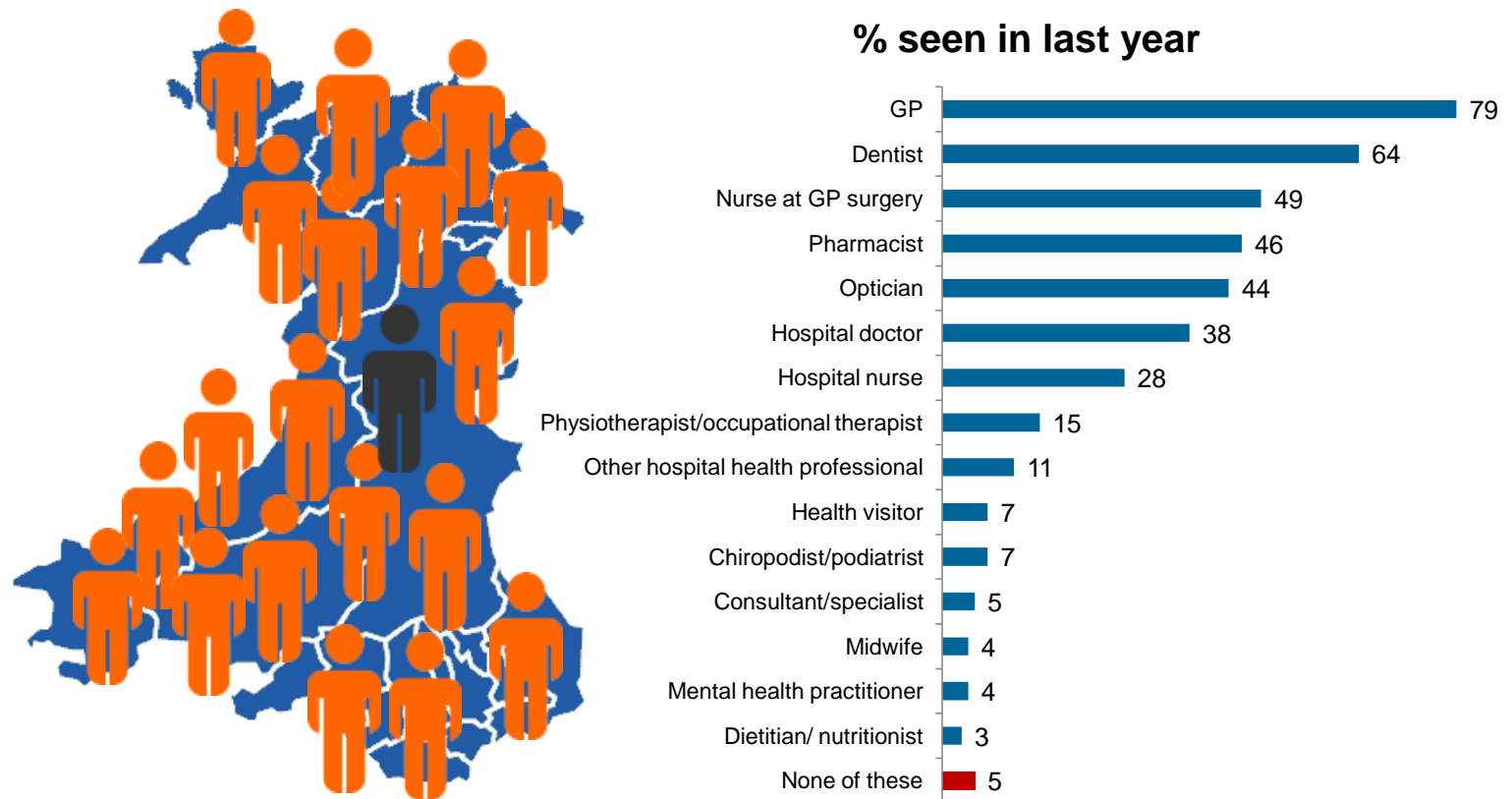


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What are the opportunities for health behaviour change conversations?

95% of sample have had an appointment, consultation or conversation with a health professional in last year



Base: all adults (1,003)

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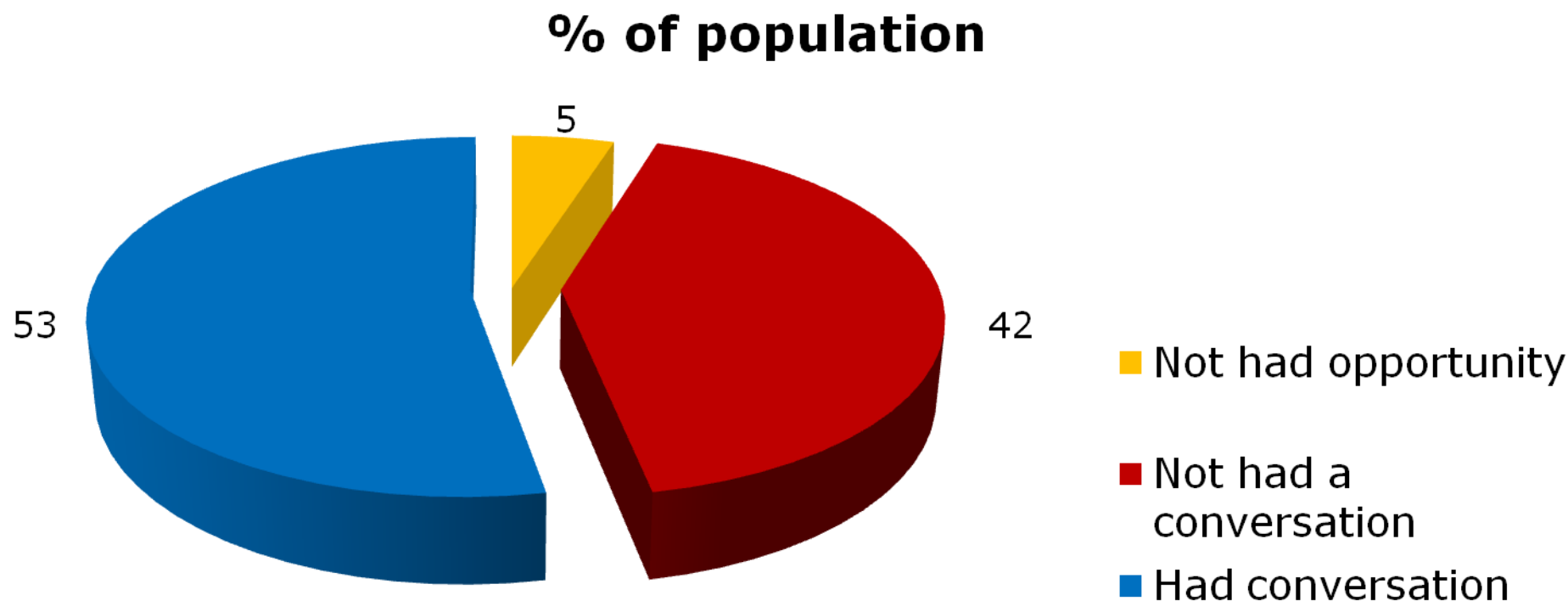


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How many health behaviour change conversations are taking place?

56% of those who've seen a health professional in past year have had a health behaviour change conversation; 44% have not



Base: all adults (1,003)

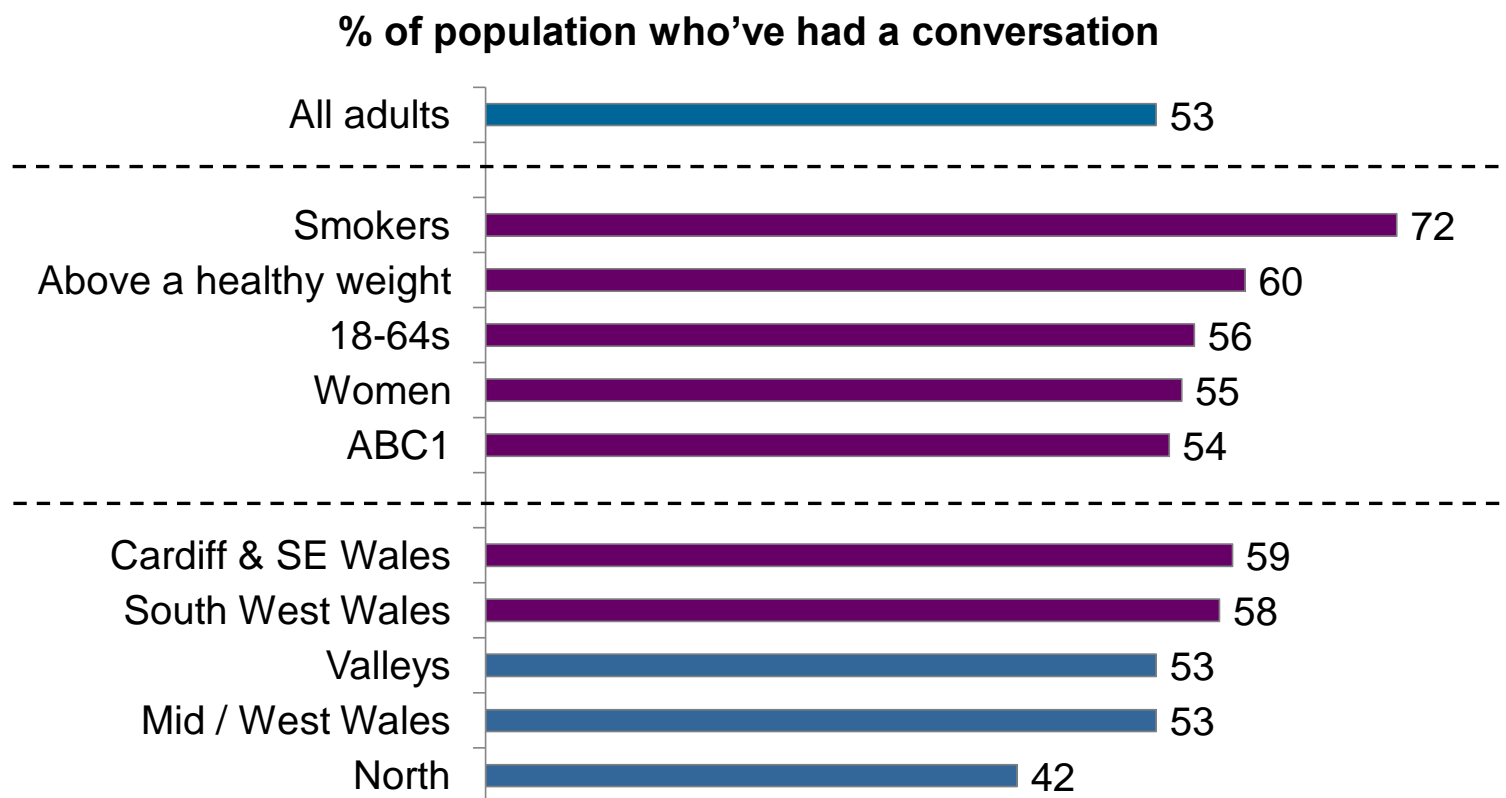


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Who's most likely to have had a health behaviour change conversation

Groups in the population more likely to have had a conversation



Base: all adults (1,003)

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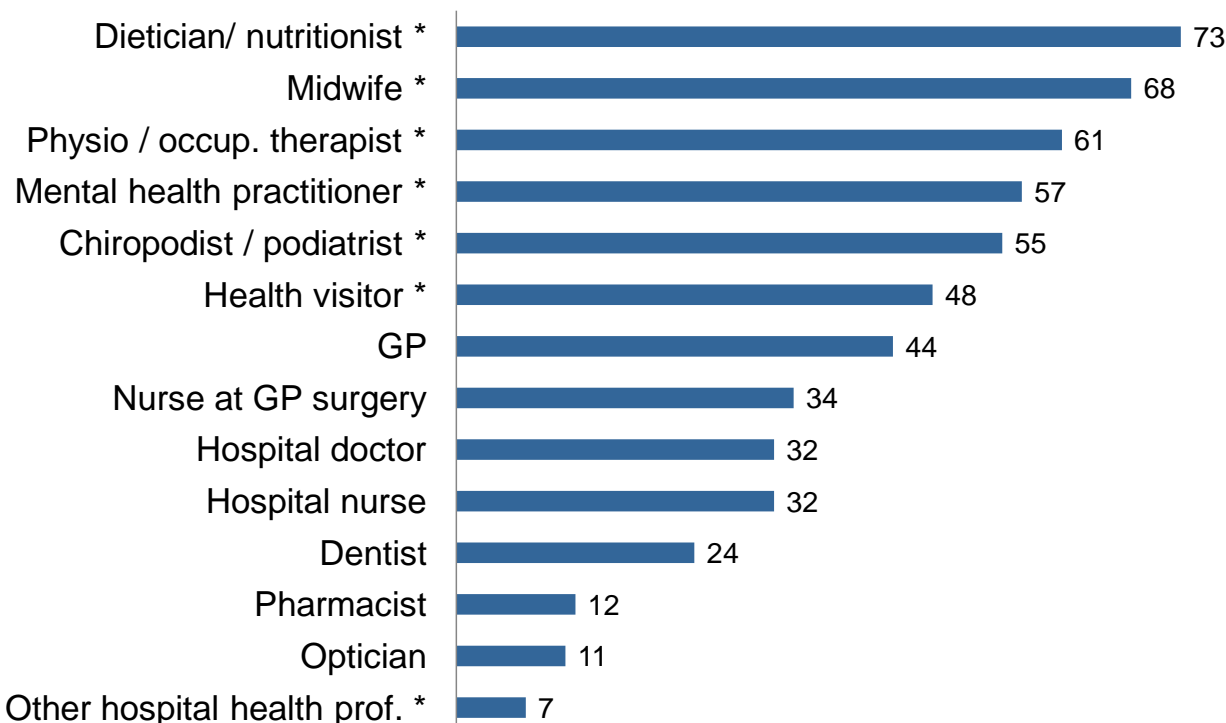
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Who delivers health behaviour change conversations?

Certain types of health professionals are more likely to deliver a health behaviour change conversation

% had conversation during appointment/consultation/conversation with...



Base: adults who've had appointments/consultations with each type of health professional in past year *Caution – small bases for some health professionals

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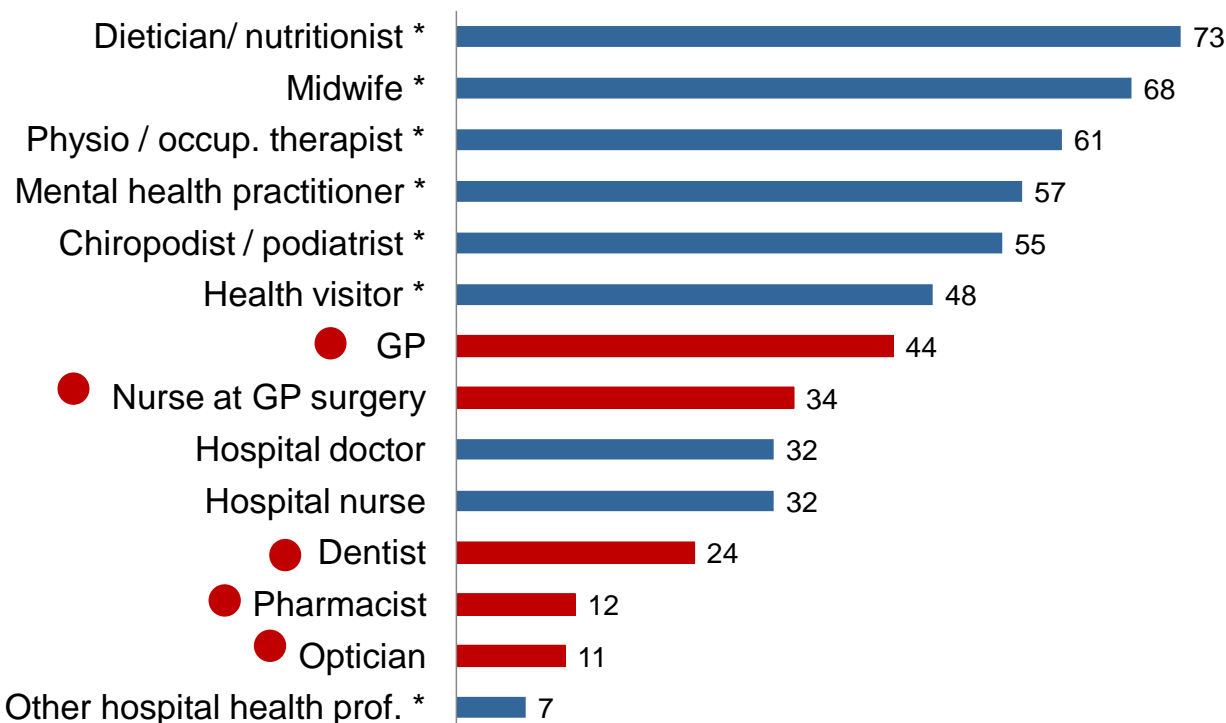
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Who delivers health behaviour change conversations?

Health professionals with highest reach are not necessarily those most likely to be delivering behaviour change conversations

% had conversation during appointment/consultation/conversation with...



Base: adults who've had appointments/consultations with each type of health professional in past year *Caution – small bases for some health professionals

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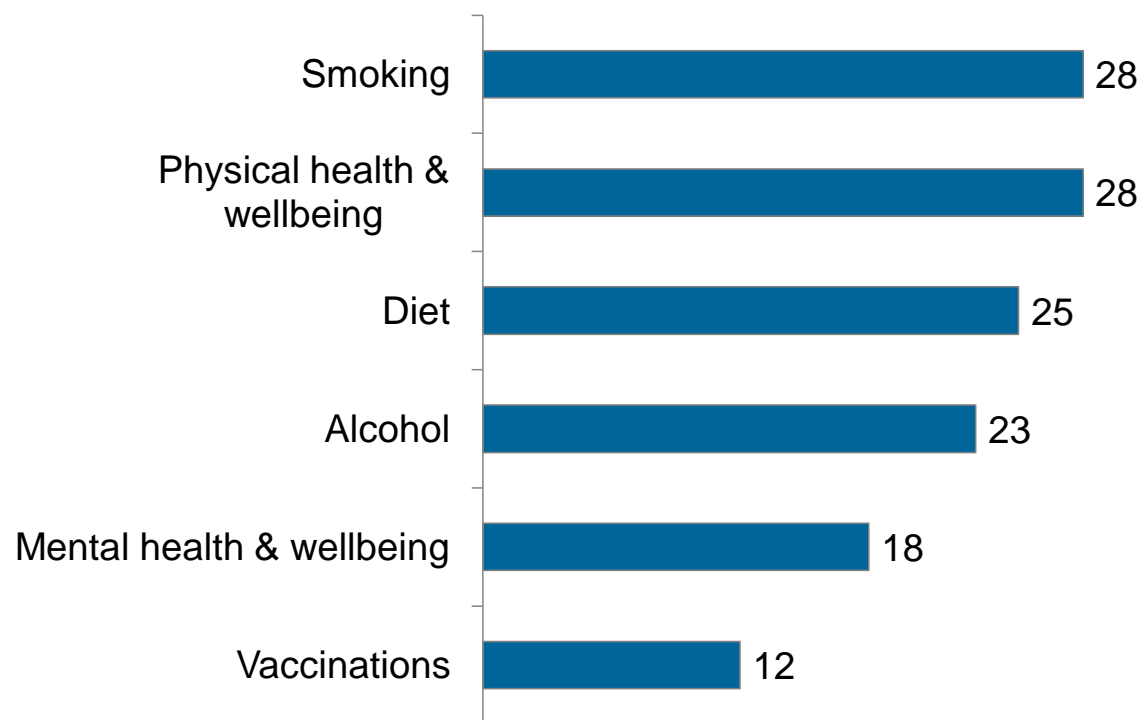
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What are the conversations about?

More adults have had conversations about smoking, physical health & wellbeing, diet and alcohol than about mental health and vaccinations

% of population who've had a behaviour change conversation with a health professional about each topic



Base: all adults (1,003)

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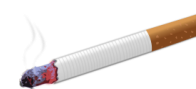
Do the conversations come as a surprise?

Just over half of behaviour change conversations were related to the individual's reason for having the appointment, consultation or conversation with the health professional

54% of conversations were expected / 45% were not



Base: all conversations (766)



55% of conversations with **smokers** were not related to reason for appointment



59% of conversations with **those drinking alcohol almost every day/5-6 days a week** were not related to reason for appointment

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Do the conversations come as a surprise?

Number of 'unexpected' conversations differs by health professional and is highest among dentists and opticians

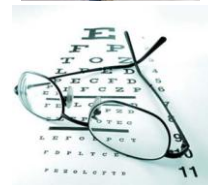
54% of conversations were expected / 45% were not



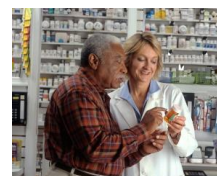
Base: all conversations (766)



80% of conversations with **dentist** not related to reason for appointment



68% with **optician** not related



44% with **pharmacist** not related



41% with **GP** not related

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Colin (37), South West Wales

Colin visited the dentist, who raised the topics of smoking and drinking, which he wasn't expecting. He didn't mind the dentist raising the subject with him.

“I was fine with that, if they're trying to get people to stop smoking that's not a bad thing.”



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Reactions to the conversations

Negative reactions to the conversations are low on the whole

Dimension	% agree	% disagree
Was handled sensitively	90	5
Made me feel embarrassed or awkward	6	89
Made me angry or cross	5	92
Was appropriate to my circumstances	86	7
Gave me useful information	67	18
Made me think about my health	57	27

Question mark over **usefulness of conversations** for some, however:

- **2 in 10** disagree it gave them useful information
- **3 in 10** disagree it made them think about their health

Base: all conversations (766)

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Reactions to the conversations

If conversation was **unexpected/not related to reason for appointment**, more negativity is apparent on certain dimensions

Dimension	% agree	% disagree
Was handled sensitively	88	6
Made me feel embarrassed or awkward	7	88
Made me angry or cross	5	90
Was appropriate to my circumstances	78	9
Gave me useful information	56	24
Made me think about my health	48	36

In this situation recipients are more likely to disagree it:

- Gave them useful information
- Made them think about their health, and
- Was appropriate for their circumstances

Base: all unexpected conversations (346)

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Stacey (21), South Wales

Stacey visited the GP about constant pain she was experiencing. During the appointment the GP raised several other health topics with her, one of which was physical activity.

"It kind of put me off going back because I thought she was pretty rude, because she was like, 'Well, you need to exercise more', when I've got a pretty healthy BMI and weight. I'd understand if I was overweight, but I'm definitely not. So I wasn't happy about that."



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Outcomes of the conversations

- In 56% of behaviour change conversations the health professional either gave the individual some verbal or written information or referred them on to someone else
- 4 in 10 conversations resulted in no information given or referral made

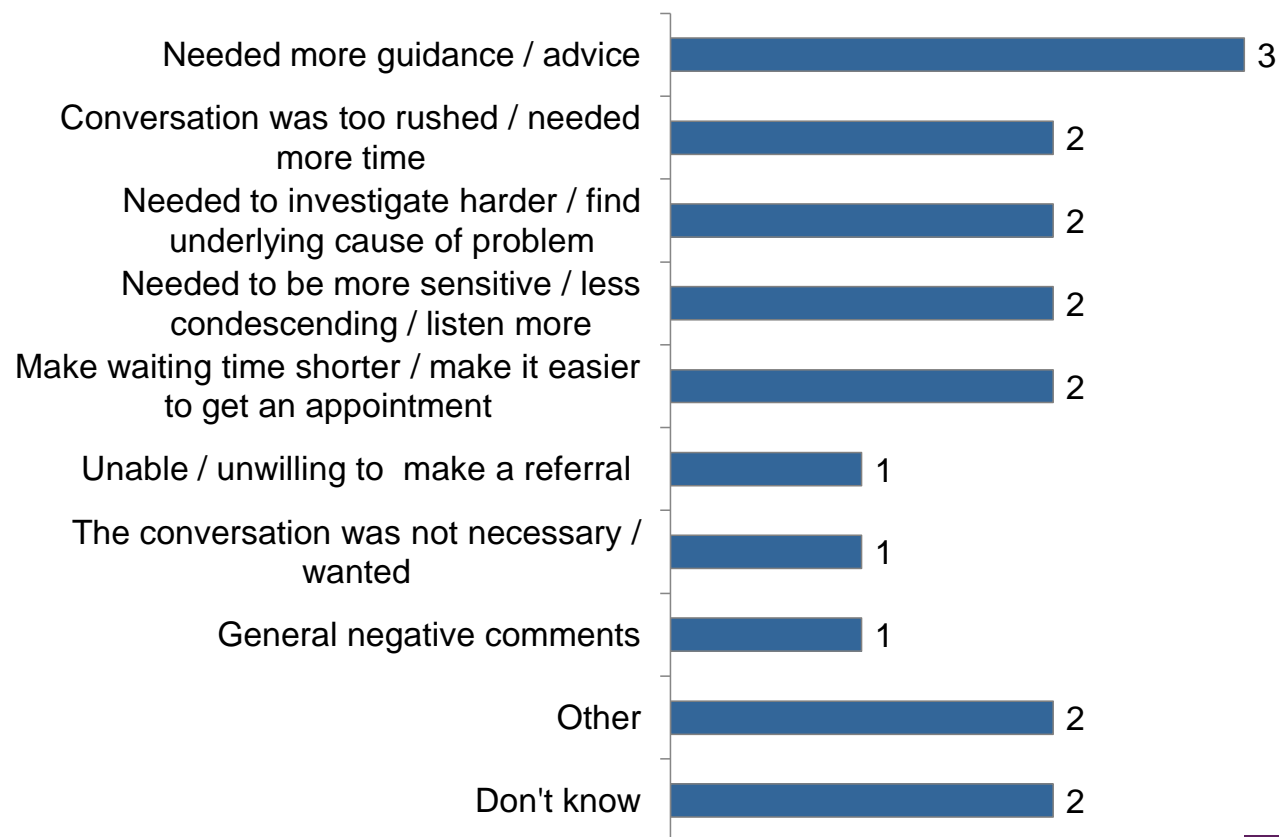
Sean (30), South Wales

Sean had an appointment with an optician who asked him about a range of general health topics. He didn't mind being asked these kinds of questions.

The optician advised Sean that he should stop smoking however didn't offer any guidance or signposting on how to go about quitting smoking.

How could the conversation be improved?

Suggestions to improve conversation %



Base: those who have had a behaviour change conversation (766)

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What impact are the conversations having?

Impact varies by age of individual and is influenced by whether conversation was related to reason for appointment/consultation



36% of conversations resulted in individual making a change



Most likely to have made a change:

45-54s (45%)



Least likely to have made a change:

75+ (18%)

65-74s (28%)

27% made a change if conversation was unexpected

Base: all conversations (766)



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Paul (54), Valleys

Paul visited his GP for a check-up. The GP discussed lifestyle habits with Paul, who was comfortable discussing them. After carrying out tests, the GP informed him he had Type 2 diabetes and was 'in danger'.

The genuine concern jolted Paul into making changes.

"I came out saying from tomorrow morning I'm changing my lifestyle. . . . I did overeat; . . . I was lazy. I would do a day's work, come home, have something to eat and sit in front of the TV. That doesn't happen anymore. . . . I've lost several stone. . . I run three or four miles a day."

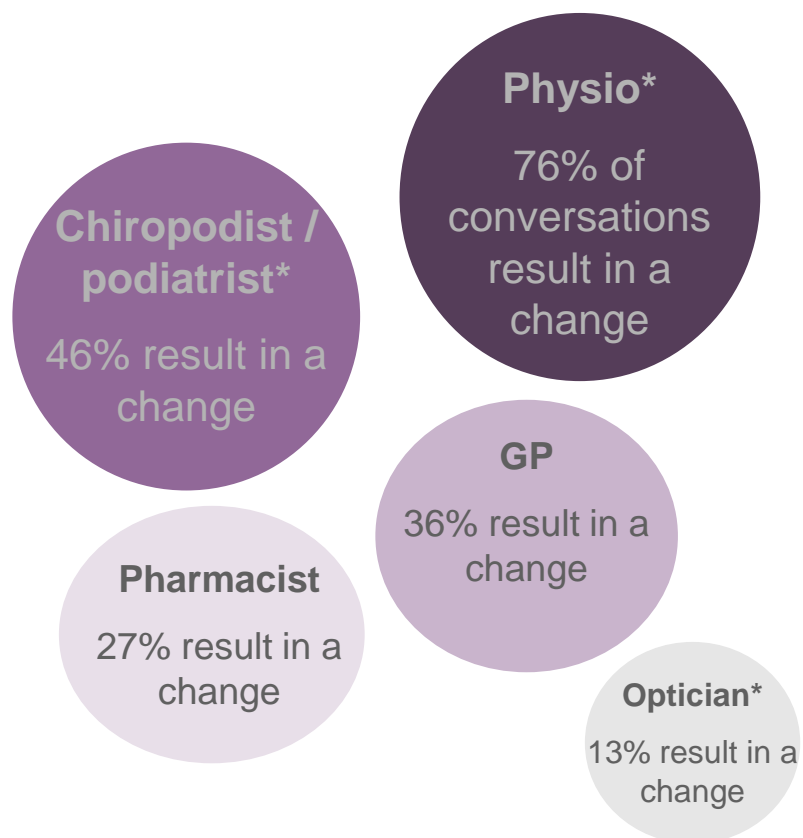


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What impact are the conversations having?

Impact differs by health professional delivering the conversation



Base: all conversations (766) *Caution – small bases for some health professionals



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Who's least likely to have had a health behaviour change conversation?

Opportunities are lower among certain groups...

5% of adults have not seen a health professional in past year

Rises to:

- 9% smokers
- 9% 18-34s
- 8% men



Where there have been opportunities...

% of population who've not had a conversation



Base: all adults (1,003)

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Would people welcome a health behaviour change conversation?

Of the appointments/consultations where there are no conversations, a conversation would have been welcomed in only a minority of cases



10% said they would have liked to have had a conversation (2% definitely, 8% possibly)
89% would not

Slightly higher interest among those seeing a GP – **17%** saying yes



Base: appointments where no conversation took place (1,617)

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Summary



High levels of interaction with health professionals

So plenty of opportunities for health behaviour change conversations (especially with GPs & dentists) but men & younger people less likely to have any contact

Over half of all contacts with health professionals generate a conversation

But varies by professional & lower among those with greatest reach



The public's reaction to the conversations is generally positive

No major negativity is evident, although question marks over their usefulness for some, especially if conversations were unexpected

Over a third of conversations result in a change

Impact varies by health professional seen and also by factors such as age



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