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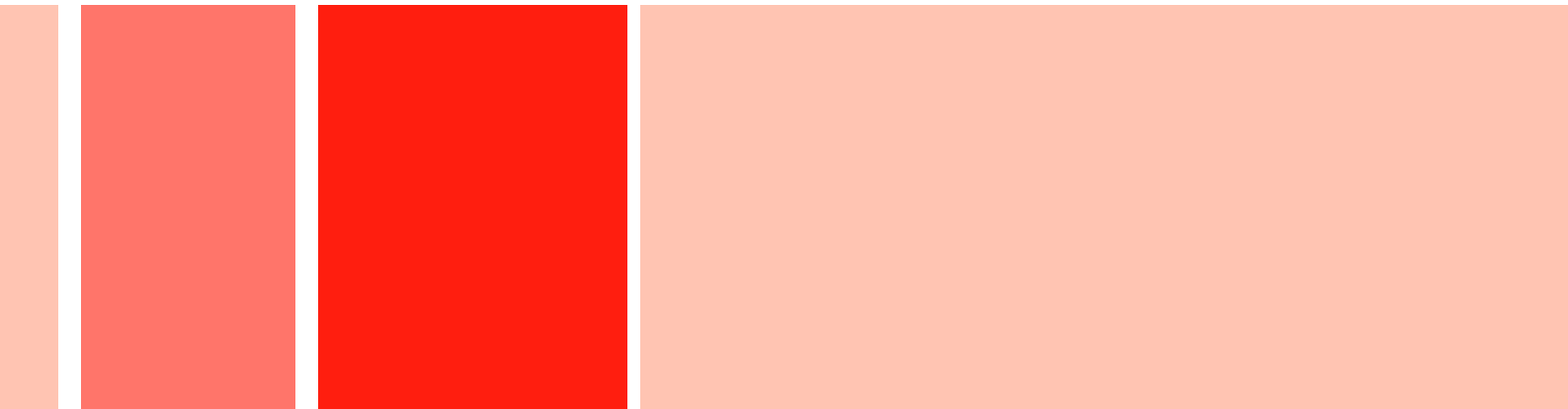
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Introduction of the 'Add to your Life' health and wellbeing check for over 50s: findings from the formative evaluation



Introduction of the ‘Add to your Life’ health and wellbeing check for over 50s: findings from the formative evaluation

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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Executive Summary

This report presents the findings from the formative evaluation of the 'Add to your Life' health and wellbeing check for over 50s pilot.

Introduction

Add to your Life is an online, personalised health and wellbeing self-assessment tool for people aged 50 and over (<https://addtoyourlife.wales.nhs.uk/>). The Check covers a range of health and wellbeing aspects and provides information and advice to help users to maintain or improve their health and wellbeing.

Public Health Wales is responsible for delivering Add to your Life. To date, delivery of the tool has taken place in two phases.

- An initial pilot phase, during which Add to your Life was implemented in 10 Communities First areas, took place from November 2013 to March 2014.
- Add to your Life and its associated support and activities were rolled out nationally in April 2014.

Whilst it is assumed that the majority of users would access the Check independently, two types of support have been resourced to help users with low levels of IT literacy to access and complete the check. These are:

- Face-to-face community support through Age Cymru volunteers and Communities First¹ networks across Wales, and
- Telephone support through NHS Direct Wales.

Methodology

A formative evaluation of a pilot involves a study of early implementation and includes an assessment of what appears to be working and where there are gaps or issues in programme design and delivery. Similarly, this study of Add

¹ Communities First is a non-prescriptive programme established by the Welsh Government to address issues specific to disadvantaged areas. One of the objectives of the Communities First programme is to improve local area health and wellbeing outcomes.

to your Life, conducted during the pilot stage was designed to provide an early assessment of how Add to your Life was being implemented and whether the design and delivery would lead to the intended outcomes.

A mixed method iterative research design was deployed. This comprised three phases of work (sequential and concurrent):

- Desk research and the further development of the Add to your Life logic model together with stakeholders, focusing on the outcomes that Add to your Life was designed to achieve.
- Qualitative research consisting of interviews and focus groups, with policy leads, delivery staff and users of the Check. Quantitative research that included a survey of users immediately after completing the Check and analysis of administrative web-data. Topics and themes covered during data collection were underpinned by the logic model and were focused on the most relevant and measurable outcomes.
- Feasibility study and development of a framework for an outcomes and economic evaluation.

Findings

In this report, Add to your Life is not assessed on rates of completion but by how users respond to the questions in the online tool and to the feedback advice and information.

Promotion and implementation of Add to your Life

During the pilot phase, for users who completed the Check without support, a marketing push, often by an employer was important. The intention was that delivery would be flexible and guided by local area considerations. For this reason, implementation of Add to your Life was not consistent across the pilot areas. Similarly promotional activities and materials varied significantly. Communities First delivery staff would have preferred a more consistent approach.

Support staff

The level of support provided by staff was more than had been originally intended. In practice, staff were involved in explaining questions and responses, discussion of the feedback and offering practical advice and emotional support. The extended support model was delivered in two ways: face-to-face support and group setting support. There were some perceived gaps in how information from Public Health Wales was cascaded down to support staff in local areas. Staff suggested a need for guidance, training and knowledge sharing opportunities, to aid a consistent approach to user engagement and delivery.

Effective user engagement

Delivery staff reported challenges in engaging men, people who are not in contact with services, and those aged over 70. People with low IT literacy held a suspicion of web-based tools, creating a barrier to completion or registration. Finally, increasing the number of registered users was considered vital for any follow-up communications as well as for future evaluation activities.

Add to your Life

Overall the design of Add to your Life was positively received. It was viewed as easy to navigate. Completing Add to your Life was considered useful by users who received staff support as it gave them the opportunity to discuss their health and lifestyle choices. In particular, the social aspect of completing Add to your Life in a group setting with support was appreciated. It was felt to be less useful by those who completed it without support.

A number of issues about the content and feedback of Add to your Life were raised by users and staff:

- **The Welsh language version** - this was thought to use overly formal language and therefore was considered less accessible than the English version by users whose first language is Welsh.

- **The content** - there was a tension in users perceiving the tool to be 'too general' or 'not personalised enough'. There is a clear need to incorporate sufficient content so that individual circumstances, such as physical disability, are included. Limited response options increase the risk of inaccurate answers thus affecting the feedback generated.
- **The feedback** - there was an expectation among users that they would receive feedback that was more personalised. Feedback content was considered too dense, too long, and not visually attractive. Users wanted greater use of motivational language and more specific and practical feedback on taking small steps to increase physical activity and improve their diet, in particular. A need to signpost to local, in addition to national organisations was suggested.

Helping to change behaviour

The feedback advice and information users received generally confirmed what they already knew about their health and wellbeing status. In some instances it re-affirmed an intention to change behaviour. It was too early in the life of this initiative to report in any comprehensive way about progress made towards the outcomes related to an 'increase in healthy behaviours'.

Suggestions to help achieve behaviour change included: goal setting, providing information about local services, and tracking progress and change by completing Add to your Life at regular intervals.

Conclusions

During the pilot stage, there was huge variability in how Add to your Life was implemented in the pilot Communities First areas delivering the Check. The type of promotion carried out locally varied also, as did the provision of support. A more consistent promotional approach during the national roll-out is envisaged. As it was thought to be suitable for all age groups, promotional activities could emphasise that Add to your Life is available for all age groups, if this was thought to be a priority.

The findings show that the level of support provided varied from what was originally envisaged, with staff providing support that extended beyond the original IT support remit. This meant that the intended online model with only IT support was modified. Guidelines and training on the level of support needs to be clarified and effectively communicated. Monitoring and assessment of the level of on-going support would provide greater understanding on user support needs and associated cost implications.

Overall, completing Add to your Life gave users some 'food for thought', helping users to reflect on their health and lifestyle behaviours. Clear explanations of how Add to your Life can help users would be useful for managing expectations.

The support of Communities First staff was important and added value for specific groups of users. Harnessing the perceived benefits of this support so that positive health behaviours are maintained and appropriate actions taken would likely require continued support and motivation.

Users were open to completing Add to your Life on a regular basis. To track behaviour intentions and change over time would require an increase in users registering to the site. Clear instructions and the benefits of registering could be set out in a way that encourages users to register. Registration is also important for any future evaluation activity.

Any future evaluation activity would need to consider implementation variability as well as the variations in the delivery model. How users respond to Add to Your Life could be influenced by the type and level of support provided. Decisions on which intervention model to evaluate and the relevant user groups to study would need to be made. As a starting point, a review of the intervention logic model is suggested. A paper of key issues to consider in the design of a robust outcomes evaluation has been submitted separately.

1 Introduction

- 1.1 In comparison with almost any other part of the United Kingdom, Wales has a poor record on health and wellbeing outcomes with, on average, lower life expectancy and a greater likelihood of having a disabling condition in later life². The South Wales Valleys are one of seven areas, which include pockets in the West Midlands as well as Glasgow and its surrounding areas that have a male life expectancy of 13.5 years less than London's affluent borough of Kensington and Chelsea and over five years less than the UK average.
- 1.2 Data from the Welsh Health Survey³ show slow, if any, improvement in the proportion of the population described as having ill-health, as measured against key indicators such as hypertension, obesity and overall morbidity. This slow improvement is compounded by corresponding failures in taking up behaviours known to improve health such as physical activity and diet.
- 1.3 Along with the high rates of long-term health conditions, the proportion of older people in Wales, the highest among UK nations⁴, is set to increase. In common with all age groups and all regions, the health of older people is likely to be worse among those living in disadvantaged circumstances. Importantly, by 2025 the population of older people in Wales is expected to increase by 26 per cent (in comparison to a five per cent predicted increase in the overall Welsh population)⁵.

² Life expectancy at birth and at age 65 by local areas in the United Kingdom, 2004–06 to 2008–10 ONS <http://www.ons.gov.uk/ons/rel/subnational-health4/life-expec-at-birth-age-65/2004-06-to-2008-10/statistical-bulletin.html#tab-Local-area-life-expectancy>

³ Welsh Health Survey Summary results 2013 show that around half of adults reported being treated for an illness and a third reported a limitation to their daily activities due to a health problem/disability. 58% of adults were classified as overweight or obese. Moreover, those in the most deprived areas reported the worst health.
<http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en>

⁴ ONS (2012) Population Ageing in the United Kingdom, its Constituent Countries and the European Union. http://www.ons.gov.uk/ons/dcp171776_258607.pdf

⁵ Roberts, A., and Charlesworth, A. (2014) A decade of austerity in Wales: the funding pressure facing the NHS in Wales to 2025/26. London: the Nuffield Trust.

- 1.4 This demographic profile when coupled with the patterns described above has been identified as a major problem for the future sustainability of health and social care in Wales⁶. The Wanless Report⁷, commissioned at an early stage of devolved government in Wales, set out the importance of “*realigning*” service delivery to focus more on prevention and early intervention. It further emphasised the need for strong action on prevention.

‘Citizens and communities will need to be involved in the decision making about health and social care services and must contribute by taking greater responsibility for their own health.’

- 1.5 In 2003 the Welsh Assembly Government (as was) set out its first 10 year strategy for older people. It set out proposals for systemic, structural change to address issues relevant to older people. It resulted in the implementation of a range of initiatives at both national and local levels. Following on from these developments and in recognition of the need for preventative, behaviour change initiatives, the Welsh Labour Manifesto (2011) pledged a commitment to a health check intervention.

‘... we will ... instigate a programme of annual health checks, led by GPs, practice nurses, pharmacists and other health professionals, for everyone over the age of 50 over the next Assembly term.’⁸

- 1.6 The Welsh Government's explicit goal of ‘*ensuring older people in Wales live happy, long and fulfilled lives*’ is continued in the more recent decade long strategy published in 2013. The pledge to develop an annual health check was incorporated into the Programme for Government⁹.

⁶ Roberts, A., and Charlesworth, A. (2014) A decade of austerity in Wales: the funding pressure facing the NHS in Wales to 2025/26. London: the Nuffield Trust

⁷ The Review of Health and Social Care in Wales – the Wanless Report Welsh Assembly Government 2003
<http://wales.gov.uk/dhss/publications/health/reports/wanlessreview/wanlesssummarye.pdf?lang=en>

⁸ Welsh Labour Manifesto (2011) Standing up for Wales, p. 41.

⁹ Details about the Programme for Government can be found here:
<http://wales.gov.uk/about/programmeforgov/?lang=en>

- 1.7 The introduction of a health and wellbeing check is a strategic response to demographic trends and the commitment to support people aged over 50 to make better health and wellbeing choices¹⁰. Significantly, the envisaged approach to developing a health and wellbeing check changed from one based on a 'medical model' and led by healthcare professionals (as set out in the 2011 manifesto) to an online tool led by Public Health Wales¹¹ (PHW) and supplemented with various support elements.
- 1.8 Prudent Healthcare¹² is being widely discussed in Wales. A set of five principles have been developed, designed to change the way health services are used and provided. The introduction of Health Checks contributes to this by enabling all individuals to engage in co-production of their health at the basic level.
- 1.9 Although prevention is often seen as preferable to cure in healthcare, the general health check approach is not without its detractors. Concern has been expressed that NHS Health Checks¹³, are likely to lead to unintended consequences in the form of '*clinics full of the worried well and streets full of happy time bombs*'¹⁴. A recent implementation study¹⁵ of Keep Well, a programme in Scotland launched in 2006¹⁶ reported only small-scale, self-reported behaviour change based on local evaluation evidence.

¹⁰ Welsh Government (2013) Strategy for older people in Wales 2013-2023 <http://wales.gov.uk/topics/health/publications/socialcare/strategies/older/?lang=en>

¹¹ Welsh Government (2013) Strategy for older people in Wales 2013-2023 <http://wales.gov.uk/topics/health/publications/socialcare/strategies/older/?lang=en> p. 4. Also refer to <http://www.publichealthwales.wales.nhs.uk/>

¹² More details about Prudent Healthcare can be found here: <http://www.prudenthealthcare.org.uk/>

¹³ The NHS England Health Check is implemented by local authorities and delivered by health care professionals. <http://www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx>

¹⁴ Mark Porter "Are NHS health checks for the over-40s really worth it?" The Times 6 August 2013.

¹⁵ <http://www.healthscotland.com/scotlands-health/evaluation/programme/evaluation-%20KeepWell.aspx>

¹⁶ Keep Well comprises a programme of activities focused on reducing health inequalities and focuses on those aged 40-64. <http://www.keepwellscotland.org.uk/>

- 1.10 A Cochrane review¹⁷ of randomised trials of health checks delivered in primary care settings (published in 2012) found that general health checks had no effect on morbidity (a key stated outcome). Some of the authors of this review concluded that general health checks do not work and existing programmes such as those in England and Scotland should be abandoned¹⁸.
- 1.11 In a response to the 2012 Cochrane review, Public Health England¹⁹ assert that the technical limitations of the review mean that it cannot be used to conclude that the NHS Health Check (England) does not work. Although a randomised control trial of the Health Check is not being carried out, the view is that the English health check is based on robust guidance on cost-effective approaches provided by the National Institute for Health and Care Excellence (NICE)²⁰.
- 1.12 Within this policy and evidence context, the health and wellbeing check (thereafter referred to as ‘Add to your Life’ or ‘the Check’) was designed as a wider community prevention initiative with the support of facilitators at a local level concentrated in areas of higher deprivation, with the online format allowing ‘*Wales to test something new*’²¹.

About Add to your Life

- 1.13 Add to your Life is a personalised health and wellbeing self-assessment tool that is accessed online (<https://addtoyourlife.wales.nhs.uk/>). The intention is that this is an online tool, designed for self-completion that the majority of the

¹⁷ Krogsoell, L., Joergensen, K., Groenhoej Larsen, C., and Goetzsche, P. (2012) General health checks in adults for reducing morbidity and mortality from disease: Cochrane systematic review and meta analysis. *BMJ*, 12:345:e7191

¹⁸ Goetzsche, P., Joergensen, K., Krogsoell, L. (2014) General health checks don't work – it's time to let them go. *BMJ*, 348:g3680.

¹⁹ Public Health England, Local Government Association and the National Institute for Health and Care Excellence (2013) *NHS Health Check: our approach to the evidence*. London: PHE.

²⁰ NICE (2014) Encouraging people to have NHS Health Checks and supporting them to reduce risk factors. <http://publications.nice.org.uk/lgb15>

²¹ Former Minister for Health and Social Services Lesley Griffiths as quoted in by BBC News <http://www.bbc.co.uk/news/uk-wales-politics-21327411>

population can access independently. The Check covers a range of aspects which can affect individual health and wellbeing. It is not designed to be a diagnostic tool and instead provides information and advice with the principal objective of helping users to maintain or improve how they look after their own health and wellbeing.

Activities

1.14 As the target audience for Add to your Life is those over the age of 50, it was recognised that some users may find it difficult to access or use due to lower levels of IT literacy among the upper range of this age group, for example. Although it is assumed that the majority of users would access Add to your Life without any support, for those with low levels of IT literacy two types of support²² to help users access and complete the check have been resourced:

- Face-to-face community support through Age Cymru volunteers²³ and Communities First networks across Wales, and
- Telephone support through NHS Direct Wales²⁴.

Signposting to local services by Communities First staff was expected as this was considered part of their Communities First role anyway.

1.15 The tool comprises five distinct sections, each designed to gather information on different aspects of individual health and wellbeing:

- **About me:** in this section, users may choose to register with a user name and password and input contact details. Additionally, users have the possibility to provide information including their date of birth, gender, ethnicity, height, weight, and waist measurement. Users can complete the Check without registering their details. Follow-up contact (for the purposes of evaluation or progress on the original check for example) is only possible if users register.

²² The underlying assumption was that support would be in relation to IT and online aspects of the health check such as accessing and using the online tool

²³ During the formative study period, Age Cymru volunteers were being recruited and trained. It was therefore not possible to conduct an assessment of this type of support.

²⁴ Although telephone support was planned, it was not expected to be available until the national roll-out phase.

- **My Lifestyle:** this component covers questions on physical activity, eating habits, alcohol consumption, and smoking.
- **My Health:** in this section, coverage of questions about general health, illness, and chronic health conditions includes: heart disease; arthritis; cancer; falls; eye health; flu jabs; cervical screening; bowel screening; prostate health; stroke; diabetes; oral health; hearing health; foot health; breast screening; Abdominal Aortic Aneurysm (AAA) screening; and sexual health.
- **My Wellbeing:** this section assesses mental wellbeing, and includes questions on anxiety, depression, forgetfulness, and dementia.
- **My Future:** contextual questions that can affect health and wellbeing covering finances, debt, housing, benefits, being a carer, and making a living will.

Using Add to your Life

1.16 Add to your Life aims to offer users flexibility and choice. Users do not have to progress through the different sections of the tool in a linear way, rather they can choose how they navigate through the check. Similarly, the check can be completed in one sitting, or users can opt-in and -out by completing as few or as many sections as they want. However, only users who register are able to return to previously completed sections.

1.17 As users navigate through the different sections, 'Handy Hints' boxes appear on screen with information and advice on particular sections or questions; or to help users to answer questions such as, how to measure one's waist.

The Feedback

1.18 Based on the responses given and the sections completed, users are provided with a printable output with personalised information and advice, at the end of the check. This may include suggestions for lifestyle changes and/or referrals to professional support and other services.

1.19 Users who partially complete sections or do not complete the tool in one sitting receive advice that is not as comprehensive as it would be if the check is fully completed. Patterns of use and changes in individual responses over time can only be tracked for individuals who have registered and provided their correct contact details.

Implementation of the pilot

1.20 Public Health Wales has a commitment to “*protect and improve health and wellbeing and reduce inequalities*”²⁵ and is responsible for delivering Add to your Life. To date, Public Health Wales has undertaken delivery of the tool in two phases. An initial pilot phase, during which Add to your Life was implemented in 10 Communities First areas, took place from November 2013 to March 2014.

1.21 Communities First is a programme established by the Welsh Government to address issues specific to disadvantaged areas. It is a non-prescriptive programme based on facilitated community action in the most deprived localities in Wales²⁶. Currently there are 52 Communities First clusters covering all Welsh local authorities. The number of clusters in local authorities range from 1 to 8. The largest number of clusters (8) is in Rhondda Cynon Taf. Communities First areas are able to access funding of £75 million until March 2015. One of the objectives of the Communities First programme is to improve local area health and wellbeing outcomes.

1.22 Piloting Add to your Life in Communities First areas has meant that delivery of the tool is facilitated by existing services and users are supported in accessing and completing the tool by Communities First staff and volunteers. Following the end of the pilot stage, delivery of

²⁵ [http://www2.nphs.wales.nhs.uk:8080/CorporateServicesDocuments.nsf/65ffc2bb7492efeb80256f2a004a1b2e/3786c77f5e591ba380257c240042db4d/\\$FILE/Public%20Health%20Wales%20Strategy%20v1%20141113.pdf](http://www2.nphs.wales.nhs.uk:8080/CorporateServicesDocuments.nsf/65ffc2bb7492efeb80256f2a004a1b2e/3786c77f5e591ba380257c240042db4d/$FILE/Public%20Health%20Wales%20Strategy%20v1%20141113.pdf)

²⁶ Interim evaluation of Communities First: Final Report Welsh Assembly Government 2010 <http://new.wales.gov.uk/dsjlg/research/c1stinterim/reporte.pdf?lang=en>

Add to your Life and its associated support and activities was rolled out nationally in April 2014 to cover all 52 Communities First clusters.

- 1.23 In addition to press coverage of the official launch, the Add to your Life website was advertised through social media (Facebook) and distribution of leaflets and posters across Wales through libraries and Age Cymru amongst others. It was intended that the weekly batch of letters of invitation to people turning 50 should have started to go out then too, but this procurement process was delayed, so those have only been going out each week since the beginning of October 2014.
- 1.24 It is within this policy and delivery context that the formative evaluation of the Add to your Life pilot was commissioned by the Welsh Government. A formative evaluation is often undertaken during the pilot phase of an initiative when, a full outcome evaluation would not be appropriate, in order to provide an assessment of how the initiative has been implemented and whether delivery of activities is progressing as planned. A formative study can also include a study of delivery processes to understand whether the initiative is serving the intended target population. It has also been argued that pragmatic formative process evaluation makes a vital contribution to the development and evaluation of interventions²⁷. The early capture of data helps to understand: the extent to which a programme is working as expected; how it is being received by the target groups; and how the target groups are responding to the intervention. The evidence from the formative stage of the initiative sets out lessons for the future development of the initiative and can also inform the design of any future outcome evaluation.

Structure of the report

- 1.25 Chapter 2 describes the study methodology and associated limitations. Chapter 3 presents the first stage of the research which involved stakeholder discussions to articulate the outcomes of Add to your Life

²⁷ Evans, R., Scourfield, J., Murphy, S. Pragmatic, formative process evaluations of complex interventions and why we need more of them. *Journal of Epidemiology and Community Health*. Published Online First: 5 December 2014 doi:10.1136/jech-2014-204806.

in a detailed programme logic model. Chapter 4 considers the early implementation of the tool by bringing together the views of a range of stakeholders involved in the design and delivery of Add to your Life. Chapter 5 comprises a synthesis of the experiences and views of Add to your Life users. It combines both qualitative and quantitative data to present users' perspectives on the usefulness of Add to your Life and perceived gains or behaviour change as a result of the information and advice given. Chapter 6 assesses the extent to which progress towards the stated Add to your Life outcomes are being achieved. Finally, Chapter 7 presents the discussion and recommendations which should inform future development of Add to your Life.

2 Methods

- 2.1 Within the formative study framework of developing an understanding of the early implementation of the Add to your Life pilot, another overall objective was to set out a design for an outcome and economic evaluation. More specifically the evaluation aimed to:
- establish the suitability of Add to your Life systems and materials for the target audience;
 - assess implementation and early delivery in order to inform future development;
 - consider data requirements for measuring outcomes, including additional data and those that are routinely available, and implications for the development of the health check mechanism (e.g. types of personal information required for follow-up);
 - explore the feasibility of a future outcome and economic evaluation.

The research design

- 2.2 A theory-based evaluation approach was undertaken to address questions of implementation, process and effectiveness. The research aims were classified into two categories; those that relate directly to programme process and those that are more suited to a study of initial programme effectiveness:

Implementation and process

- Suitability of systems and materials;
- Initiative set-up and delivery context;
- Early implementation as experienced by stakeholders and users;
- Perceived usefulness of all the components of Add to your Life.

Effectiveness

- Take-up of the health check – including patterns of take-up across subgroups;
- Satisfaction with materials and signposting;
- Take-up of signposted services;

- Change in health and wellbeing related attitudes and behaviours.

2.3 In order to provide as comprehensive an assessment of the above as possible, a mixed method iterative research design was deployed. This comprised three phases of work (sequential and concurrent):

- Desk research and the further development of the Add to your Life logic model;
- Qualitative research consisting of interviews/focus groups and quantitative research that included a survey and web-data analysis;
- Feasibility study and development of a framework for an outcome evaluation and economic study.

The data collection process

2.4 The first phase of data collection included desk research involving a review of relevant documents relating to Add to your Life. Following this, two workshops were conducted with stakeholders involved in the design and implementation of the tool in the pilot areas. The purpose of these workshops was to further develop the logic model²⁸ produced by Public Health Wales and the Welsh Government by focusing on the outcomes that Add to your Life was designed to achieve.

2.5 Once the outcomes-focused logic model had been developed and agreed the subsequent stage of data collection included both qualitative and quantitative elements. Topics and themes covered during data collection were underpinned by the logic model and were focused on the most relevant and measurable outcomes.

2.6 The qualitative element comprised interviews with Add to your Life stakeholders including Communities First staff involved in the set-up and delivery of the pilot. These interviews were aimed at understanding

²⁸ See for example McLaughlin, J. and Jordan, G. (1999) Logic models: a tool for telling your program's performance story, *Evaluation and Program Planning*, 22(1):65-72; Funnell, S. (2000). Developing and using a program theory matrix for program evaluation and performance monitoring. In P. Rogers, T. Hacsí, A. Petrosino, & T. Huebner (Eds.), *Program Theory in Evaluation: Challenges and Opportunities*, *New Directions for Evaluation*, 87, 91-101. San Francisco, CA: Jossey-Bass Publishers.

early implementation of the initiative within the context of the pilot Communities First delivery sites. With the support of delivery staff, suitable areas within the 10 pilot Communities First clusters were identified for further research.

- 2.7 Areas where delivery of the initiative was more advanced were selected to gain the perspectives of users who received staff support to complete Add to your Life (also referred to as supported users). In these areas focus groups were conducted to gather users' views of completing the Check, the advice and information given, and its perceived usefulness. The value of support provided by staff in completing the Check and understanding of the advice and information was also assessed. Additional focus groups were conducted with participants who had completed the online tool without support (referred to below as unsupported users). In order to find out whether Add to your Life users had taken any actions or made any changes as a result of Add to your Life, short interviews were carried out with users 3-5 months after they had completed the Check.
- 2.8 The logic model refinement process commenced in November 2013 and was completed by January 2014. This was followed by interviews with Add to your Life stakeholders. The majority of stakeholder interviews were completed by the end of February 2014. Recruitment of health check users started towards the end of February and continued until July 2014. The first focus groups were conducted in March and the final one in July. Follow-up interviews with users took place between May and June 2014.
- 2.9 All focus groups and interviews were digitally recorded with the prior consent of participants. Verbatim transcription of all recordings was carried out by a professional transcription agency. Transcripts were used to conduct analysis.
- 2.10 The quantitative element included an online survey available to users immediately after completing Add to your Life. In addition, webdata on use of Add to your Life by Google Analytics were analysed. Google

Analytics is a system that generates descriptive statistics about a website and can be used to provide insight on how users come to the site and patterns in user behaviour on the site, such as how they navigate through it.

Ethical protocol

- 2.11 Ethical approval was successfully sought from NatCen's Research Ethics Committee (REC) which complies with the requirements of the Economic and Social Research Council²⁹ and Government Social Research Unit Research Ethics Frameworks³⁰.
- 2.12 At the recruitment stage, individuals were given an information leaflet explaining the research and describing what participation would entail. A full explanation was also given to recruited participants both in writing and verbally prior to a group discussion or an interview. This information included an overview of the topic areas likely to be discussed, the voluntary nature of participation, and that participants could withdraw from the research at any time.
- 2.13 Participants were reassured about the confidential nature of taking part. It was emphasised that participants would not be required to share any information about a health condition if they did not wish to do so. Focus group participants were asked to respect the confidentiality of the group and were asked not to share any content of the discussion with anyone outside the group.
- 2.14 Consent to take part in the research was sought prior to the start of each data collection encounter. At the end of group discussions all users were offered a cash incentive as a token of appreciation for their time and to cover any travel costs they may have incurred.

Analysis

²⁹ ESRC Framework for Research Ethics available at [www.esrc.ac.uk/ images/framework-for-research-ethics-09-12_tcm8-4586.pdf](http://www.esrc.ac.uk/images/framework-for-research-ethics-09-12_tcm8-4586.pdf)

³⁰ GSRU Ethical Assurance for Social research in Government can be found here: http://www.civilservice.gov.uk/wp-content/uploads/2011/09/ethics_guidance_tcm6-5782.pdf

2.15 *Qualitative elements: A Framework*³¹ approach to data management was used. Framework is a matrix approach to managing and charting qualitative data by individual case and across all themes captured during data encounters. The Framework matrix approach can be developed in MSExcel for relative small amounts of data or Framework embedded in Nvivo qualitative data management software is used for managing large amounts of data. The principle behind both is the same, a chart or framework that covers the main themes (set out in the topic guide) is developed. Transcribed data are sorted and summarised by theme. The range of experiences and views are extracted and similarities and differences identified. Participants' verbatim quotations are used to illustrate themes and patterns where appropriate. Relevant new themes are added to the matrix as they emerge. It cannot estimate the prevalence of particular views and experiences. For this study the Framework matrix was set out in MSExcel. As an example, the matrix structure used for the analysis of user focus group data is included in Appendix A.

2.16 *Quantitative elements: Google Analytics* was used to gather and analyse descriptive quantitative data on website statistics. The analysis was carried out directly within Google Analytics by running frequencies and cross-tabulations of user behaviour on the website.

2.17 It is to be noted that a post-completion online survey for users, to assess progress towards stated programme outcomes, went live in June 2014. The survey findings presented here therefore, are descriptive and based on a small number of survey responses. The ownership of the survey and respondent data lies with the Welsh Government and offers the opportunity for future data collection and analysis to report on progress towards stated outcomes.

2.18 Data from all elements of the study, including the analysis of survey and web data were triangulated and synthesised into this report of findings. Triangulation of data gathered using different methods and at

³¹ Ritchie, J., Lewis, J., McNaughton Nicholls, C., and Ormston, R. (2014) *Qualitative Research Practice*, Ch. 11. London: Sage

different points in time is a powerful technique to verify findings and facilitate the validation of data.

Conducting qualitative fieldwork and analysis – key issues

- 2.19 Recruitment for the majority of qualitative data collection was conducted with the support of local area services and Communities First staff. The findings, therefore, reflect the perceptions and experiences of those who are more engaged with services.
- 2.20 Pragmatic decisions had to be made in relation to choosing areas for conducting focus groups. Initially, fieldwork areas were identified with the support of Communities First staff. However, after contacting these areas, the research team found out that delivery of Add to your Life had not progressed as was anticipated. This meant that new areas had to be identified and the process of selecting areas became more protracted than expected. Finally, after contacting all Add to your Life pilot areas, areas where delivery had progressed to an extent that people were accessing and completing the online tool in sufficient numbers, were selected.
- 2.21 In addition, only areas where staff were able to support research recruitment were selected, so areas experiencing staff resourcing issues were excluded.
- 2.22 Recall was an important consideration when speaking to users who had recently completed the Check. One area where staff were willing to help the research team was excluded because Add to your Life was no longer being piloted and users had completed the Check at the very start of the pilot phase (in November 2013). In a couple of instances staff were unable to contact the number of users needed to conduct a group discussion and the recruitment process had to be abandoned and a new area targeted.
- 2.23 Users in Communities First areas who took part in the research were supported users, that is, they had completed Add to your Life with staff

support. With help from Public Health Wales, public and private sector employers who were promoting Add to your Life in the workplace were also identified as their employees would be completing the Check without staff support. Health care focused employers were not contacted as it was decided that employees in these workplaces would be more likely to have more knowledge and awareness of their health and wellbeing issues. This recruitment strategy required help from employers. Those who had the time and were willing to help supported recruitment by distributing the research information to their employees participating in the study.

2.24 Therefore, focus groups with unsupported users were conducted on the premises of private sector organisations which had promoted Add to your Life among its employees. As such, these findings present the perspective of one type of unsupported user, those who are in employment (in the private sector).

2.25 Follow-up interviews could only be conducted for those who had registered on the Add to your Life website and also provided correct contact details.

2.26 Most of the users who took part in the study were female and aged 50-69; this needs to be borne in mind when interpreting the results.

3 Developing a logic model for Add to your Life

- 3.1 This chapter summarises the rationale and approach taken to further develop the logic model for Add to your Life that was produced by Public Health Wales and the Welsh Government. It explains the process and concludes with a summary of Add to your Life outcomes as identified through the logic model development process.

What are logic models?

- 3.2 A logic model approach holds that public policy interventions and programmes, in almost all cases, are based on an underlying logic or theory and a set of assumptions about how an intervention works. At its core, this approach provides an explanation of how a group of stakeholders expects to reach a commonly understood goal.
- 3.3 Understanding the underlying rationale of an initiative and developing its programme theory or logic involves working in a collaborative and systematic way to represent a shared understanding of the component parts of a programme. The logic model development process considers the programme's planned work and its intended outcomes. The process of articulating the underlying logic of an intervention involves separating the key components, or building blocks, of a programme which are usually depicted in a linear model. Mapping a programme in this way helps to visualise and understand how human and financial investments in programme activities are expected to achieve the intended programme goals. In some cases it also helps to reach a common understanding of programme goals.
- 3.4 Programme logic models are useful in the design and planning stages of an initiative or intervention and in implementing programme components and activities. Developing a programme logic model can form a key component of a formative evaluation and can be used to underpin the design of an outcome assessment.

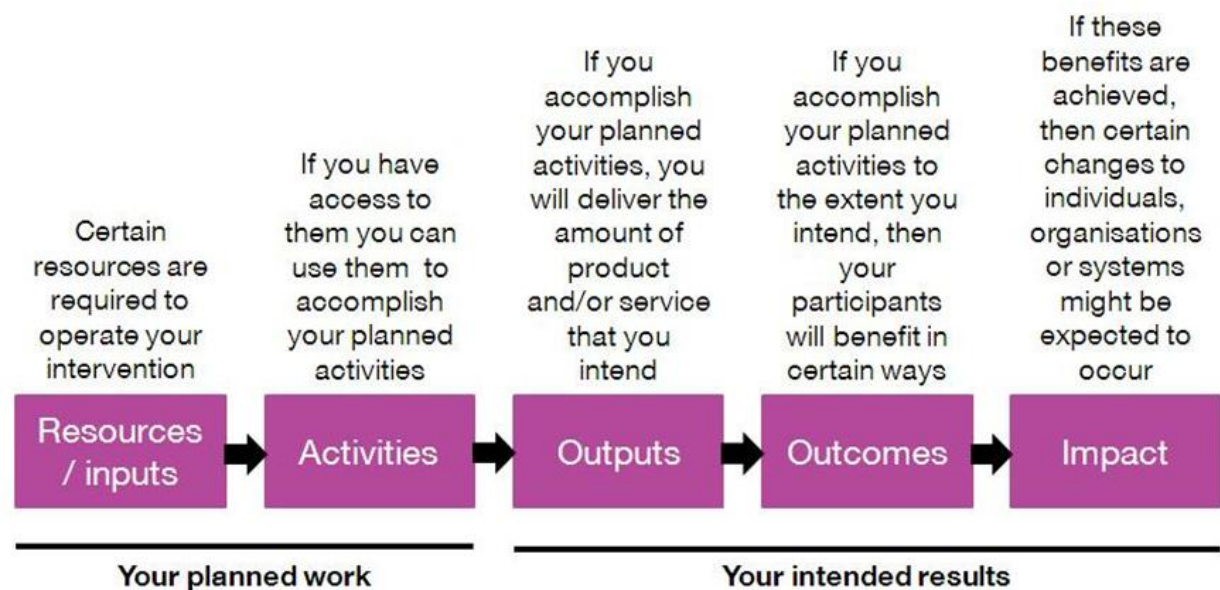
3.5 Logic models that carefully identify the range of outcomes an initiative is expected to achieve are also used to identify data collection points for monitoring and evaluation purposes and, importantly, to devise an evaluation plan. Evaluation designs which are underpinned by logic models provide a framework to understand how well a programme is functioning, assess progress towards the desired outcomes and identify delivery challenges that might have influenced the outcomes.

3.6 An approach similar to the one developed by the Kellogg Foundation³² (see diagram 1 below) was used to define the underlying logic of Add to your Life. This involved gaining an understanding of an initiative by separating out its five key component parts:

- *The impacts or ultimate goals* - these are the overall benefits to individuals, organisations, structures, or society as a whole that result from the intervention. The impacts of an intervention are also referred to as longer-term outcomes or distal outcomes.
- *Outcomes* - also referred to as the proximal outcomes; these are the benefits that participants will accrue through participation in the intervention. Intervention outcomes can be sequenced into shorter-term and medium-term outcomes (ultimately leading to intervention impacts).
- *Outputs* - are the products of an intervention and may include levels and targets of services delivered.
- *Intervention activities* - are the intentional tools, events, and action in an intervention.
- *Resources* – includes all intervention inputs such as financial, human, structural, and organisational investments.

³² W. K. Kellogg Foundation (2004) Logic Model Development Guide.
<http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf>

Diagram 1: A standard logic model structure



Source: adapted from Kellogg Foundation (2004)

Developing the Add to your Life logic model

3.7 The principal aims of developing a logic model for Add to your Life were to inform the existing design of the formative evaluation, and to provide a framework for the development of robust outcome and economic evaluation. It is to be noted that a draft logic model of key intervention activities and outputs was developed by the Welsh Government and Public Health Wales prior to the commissioning of this evaluation. Therefore, this phase of logic model development focused on distal and proximal intervention outcomes and testing the original logic model with stakeholder views.

3.8 The logic model was developed through a collaborative consultation process with stakeholders. This comprised two workshops with relevant staff involved in the design and those with responsibility for the strategic oversight for the delivery of Add to your Life. Workshop participants included staff from Public Health Wales, the Welsh Government (Department for Health and Social Services, Social Research and Information Division and Communities First), Communities First representatives, and Age Cymru staff.

- 3.9 The aims of the first workshop were to understand the background, policy context and rationale for the initiative, and to set out the five key components of the logic model. Focusing on articulating the intended short, medium and long-term outcomes, the discussion also covered the population groups that are the focus of Add to your Life: the targeted behaviour change that is being sought; and the key contextual factors that might affect the desired outcomes.
- 3.10 At the second workshop, the draft logic model developed following the first workshop was shared with participant stakeholders. The second workshop focused on refining the stated outcomes (intended and unintended) with the aim of understanding the mechanisms that would lead to successfully achieving these outcomes. In addition, assumptions underpinning the intervention and delivery plans were discussed.
- 3.11 The output from this phase of the work was a logic model diagram with an accompanying explanation of the range of programme outputs. The logic model can be found in Appendix B.

Add to your Life outcomes

- 3.12 The Add to your Life logic model set out outcomes at three levels- individual, community and structural. A brief summary of these outcomes is presented below.

Individual outcomes

- 3.13 Outcomes relevant for individual health-check users have been categorised as longer-term, medium-term and shorter-term outcomes in the logic model.
- 3.14 The overall policy intent is that the online tool will be accessed by users on a regular basis with an aspiration that users will complete the check annually. It is expected that successful engagement with the online check will result in two longer-term outcomes; these are:
- an increase in users' quality of life in later years, and

- an increase in the number of people taking responsibility for their own health.

Even if these outcomes are measurable and achieved in the longer term, attribution of success to Add to your Life is likely to be difficult.

Developments in the science of ageing and longevity, changes in how ageing and age-related diseases as well as cognitive decline are managed by health and social care structures along with broader public health messages could also contribute to these impacts.

3.15 The medium-term outcome of an increase in healthy behaviours was identified as a necessary precursor to achieving the stated longer-term outcomes. In the context of the health check, four components of 'healthy behaviours' were articulated by workshop participants:

- confidence to seek reliable health/wellbeing advice in a timely way;
- ability to cope with a health/lifestyle concern;
- participation/use of relevant services by health-check users; and
- appropriate actions/decisions taken by users to maintain/improve health.

The underlying assumption for this outcome is that once health-check users feel more able to seek advice and act upon it in appropriate ways, then this behaviour will be sustained over time resulting in the stated impacts.

3.16 To effectively influence health-check users' healthy behaviours in appropriate ways, stakeholders articulated a range of short-term outcomes. These included:

- Improved understanding of the consequences of users' lifestyle choices;
- Increase in knowledge of available health and wellbeing services;
- Increase in skills in maintaining or improving health (physical and mental);
- Increase in knowledge and understanding of available support and its benefits;

- Increase in earlier and more appropriate referrals to health and wellbeing services.

3.17 The expectation is that after completing the Check (fully or partially), users will read their personalised feedback/advice. This will improve understanding of their personal health and wellbeing and the consequences of their lifestyle behaviours (i.e. increase health literacy³³). Furthermore, signposting to reliable advice and information which, if followed, is expected to help users to maintain or improve their health and wellbeing.

Community-level outcomes

3.18 Add to your Life and related feedback advice and information is designed to trigger individuals to take action to address their health and wellbeing issues. As users' increasingly take appropriate actions to maintain or improve their health and wellbeing, an associated increase in the take-up of community level activities is expected. Examples of these activities are walking groups and other exercise programmes, or registering for smoking cessation services.

3.19 A consequence of this increase in service uptake would result in the medium-term outcome of a rise in signposting among local health and community services. The underlying assumption is that by seeking help after completing the Check, users will be referred to and will access a range of local services. There is an aspiration that, as users take up referrals, an associated strengthening of local partnerships and an increase in social capital will take place although some stakeholders feared that this aspiration may not be met in a climate of financial constraint.

Structural outcomes

³³ The concept of health literacy comprises a number of skills such as reading and, understanding of information and decision-making so that individuals can use health care information to 'successfully function as healthcare consumers'. For a discussion refer to: Speros, C. (2005) Health literacy: concept analysis. *Journal of Advanced Nursing*, 50(6):633-640.

3.20 The overarching policy imperative to reduce the pressure on the NHS was identified as a long-term outcome of successful engagement with Add to your Life. This reduction could be measured as a decrease in the use of secondary care services (such as frequency of hospital admissions) and in some primary care services (that is, GP services). There was a view that promotion of Add to your Life by relevant sectors including the primary care sector would contribute to attaining this long-term structural outcome (but attribution of change to the Check would be difficult). It is hoped by the programme designers, that over time all relevant sectors would become more involved in the promotion of Add to your Life as a means of providing the public with straightforward evidence based information on how to protect and improve their health and wellbeing.

Unintended structural outcomes

3.21 In the shorter-term, workshop participants were aware that there could be an increase in unnecessary visits to GPs as users concerned about their health and wellbeing choose to see their GP (as opposed to following prevention advice and information given upon completion of the Check).

3.22 An increase in health inequalities was also identified by stakeholders as a possible longer-term unintended outcome because the 'worried well' (who have better health literacy) could be more likely to engage with the initiative than those who have poor health literacy. Consequently those who would have most to gain from the feedback advice and information may be least likely to access it. Such unintended outcomes would need to be monitored in the future.

Using the Add to your Life logic model

3.23 For the purposes of this formative evaluation, the logic model developed for Add to your Life provided an agreed framework for assessing the extent to which the online tool is working as intended and whether progress towards stated outcomes is being made.

3.24 Programme logic models are intended as a developmental tool which can be adapted or re-configured based on evaluation evidence and as the delivery context changes. The Add to your Life logic model has been used as a tool to test the underlying theory and design assumptions.

4 Implementing Add to your Life

- 4.1 This chapter reports on the delivery and implementation of Add to your Life from staff and stakeholder perspectives, and includes views on its planning, promotion, support and take-up.
- 4.2 Semi-structured telephone interviews were conducted with staff from the Welsh Government, Public Health Wales, local Communities First and Age Cymru. Staff were asked about their views and experiences of the initial roll-out of the online tool; the facilitators and barriers they encountered; as well as the quality and suitability of the check.

The sample

- 4.3 A total of four key policy staff were interviewed from Public Health Wales and the Welsh Government, and six support staff from either Communities First or Age Cymru. The verbatim quotes provided in this section are from these participants.

Design and early delivery planning

- 4.4 The design of the online tool was overseen by Public Health Wales, the Welsh Government, and the NHS Wales Informatics Service (NWIS). A Content Assurance Group, made up of public health and healthcare experts and third sector organisations has oversight of Add to your Life content and delivery plans. Particular consideration was given to:
- Developing a holistic health assessment tool, providing a broad overview of a user's health;
 - Developing content/questions that were easy to understand and produced accurate results;
 - The length of the check, taking measures to maintain users' interest to ensure completion of the check.

'It is a balance between holistic assessments and an unmanageable tool that people just drop out of.'

- 4.5 Prototypes of the online tool were tested for accuracy of content, question routing and technical functioning. It is expected that Add to your Life content will be reviewed on a six monthly basis with changes guided by national health priorities, advances in health information (in order to reflect changes to health or medical guidance) and in response to user feedback.

Training for support staff and volunteers

- 4.6 Public Health Wales were responsible for training provision ahead of the pilot phase for Communities First and Age Cymru support staff and volunteers. The one-off training lasted four hours and was delivered by Wales Council for Voluntary Action. Policy staff interviewed for this evaluation were aware of the overall structure of the training but did not know specific details of its content and attendance rate. There was an assumption by policy staff that the Wales Council for Voluntary Action had collected feedback on the usefulness of the training to inform development of future training days.
- 4.7 Support staff felt that whilst the training they had received covered the content of Add to your Life and how to go through it with users, it provided no guidance on how to signpost users and help them set and achieve goals.

'It was just a case of, get on there, play about with - try it yourself, and then go and help others to do it.'

- 4.8 The way in which training was cascaded to staff and volunteers that did not attend the official training day was inconsistent. Some support staff devised their own training materials for colleagues involved in delivering Add to your Life, outlining the content of the tool as well as providing clarity on their support and signposting remit.

'We want to ensure that people don't see themselves in a diagnostic or medical role, that is a support role and a signposting role.'

- 4.9 In addition to this training, Public Health Wales held a feedback session one month into the delivery of the pilot. This provided an opportunity for support staff to share experiences of early implementation of Add to your Life.
- 4.10 Support staff identified a range of training needs including guidelines for responding to users with immediate or urgent health needs, such as alcohol dependence, depression and bereavement. Basic awareness training would better equip staff to signpost users in desperate situations.
- '[Add to your Life] can open a can of worms that workers may not be trained or have enough knowledge to help. And that's something that concerns me is that somebody might say, 'Actually, I've got a real problem with alcohol' or, 'My husband does' or whatever...'*
- 4.11 There was a level of unease among staff who felt that they did not know enough about the range of available local services to help users access the most useful support.
- 'I'm not a health worker, I'm not a doctor, so I can't give specialised advice. But what I need is the resources to do the follow up and say, 'Did you know there's a walking group?' Did you know that MIND is in the surgery? Did you know Stop Smoking Wales group meets here?'*
- 4.12 From the views of support staff it appears that the level of support provided to users was more than what was planned in the design of Add to your Life. This may have led to the view that additional training needs, in relation to addressing immediate health needs, had not been addressed. The resource implication of expanding the current level of training would need to be considered.

Delivering Add to your Life

- 4.13 The intent was that Add to your Life would be implemented in a flexible way based on local considerations. To this end, Communities First staff

developed implementation strategies that were the best fit for local circumstances. This design flexibility resulted in huge variation in the way Add to your Life was delivered and influenced the support provided to users. Some areas were able to start delivering Add to your Life early during the pilot phase (from November 2013) and continue delivery into the national roll-out stage (from April 2014). There were also examples of sporadic delivery or delivery of the Check for a short intense period of time. The differences in implementation were due to the number of staff available to carry out support, outreach and marketing activities and the availability of IT equipment. Overall, the view was that each pilot area did the best they could to deliver Add to your Life given their unique constraints and circumstances. The key issues affecting implementation are discussed below.

Resource

4.14 Lack of resources was identified as a reason for delays to the implementation timetable, with some areas unable to start delivery prior to the national launch. There were two main resourcing issues:

- A lack of support staff as within Communities First areas, the promotion, delivery and management of support staff tended to be the responsibility of one person, who already had other project work. Age Cymru also experienced delays in the recruitment of dedicated support volunteers.
- Delays in receiving tablet devices necessary to deliver Add to your Life in remote and rural locations.

4.15 Variation in how the different Communities First clusters implemented Add to your Life was due to the resources (staff and equipment) available to promote and support the Check. For example, one approach was to deliver it on an on-going basis, whilst another was to deliver it for a short period of time during the pilot phase with the intention to restart delivery when the national roll-out phase started.

‘We focused a whole month, a whole month of our time, we were doing sessions morning, noon and night in different venues, with different

groups, and that's the way we planned it. Rather than just doing it constantly.'

Marketing

4.16 During the pilot phase, various types of promotion activity were carried out. Public Health Wales policy staff had predominantly targeted other professionals whilst support staff in Communities First areas targeted the general public. Policy staff discussed Add to your Life locally and nationally, including at:

- events and conferences for health professionals;
- businesses to promote the tool amongst their employees;
- local public health committees and health boards in Communities First areas; and
- promotional events for the public in the Communities First areas.

Communities First staff were expected to identify appropriate marketing strategies within their areas and make use of existing relationships with local people, groups and services when promoting the tool.

Marketing materials

4.17 In some Communities First areas, Public Health Wales piloted posters advertising Add to your Life on local buses. Policy staff recognised that the use of local bus advertising would raise general brand awareness rather than lead directly to people logging on to Add to Your Life.

4.18 Opposing views were expressed by policy staff and Communities First staff about the availability of marketing materials, such as a promotional leaflet and posters. These were developed by Public Health Wales specifically for professional groups and were not intended for the general public. Policy stakeholders said that marketing materials were made available to Communities First areas, but staff in Communities First areas felt there was a lack of clarity about the provision of official marketing materials leading staff to develop their own materials specific to their areas.

'.... in the end I just did my own...I was quite surprised, I was told, 'No, there's no publicity until it goes national.' And then I got to the national conference in Swansea that they had last November and there was leaflets all over the table. And we just hadn't received those. So I was a bit taken aback by that.'

4.19 This suggests a miscommunication by key policy officials, or a misunderstanding on the part of staff in Communities First areas in relation to promoting Add to your Life to the general public. General marketing supported by Public Health Wales did not start until the national rollout in April 2014.

Marketing activities for the national roll-out

4.20 Policy staff outlined plans to devise a marketing strategy to engage people aged 50+ and to encourage users to re-visit Add to your Life on a regular basis. The following marketing activities would be included:

- a leaflet and poster about the tool;
- developing direct marketing activities such as a letter of invitation to people reaching their 50th birthday³⁴; and
- wider social marketing, through for example, Facebook and Twitter.

Promotion of Add to your Life and engaging users

4.21 A range of methods to promote Add to your Life locally were used by Communities First staff. Working with local groups and networks was identified as the most successful recruitment method but was wholly dependent on staff ability to utilise existing relationships. Using tablet devices at a variety of locations helped to engage different groups of people over 50. Activities included:

- engaging existing users of Communities First services;

³⁴ Weekly batches of letters of invitation, planned to start at national roll-out were delayed. The first letters were sent out in October 2014, limiting the reach and impact of the national roll-out in the early stages.

- ‘piggybacking’ community events and groups (such as luncheon clubs);
- posts on Facebook pages of local groups and networks; and
- engaging people at the local jobcentre or library.

4.22 Promoting Add to your Life as part of a wider health and wellbeing event was found to be more effective in engaging users than promoting the check as a standalone activity. These types of events varied in size and nature and could involve health professionals or charities working on complimentary health initiatives (for example, Stop Smoking Wales) or providing health checks such as measuring blood pressure.

‘It worked well when there was something else going on, so if they were doing other activities they could come and do this as well. But, you know, just sitting in the library you’re not gonna get people.’

4.23 Support staff promoting Add to your Life engaged in a range of outreach activities to promote the Check. These found promoting the Check to be particularly time consuming and de-motivating when marketing activities were particularly challenging or unsuccessful. A number of recruitment challenges were identified:

Engaging public health charities and healthcare professionals

4.24 Local charities focusing on public health issues and local GP surgeries were reluctant to support the promotion of Add to your Life. There was a concern that it was delivered and supported by non-medically trained staff suggesting a misunderstanding about the Check as an online self-assessment tool. In contrast, the view of staff promoting Add to your Life among professional groups was that healthcare professionals (and GPs, in particular) were concerned that it could lead to an increase in unnecessary patient visits. This seeming contradiction may be down to a lack of understanding of the nature of support set out in the design of Add to your Life. It also meant that Communities First staff found marketing the Check to professional healthcare groups to be difficult.

‘The health check is not rated with partners and can be difficult to sell. Now, I know GPs have been a bit maybe hostile or that’s what they’ve been saying. So maybe some of the people don’t like recognise its need.’

Lack of time and interest amongst the target group

4.25 Cold recruitment methods, such as face-to-face recruitment at supermarkets or door-knocking were less successful approaches, as people were busy or reluctant to engage with Communities First staff. Furthermore, issues such as finding employment were more of a priority than health and wellbeing concerns for residents in Communities First areas.

‘When you start to talk about health with people, they switch off. They’re not that interested.’

Engaging men

4.26 Communities First staff involved in promoting Add to your Life were all women and found it harder to engage men. It was speculated that this might be because men did not want to discuss their health and wellbeing with a woman. Suggestions of alternative approaches to engage men included:

- Recruiting in venues that men are likely to frequent, such as sports clubs;
- Using male staff or volunteers to recruit male Add to your Life users;
- Asking female users to ask their husbands and partners to complete the online tool or to attend events.

4.27 There was some misunderstanding about what Add to your Life involved. It was referred to as the ‘health and wellbeing check’ which led some people to believe that they would receive a full health check-up carried out by health professionals.

'And we had a couple of occurrences where people had seen it, 'Oh, online health check,' and thought they were having their blood taken and blood pressure and, you know, they thought they were seeing nurses ... I suppose it's the way you market it as well, people understanding what it is.'

Supporting users

4.28 In Communities First areas, Add to your Life was generally completed with the support of staff. This comprised recruiting people without access to a computer/tablet or the internet and supporting them to complete Add to your Life individually or in a group session. The level of individual support included help to use a laptop or tablet, help to navigate the different sections of the Check, and to explain questions and responses. For group sessions, laptops or tablets were set up so that people could complete the Check at the same time with support staff available to help. Staff also discussed the feedback advice and information users received and sign-posted additional services as relevant. The level of support that staff provided health check users with depended on the users' level of IT literacy and the extent to which users wanted to discuss the feedback received.

4.29 Communities First staff explained that a non-judgemental attitude was essential to discuss sensitive, personal information with users, particularly as they lived locally and were likely to be accessing other Communities First services.

Lessons from early delivery

4.30 Support staff faced a number of challenges to delivering Add to your Life. These fell into three broad categories: practical difficulties which were specifically about staff skills to help users with feedback advice and information; individual challenges related to target group behaviour; and organisational challenges in relation to communication and learning opportunities across Communities First areas.

- 4.31 Practical issues related directly to staff ability to facilitate behaviour change among users. Poor awareness of available local services and knowledge of details such as cost or time of exercise classes hindered staff ability to signpost effectively. Similarly, staff did not feel qualified to offer advice on the range of topics covered in Add to your Life. For example, staff did not feel qualified to make suggestions about how individuals could make changes to their diet or mental wellbeing.
- 4.32 A number of future developments described by policy staff may help to enhance support to users and to facilitate behaviour change. These are:
- use of more motivational language in the feedback;
 - inclusion of a personal action plan and goal setting with review dates;
 - help for users with multiple health issues to set priorities;
 - referrals to local services and support to make appointments; and
 - link to health records.
- 4.33 Giving users a printout of the feedback was considered crucial, especially for users with no computer at home. This was not always possible, particularly when Add to your Life was completed in outreach venues. At the time of interview, this issue was being considered by policy staff.
- 4.34 At an individual level, there was some reluctance on the part of users to engage with Add to your Life due to concerns about confidentiality. This type of user tended not to register and was hesitant to enter personal and health and wellbeing information online.

'The older generation's perception of the digital world... it's not great. You know, in regards to the confidence and accessing, ability to access it and also the trust issue as well. 'Where does the information go once I type it into this computer?'

4.35 Among Communities First staff there was a concern that users might enter inaccurate data, either because they did not understand or misinterpreted the question or they did not know the answer (for example, the portions of fruit or vegetables or units of alcohol they consume). There was also speculation that users gave responses which they thought were socially acceptable or desirable (for example, underestimating alcohol consumption or overestimating fruit and vegetable portions). This type of social desirability is not unique to online checks and the potential for socially desirable response is perhaps less likely with users who complete the check without any support.

4.36 Staff suggested outreach activities to engage the most socially isolated would be important. Add to your Life users were a self-selecting group, either those who were more aware of or concerned about their health and wellbeing or already using local services.

'The people who would benefit most from the check are probably going to be the ones who are most difficult to persuade to give it a go...I think the challenge is, is that we need to get to the people who need the help the most...'

4.37 At the organisational level, Communities First staff wanted the opportunity to share their experiences of delivering Add to your Life.

'I really do want to try and get people to work cross-border in terms of local authority borders so that they actually do learn from each other.'

Support staff were not aware of plans to facilitate shared learning across all Communities First areas. However, these had been outlined by policy staff interviewed for this study and their view was that this had been communicated to Communities First areas.

4.38 Overall, Communities First staff were positive about delivering Add to your Life and the support they could provide to users. One-on-one

sessions for older people in their communities were thought to be particularly beneficial as they also provided an opportunity for social contact.

‘People like to talk about their health ... they just like to speak to somebody and have a bit of social interaction, and so I think people appreciated having somebody to help them through it.’

- 4.39 The emotional support that staff believed they provided could help sustain users’ engagement over time, and potentially motivate them to change their lifestyles. This level of interaction and continued staff support were viewed as key to the success of Add to your Life. However, it is important to note that Add to your Life was originally designed for self-completion with support available only for IT problems in relation to online access and completion, thought most likely to be required in the more deprived parts of Wales. The level of support which appeared to be needed by some users and which staff were providing suggests a change in the nature of the intervention (this is discussed further in Chapter 6).

‘[Users] have to realise that they can access us at any time. So if they have a problem with getting online or opening the document, or moving from page to page what we wouldn’t want them to do is to wait that further month, or that further two months before we pop in and see how things are going. They should realise that they can pick up their phone at any time.’

- 4.40 This positive attitude on the part of support staff was valued by policy staff. They believed that support staff had successfully enabled those without the means or skills to access the Add to your Life tool to engage and benefit from it.

Website statistics and early use data

4.41 During the pilot phase, policy staff held fortnightly Implementation Meetings where the most recent data on the uptake of Add to your Life were reviewed. Particular attention was paid to the differences in:

- Registered and non-registered users
- Complete and incomplete checks
- Supported and unsupported users
- Take-up across the different local authorities.

4.42 Policy staff were unsure as to the likely level of take-up of the telephone support offer. The data indicated that no one had taken up this support (at the time of interview). This is similar to other online interventions that include telephone support, however, policy staff believed it to be an important service to offer.

Website statistics

4.43 As a part of this evaluation, Google Analytics (a service that generates statistics about a website) was used to profile early user behaviours and traffic to Add to your Life. In addition, data from the Add to your Life software were analysed and are presented in this chapter and in the following chapter on user perspectives.

4.44 Users of the site were profiled during two separate time periods, each lasting three months, the pilot stage (January - March 2014) and the initial national roll out (April - June 2014). This allowed a comparison of take-up and how users interacted with the site during these distinct stages of Add to your Life delivery. A user profile is presented in Appendix C for these two time periods.

4.45 Google Analytics data presented here should be used with some caution as the data do not exclusively include the intended site users. This analysis will also include data generated from those testing the site (such as, PHW, Welsh Government, or Communities First staff, researchers, and health professionals) alongside actual users of the site. The way in which Google Analytics data collection has been set

up for this project makes it impossible to distinguish between staff and other users. Although it would be difficult to remove any non-intended users from these data, this issue could be rectified, to an extent, by using the Google Analytics tool to exclude the IP addresses from the results of those staff members with known responsibility for checking the site. However, in some instances one IP address may have been used both to test the site and to support users completing the Check. NWIS have advised that it will not be possible to fully disentangle this.

Overall number of users and sessions³⁵

- 4.46 During the pilot stage, the site was visited by 1,977 users, which increased to 5,448 during the national roll-out. The percentage of new users was higher during the national roll-out (74 per cent) compared with the pilot stage (66 per cent). Furthermore, the overall number of sessions on the site was higher during the national roll-out, 7,133, compared with the pilot stage when it was 2,870.
- 4.47 This is promising as it indicates a higher rate of adoption and take-up during the national roll out, when more new users were visiting the site. This is, in part, to be expected, as the national roll-out was supported by publicity and direct marketing activities (although a key activity, the letter of invitation to those reaching 50, had not started), whereas marketing activity during the pilot stage was carried out only locally in pilot areas. The higher proportion of returning users during the pilot, 34 per cent in comparison with 26 per cent during the national roll-out, may be due to staff testing or familiarising themselves with the site.

Peaks in traffic

- 4.48 The highest peaks in traffic to the site are observed during the national roll-out, possibly due to the increased marketing drives to promote Add

³⁵ The number of users and sessions provide an indication of how many people have visited the site and whether they were actively engaged in its content. Sessions describe the number of individual sessions initiated by all users of the site. If a user left the site and returned to it later, this is counted as an additional session, but only counted as one user. These figures are not exact, for example, if a user visited the site from two different computers, they will have been counted as two users. However, the number of users is the best approximation for estimating the number of people who have visited the site.

to your Life compared with the limited and localised marketing activities that were undertaken during the pilot.

4.49 Observing peaks in traffic during the national roll-out is a good measure of whether marketing campaigns are successful in driving users to the site. For example, during the national roll-out, on April 28th and 29th there was a marked peak in the number of users of the site, 603 and 611 respectively, tailing off to 343 on April 30th. To put this in context, the week before the 28th the average number of daily users was 9. It is therefore clear that the marketing campaign that took place around those dates in late April had some impact.

Average time spent on the site

4.50 The average time spent on the site was under 10 minutes during both the pilot and the national roll-out. During the pilot months the average time users spent on the site was 7 minutes and 46 seconds; this average decreased during the national roll-out to 5 minutes and 49 seconds. Since the target audience for the site is more likely to have been captured during the national roll-out time period, this average time is likely to be a truer reflection of the average time users are likely to spend on the site. This shorter timeframe of around 5 minutes should be kept in mind during future development of the Check, as a rough guide to how long users will realistically be willing to spend on the site.

4.51 One possible reason for users spending longer on the site during the pilot phase is that staff members testing or familiarising themselves with the site may have spent more time checking the site than if a user was simply completing Add to your Life. As might be expected, new users spent slightly more time on the site than returning users, during both timeframes. The time taken to complete the Check will vary based on how easy users find navigating through the sections and their understanding of the questions and responses. Users needing support to complete the Check are likely to spend more time online than those who do not.

Bounce rate³⁶

4.52 The site's bounce rate was, on average, 35 per cent during the pilot and 29 per cent during the national roll-out. This bounce rate is at an acceptable level, and the lower bounce rate at national roll-out compared to the pilot stage is positive. However, during the pilot and the national roll-out timeframes, there was a higher than desirable bounce rate among returning users, 44 per cent and 48 per cent respectively, compared with 30 per cent for new users during the pilot and 22 per cent during the national roll-out. The low bounce rate among new users during the national roll-out is a positive indicator that users were engaged with the site. However, the higher bounce rate amongst returning visitors during this period is worth examining in more detail.

4.53 During the national roll-out the homepage had a 47 per cent bounce rate amongst returning users and 43 per cent during the pilot. One way of improving this would be to surface the login and registration on the homepage as well as the introductory page, so it is easy and quick for users to restart Add to your Life. Another page with a high bounce rate for returning visitors was the dashboard, 77 per cent during pilot and 64 per cent during the national roll-out. This may be because there is no obvious call to restart Add to your Life, which could be addressed in any further development of the site.

Channels to access Add to your Life

4.54 There were four channels used to enter the site:

- direct traffic, by directly entering the web address or URL;
- a referral, for example, a link provided in an email;

³⁶ The bounce rate is the percentage of visitors who have entered on a particular page and go no further than that page during their session. The bounce rate can therefore indicate whether the site is interesting people enough to stay on it. As a general rule, an acceptable site-wide bounce rate is considered to be 40% or lower as this signals that visitors are engaged with your site and finding useful content. The acceptable bounce rate estimate is endorsed by a range of web-based sources including: <http://www.andersanalytics.com/blog/153-what-is-an-average-bounce-rate>. Refer also to Schumacher, R. (2010) *The Handbook of Global User Research*. Burlington, MA: Morgan Kaufmann Publishers, p.185.

- through an organic search e.g. through a search engine such as Google or Bing; or
- via a social network site such as, Facebook or Twitter.

4.55 Direct traffic was the most common channel through which users accessed the site, during both the pilot (54 per cent) and national roll-out (45 per cent) time periods. The main difference between the two time periods was that the proportion of referrals increased, from five per cent to 23 per cent. This may have been the result of activity to drive users to the site such as an email marketing campaign or online press coverage linking to the site. The use of social networks decreased (from 26 per cent to 17 per cent), while use of organic search channels remained stable (14 per cent and 15 per cent).

Location and language

4.56 The majority of users of the site were based in the UK, at both the pilot (96 per cent) and national roll-out (97 per cent) periods. Reasons for people outside the UK accessing the site aren't clear, however, it is possible that they may be professionals reviewing the site for information purposes, or it may be that users that usually reside in Wales accessed the site whilst abroad.

4.57 During the national roll-out more users were based in Welsh towns and cities compared with the pilot stage. The top four known³⁷ city locations during the pilot phase were:

- Cardiff (760, 27 per cent)
- London (386, 14 per cent)
- Swansea (317, 11 per cent)
- Manchester (84, 3 per cent)

³⁷ There were a further 151 (3%) of users for whom the location was unknown. Google Analytics determines location based on IP addresses and 'Unknown' is recorded when Google cannot determine the location based on IP addresses.

4.58 During the national roll-out the top five locations changed, with more users located in Welsh towns and cities:

- Cardiff (2,466, 35 per cent)
- Swansea (776, 11 per cent)
- London (553, 8 per cent)
- Newport (509, 7 per cent)
- Carmarthen (251, 4 per cent)

4.59 Using Google Analytics it is possible to measure the percentage of clicks that were made on the links to the English and Welsh sites from the homepage. During the national roll-out, 2.5 per cent of clicks were made on the link to the Welsh language site while 88 per cent of clicks were made on the link to the English language site. These numbers were similar during the pilot, with 2.1 per cent clicks to the Welsh language and 86 per cent to the English language sites. The remaining percentage of clicks, during these two time periods, was made on the links to the RNIB and Health in Wales website.

Technology

4.60 The technology used to access Add to your Life is largely the same across the pilot and national roll-out time frames. During the national roll-out, the site was most commonly accessed using a desktop computer (59 per cent), followed by a tablet (26 per cent) with the smallest proportion of people using a mobile or smart phone (15 per cent).

4.61 Data gathered by Add to your Life software on the number of completed assessments provide an indication of the use of the Check. A 'completed assessment' is recorded when a user clicks on the 'Complete Assessment' button on the website to receive feedback. A user does not have to complete all sections of the Check to receive feedback therefore a 'completed assessment' means that a user completed at least one section of the Check. During the pilot phase, a total of 933 assessments were completed and associated feedback

provided to 901 users (indicating repeat users). Following the national roll-out on April 1st and up to June 30th 2014, 2,335 completed assessments were recorded by 2,300 users (again indicating repeated use and receipt of feedback). This constitutes a 250 per cent increase in completed assessments. This suggests that users were engaging with the Check during the initial national roll-out period and receiving feedback on sections completed. We do not know from these data whether users read the feedback provided.

4.62 The rate of registration was quite low, between January 1st and March 31st, that is, during the pilot phase 9 per cent of users (83 registered users out of 901 users) had registered on the site. Between April 1 and through to the end of June 2014, the rate of registered users had increased to 12 per cent (277 out of 2300 users registered to the site). These low registration rates are cause for some concern both for follow-up activities (such as email reminders) and for evaluation purposes.

4.63 Overall, these data show that there is positive engagement with the site, with an increased number of users since the national roll-out and further peaks in traffic to the site following marketing campaigns. Despite the limitations, there is value in continued monitoring of these web data to monitor trends in user behaviour on the site.

5 Completing Add to your Life – user experiences

- 5.1 This chapter presents users' views, motivations, and attitudes to completing Add to your Life. It includes perspectives on health and wellbeing related behaviour change which resulted from interaction with the Check.
- 5.2 Add to your Life data³⁸ show that during the pilot phase, 933 Add to your Life assessments were completed (partially or fully). These assessments were completed by 923 users (indicating more than one visit to the site by some users³⁹). 643 were female (69.9 per cent); 256 male (27.7 per cent); and 24 were of 'unknown gender'. The age breakdown of the users is as follows:

| Age | Count | Percentage |
|----------|-------|------------|
| under 50 | 168 | 18.2 |
| 50-59 | 335 | 36.3 |
| 60-69 | 254 | 27.5 |
| 70+ | 144 | 15.6 |
| Unknown | 22 | 2.4 |

- 5.3 The views and experiences of users were gathered using qualitative and quantitative methods. The qualitative phase comprised focus groups and telephone interviews (topic guides are in Appendix E). An online post-completion survey was also available on the Add to your Life website. Research participants included:
- supported users who completed the check with face-to-face support provided by Communities First staff in three pilot areas. This support was offered either in a group setting or on a one-to-one basis.
 - users' who accessed the check online without support (unsupported users)

Users were asked to consider the accessibility and appropriateness of Add to your Life; the reasons they decided to complete the check; their

³⁸ These data are collected by the Add to your Life software.

³⁹ Repeated use could be a user completing different sections of the check and receiving feedback for those sections or users fully completing the check more than once and receiving feedback.

views on the content of the online tool and its influence on their behaviour. Suggestions on how to improve the tool were also sought.

The sample

- 5.4 A total of 55 users were consulted during the qualitative phase of this study. Most of the users were women and aged between 50-69. The sample comprised 40 users who took part in focus group discussions. Of these, 28 were supported users and 12 unsupported users. In addition, 15 follow-up interviews were conducted three to six months after users had completed the Check. These focused primarily on exploring users' perceived behaviour change as a result of completing the Check. A sample breakdown is provided in Appendix F.
- 5.5 A total of 82 users had taken part in the online post-completion survey at the time of analysis. This comprised 8 supported users and 68 unsupported users, a further six did not report support status. Most of the users were women in their 50s. The survey focused primarily on collecting users' feedback on the Check and behaviour change intentions immediately after completion. The user survey is in Appendix G and data tables are available in Appendix H.
- 5.6 These survey data should be treated with caution, as they form a small and unrepresentative sample of mostly unsupported users. The data are presented as an indicator of early use of the Check and should be read in conjunction with the qualitative data. When reporting the data, where base numbers are small, numbers rather than percentages are presented.

Finding out about Add to your Life

- 5.7 Unsupported users' who took part in focus groups found out about Add to your Life in three main ways: in the workplace; from marketing activities; or from community and voluntary sector organisations. Unsupported users were recruited in their workplace and as such reflect their specific experience of hearing about the Check at their place of employment.

- 5.8 Participants who found out about the check through the workplace, had either been informed about it by email from their human resources department or independently as a part of their working activities, as they worked within the public health sector or other areas of public policy.
- 5.9 Public sources of information about the online tool included advertisements in local newspapers and on social media sites, such as Welsh Government and Public Health Wales Twitter feeds and Facebook posts. Information about Add to your Life had also been given to those who were accessing voluntary sector support. This type of participant tended to have a long-term health condition for which they had sought help.
- 5.10 There was a view among unsupported users that Add to your Life had not been promoted enough and some had found out about it by chance.

'I only picked it up surfing on the internet.... I don't think it was marketed very well.' (Unsupported user)

This was not surprising as marketing activities were localised during the pilot phase and wider marketing activity was planned for the national roll-out.

- 5.11 Supported users tended to be resident or working in Communities First areas and had found out about the Check from support staff. This type of Add to your Life user was in contact with Communities First, as an employee, volunteer, or service user who had received an invitation to complete the check (either by letter or in person). Alternatively they had found out about the Check by word-of-mouth through their social networks as a result of a snowballing or cascading strategy deployed by support staff to promote the online tool.

Reasons for completing the check

5.12 Irrespective of the ways in which Add to your Life users found out about the check, reasons given for accessing and completing the online tool were similar across the two user types. These were concerns about current or future health and wellbeing and/or a desire to make positive health changes such as weight loss or stopping smoking.

'You sort of go off along with life and you think oh right I've put a couple of pounds on and this and that. when you've got to do something like this I think it's really good and I think there's opportunities to do it in all walks of life.' (Supported user)

5.13 Slightly over half of users (56 per cent) of the post-completion survey respondents cited 'Interested in finding out about my health and wellbeing' as the main motivation for completing the Check.

5.14 Other explanations given included the need for reassurance about their existing health status and general awareness of becoming older, in particular, upon reaching a milestone birthday which raised health related anxieties.

'I was interested to do it anyway just for my own peace of mind ... It's interesting for me, you know, as I'm over 50 now, to find out how I sit in comparison to say other people within my age group. You know the sort of issues that would affect me more possibly because of my age, and to see whether I need to drastically change my lifestyle.'
(Unsupported user)

5.15 General interest expressed about completing Add to your Life was due to curiosity about what the Check had to offer and its "novelty factor". In Communities First areas, where Add to your Life was introduced at local events promoting a wider health and wellbeing agenda, curiosity about the event, its convenience in terms of time and location, and the social aspects of attending an event encouraged users to complete the

Check. The fact that Add to your Life is a free tool also proved to be an incentive to try it out.

Use of available support

5.16 A distinct difference between supported and unsupported users was IT literacy. Unsupported users, including those who described their level of computer literacy as 'average', considered face-to-face support or telephone support to be unnecessary. With access to a computer or other device and to the internet, this type of user was more IT literate than supported users who participated in the study.

'I found it easy to complete actually. It was simple, easy, yeah. To be honest with you, it was one of the easiest things I've done. If I've gone on the National Health Service and try and find out what's wrong with you, you're there for about an hour. It gives you a headache and then you get up and you're, you're confused ... I found (the Add to your Life) website was so easy to follow.' (Unsupported user)

5.17 Based on IT skills, three types of supported users were identified. The computer literate and confident user completed the online tool independently but felt reassured that support was available. The computer literate but less confident user of IT equipment tended to require support to use unfamiliar equipment, such as a tablet. The third type did not have access to a computer or to the internet and had poor or no IT skills. The support of staff rather than family or friends was preferred for completing Add to your Life.

5.18 In addition to providing IT assistance, support staff helped Add to your Life users understand questions and explained the multiple choice responses in order to enable users to select the most relevant answers. This level of support was of most value to users with low levels of literacy and those with cognitive impairments, such as memory loss.

'I just can't get my head round it, to be honest with you, you know what I mean? Just I don't know that's it, and also I suffer with memory now and then.' (Supported user)

5.19 Once the tool was completed, support staff were available to discuss the feedback received and to make suggestions about health and lifestyle changes. Importantly, the opportunity to discuss health and wellbeing issues in a familiar and non-clinical environment whilst, or after, completing the online tool was welcomed by these users. Either out of embarrassment or feeling uncomfortable, this type of user tended to find it difficult to speak to healthcare professionals about concerns such as losing weight or to discuss lifestyle issues.

5.20 In some instances service users accessed the Check in a group setting (such as a local service or at a promotion event). Users completing Add to your Life in group settings also used the time to socialise with peers and sought help from support staff as needed.

'...we were able to sit and natter while we were doing it [Add to your Life] but we were getting the information that we needed as well. You can be embarrassed if you look overweight or if you smoke or you're not doing enough exercise, to go and tell a professional that, sometimes you feel a bit inadequate.' (Supported user)

5.21 Overall this type of Add to your Life user spoke highly of the support they had received from support staff. They found staff to be friendly, approachable and patient and appreciated staff efforts to safeguard their confidentiality. For example, at events, laptops and tablets were set up so that users could complete the tool discreetly without their responses being visible to others. In particular, the support of Welsh speaking support staff was welcomed as users felt better able to express themselves and discuss personal health and wellbeing issues. Being able to speak in Welsh was reassuring and contributed to creating an environment in which this type of supported user felt comfortable and relaxed.

Views on Add to your Life content and outputs

5.22 Both unsupported and supported users were asked about their views of the online site, including registration, the clarity and suitability of the content, the length of time it took to complete the tool and the information and advice that was produced at the end of the session. Users also discussed the 'Handy tips' boxes, and made suggestions on how the content could be further developed.

The design

5.23 The design of Add to your Life was visually appealing to users and the sections were said to be well laid out and easy to follow. Mixed views were expressed about the design of the feedback advice and information given after completing the Check (partially or fully). Positively, users highlighted the clarity of the traffic lights and scoring systems. The example of advice on drinking and alcohol consumption was thought to be colourful and appealing.

5.24 The alternative view was that the feedback, advice and information contained too much information, making it difficult to follow and fully grasp. One unsupported user described the feedback as: "... *words after words after words after words after words*". It was felt that more could be done to make this information easier to comprehend and visually more appealing. Inclusion of a one page summary along with the more detailed advice and information was suggested.

'There's nothing to entice somebody to, to go in and read that and look at it again, really. It's just, it almost looks like you've printed out the terms and conditions to, to the bank loan.' (Unsupported user)

Registration

5.25 Add to your Life offers users the option to register on the site. This involves providing contact details such as e-mail and/or postal addresses. Levels of IT literacy and familiarity with using the internet influenced views on the registration process. Those with lower IT literacy were less likely to have an e-mail account, were suspicious of

adding personal information to an online site and therefore reluctant to register. This type of user did not want any links to be made between their personal details and their Add to your Life responses. They generally required support to complete the online tool and did not recall staff explaining the registration process or its relevance.

- 5.26 Similar findings were observed in the post-completion survey. Survey respondents who had not registered (n=35) to the site, provided the following reasons: 19 did not see a need to register; 10 did not want to share their details; and 7 did not know how to register (respondents could provide multiple reasons for not registering).
- 5.27 Those with higher levels of IT literacy were more likely to register on the site and found the registration process to be straightforward. Cases of users receiving unwanted health related junk e-mails were reported. It was assumed by those users that this was as a consequence of registering on the Add to your Life site. This elicited concern that contact details had been shared with third parties, such as private health companies. However, policy staff were certain that details added to the Add to your Life website site could not be seen or accessed by any third party.

The content and coverage

5.28 Add to your Life users who participated in the research found it easy to understand and complete. Among survey respondents, 93 per cent (69) of survey respondents reported that the Check was easy or very easy to complete. An identical percentage, 93 per cent (69), reported the questions were easy or very easy to understand, whereas 84 per cent (61) found it easy or very easy to choose an answer to the Check questions.

5.29 The topic coverage was welcomed and considered, for the most part, appropriate but there were those who wanted more detail, '*It was not specific enough*' (Supported user). A majority, 87 per cent (64) of survey respondents thought the Check was about the right length. Users who thought it was long did not seem to be dissuaded from completing it.

'I mean obviously it's, it's a bit longer than say a normal questionnaire is but that, but that's what I would expect because of the kind of survey it is, you know.' (Unsupported user)

5.30 Suggestions about changes to the Check were made by users who participated in the qualitative phase of the study. It was noted that the gender based nature of some of the questions (such as alcohol units or BMI) meant that the tool was not overly suited for transgender individuals as they would have had to choose a gender to respond to these questions. While appreciative that the questionnaire had 'transgender' as a response, it was felt that subsequent questions were not oriented to transgender people.

'... so it's almost like, like so you've ticked transgender, "Oh, we don't know which, which - are you male to female, female to male? Hmm, don't really know", so it's, it's covering all bases.' (Unsupported user)

5.31 There was a view that more follow-up questions as well as additional topics could be incorporated into Add to your Life. Suggestions

included more contextual questions about individual circumstances and lifestyle choices which, it was believed, would result in more relevant and therefore more personalised advice and information.

5.32 The suggestion for more explanation and extensive coverage of the following health conditions and lifestyle choices was made:

- Diabetes (Type I and Type II);
- Blood pressure;
- Cholesterol levels;
- Physical impairments that affect mobility;
- Prescribed medications;
- Cooking patterns and consumption of takeaway meals;
- Skin conditions;
- The menopause.

5.33 In relation to diet and exercise questions, a request for additional response options was made. For example, the question about consuming 5 pieces of fruit and vegetables a day (5-a-day) was felt to be restrictive by those who ate fruit and vegetables daily but consumed fewer than 5 pieces or those who did so irregularly.

5.34 Suggestions for additional questions and response options about lifestyle choices were also made. For example, 'walking to the shops', and an open-ended 'other exercise' option along with questions about barriers to engaging in regular exercise were suggested. Similar comments about incorporating more response options were made about the sections on smoking and drinking habits. In addition, more clarification, better sequencing of questions, and explanations of measurements such as, a drink of alcohol, were requested.

5.35 The potentially sensitive topic of sexual health was not perceived to be intrusive or inappropriate but the value of this section was questioned because there were no follow-up questions and the advice or information on this topic was very generic. Additional and more detailed

questions on mental health were suggested by some. However, the opposing view was that mental health was a private and possibly taboo subject, to be discussed only with healthcare professionals.

- 5.36 Recall of the 'Handy Hints' boxes was high amongst the post-completion survey respondents, with 77 per cent (57) of respondents reporting that they had noticed them. Of those that read the tips, 39 (of 49) found them very or somewhat helpful. Recall was poor among focus groups and interview participants, indicating that users either failed to notice them or those providing assistance to supported users failed to point them out. If they did notice the 'Handy tips' boxes, the messages made little longer term impression.

The Welsh language version of Add to your Life

- 5.37 Users had the option to complete Add to your Life in Welsh or English. Participants who spoke Welsh as their first language, tended to complete the check in English. The main reason given was that the Welsh translation used overly formal language and employed unfamiliar words and expressions. This was considered to be a persistent problem with Welsh language translations.

'The Welsh we speak here and the Welsh on the computer are completely different.' (Supported user)

- 5.38 Users tended to automatically choose the English version as the language used was more accessible and thus easier to understand. Welsh speakers who completed the English version of Add to your Life switched to Welsh to discuss their health and lifestyle issues with Welsh speaking support staff.

Views on the advice and information given

- 5.39 The advice and information provided when Add to your Life is completed is based on the responses given by individual users. This level of personalisation is designed to encourage users to think about their health issues and lifestyle choices, to seek appropriate support

and to change their behaviour where relevant. Thirty two (of 44) survey respondents, who had read the feedback, reported that the feedback was easy or very easy to understand.

5.40 The overall view of focus group participants was that the advice and information given confirmed users' awareness and knowledge of their health and wellbeing. Fifty eight per cent of survey respondents did not find the feedback helpful in understanding their health better. Furthermore, 62 per cent (34) did not learn anything new about their current health or wellbeing status. Importantly, 65 per cent (35) did not learn anything new about staying healthy. A similar pattern was observed for other things that affect wellbeing, such as money matters or living situation.

5.41 The expectation of what Add to your Life would produce was not matched by the actual output, resulting in a degree of disappointment.

'For me personally, I did not find it particularly useful. It did not tell me anything I didn't already know... I had expected it to be a bit more sophisticated.' (Unsupported user)

5.42 There was some appreciation of the advice given, particularly, the balance between issues that users were assessed to be handling well and those where improvements were suggested. These users were also receptive to the advice because it did not focus solely on areas viewed as 'problematic'. However, there was a perception that the advice given was too generic and that more personalised and nuanced advice would have been helpful.

'The only things it told me to do was to give up smoking and have a flu jab... you know, and I'm thinking well I know that, but am I exercising enough? Am I eating the right foods?' (Supported user)

5.43 Unsupported users were more mindful that the balance between personalisation and the universality of Add to your Life might be difficult

to achieve. Among this group of users, those who were more health literate questioned the evidence underpinning the advice and information, such as, the use of Body Mass Index as an indicator for healthy weight.

'I've been told that BMI is not an accurate measurement of your health as a health check, and I think things like that shouldn't be included, because it can send out the wrong message...' (Unsupported user)

5.44 The general opinion was that in addition to the advice being more personalised, the feedback could have used more motivational language. Moreover, to encourage positive health changes, suggestions for small lifestyle changes in diet and exercise would have been appreciated. For example, users would have valued practical suggestions such as walking instead of driving or drinking single measures of alcohol instead of doubles. Additional suggestions included:

- Guidance on reducing blood pressure;
- Foods to eat to stay healthy or assist weight loss; and
- Guidance on weight loss or gain.

5.45 Add to your Life users found information about available support to be less helpful than expected. Nearly 59 per cent (31) of survey respondents reported that they did not receive any new information about support organisations by completing the Check. Furthermore 52 per cent (28) of survey respondents reported that they did not intend to make contact with the suggested support organisations. Web links to national organisations were felt to be the most unhelpful and therefore the least accessed. This was also true for information about national helplines. The suggestion for signposting to local organisations and services was made. Users assisted by support staff, in particular, believed that they would be more likely to follow-up suggestions if organisations were based locally.

5.46 Overall, survey respondents (the majority of whom were unsupported users) did not report a desire to speak to anyone about the feedback following the Check, with just over 17 per cent (9) of respondents wanting to discuss the feedback with someone. Users who completed the Check with the support of staff also suggested that face-to-face contact with a health professional (not necessarily a GP) immediately after completing the online tool could be useful. An alternative suggestion for e-mail support was also made.

Does Add to your Life help users' manage their health and wellbeing?

5.47 The predominant view was that completing Add to your Life did not increase users' knowledge about their health and lifestyle choices. It did, however, lead to reflection on and re-evaluation of their health and wellbeing related behaviours.

'It wakes you up to some issues you need to deal with, if you are a heavy smoker, or a pint drinker, whatnot, not exercising enough.'

(Supported user)

5.48 The range of topics covered made users think about their overall health and wellbeing rather than any one issue in particular. The opportunity to think about their health and wellbeing holistically was viewed positively.

'You get them together as one lump... and you think "hang on, they should not be all in the red".' (Supported user)

5.49 Moreover, Add to your Life has the potential to offer users the opportunity to reflect on aspects of their health and wellbeing that they otherwise may not have, for example, on their mental health.

'It's sitting down and thinking about these things and asking yourself the questions ...And then at least if you identify areas you can actually try and do something about it with, with maybe your GP or a friend that

you can talk to. It's when you bottle things up isn't it ... that's when the problems start.' (Unsupported user)

5.50 The advice and information given after completing the online tool made it difficult for users to ignore health related issues which they knew they should address but had failed to do so. Forty per cent (22) of survey respondents reported that the feedback had made them think about making changes to their health and wellbeing. Although in specific instances the advice given was felt to be inappropriate, completing Add to your Life appeared, in some instances, to reinforce an intention to take action.

5.51 During group discussions and follow-up interviews, some Add to your Life users' gave examples of their intentions to make small lifestyle changes after completing the Check. These included:

- Booking a routine health screening which had been ignored for over a decade;
- Reducing smoking;
- Changing diet; and
- Taking regular exercise by joining a walking group or attending an exercise class.

5.52 There was some indication among some participants that confirmation of their health and wellbeing status through the feedback received could lead to users changing their behavior.

5.53 Both unsupported users and those who completed the Check with staff support felt that the feedback made them think about their lifestyle.

'Yeah, yeah, it makes you sit up and take notice.' (Unsupported user)

5.54 In some instances supported users had additional reinforcement and encouragement as they tended to discuss the feedback advice and information with staff. In some instances, support staff had offered

additional advice and information that complemented the Add to your Life feedback. Examples of this included smoking cessation materials and healthy recipe leaflets. Some users had also been given pedometers. The potential for exercise classes at Communities First venues was preferred to a leisure centre.

- 5.55 There was also some evidence of Add to your Life users changing their behaviour after completing the Check and reviewing the feedback advice and information given. Examples of actions taken ranged from the purchase of a treadmill to the review of a diet resulting in the desired level of weight loss. Users who had made changes to improve their health, acknowledged that their actions were not triggered solely by Add to your Life but rather by a combination of factors.

'I can't say that that was the trigger that made me do it. I think there was other triggers...but seeing that actually on the screen is a little bit more terrifying than actually saying it... when you see your age on the screen and your details and everything else, it makes it more relevant than if you was just talking about it.' (Unsupported user)

Perceived usefulness of Add to your Life

- 5.56 The extent to which users found Add to your Life useful depended on existing awareness of their health and wellbeing along with the intent to make lifestyle changes which they had not acted upon. For this type of user, the feedback received after completing the online tool reaffirmed any prior intentions to make lifestyle changes related specifically to their diet and exercise regime. In addition, there was a variation in opinion about the online tool's usefulness between supported and unsupported users, with the latter finding it less helpful.

- 5.57 The combination of receiving feedback, advice and information and support from Communities First staff was the most valued. The opportunity to discuss health and lifestyle choices with staff who offered additional advice and information to supplement the feedback received had a reinforcing effect. The social interaction with staff was

also appreciated, perhaps because of social isolation or the lack of opportunity to discuss health and wellbeing issues in an informal and non-clinical setting.

5.58 Users who completed Add to your Life with the support of Communities First staff appeared to benefit more from it. This could be because this type of user tended to be less health literate and therefore gained most from the feedback in combination with advice and information from support staff.

5.59 There were two distinct opinions about the appropriateness of targeting Add to your Life to the over 50s. On the one hand there was agreement that the over 50s were a suitable target group as the age of 50 years marks the beginning of changes in general health and wellbeing. The other view was that Add to your Life was relevant for all age groups because taking personal responsibility for individual health and wellbeing should not be linked to age.

'It doesn't matter how old you are; you know what I mean, you can start young.' (Supported user)

Completing the online tool on a regular basis

5.60 Overall, users expressed willingness to complete Add to your Life on a regular basis, 36 per cent (30) of survey respondents expressing an intention to complete the Check again in the future. Users taking part in focus groups suggested that this should be done on a bi-annual basis. The expectation was that by completing the tool every six months, users would gain a better understanding of health and wellbeing behaviours, taking into account any seasonal variations in diet and physical activity. However, survey respondents suggested they would complete the check again after three months and indicated a preference for quarterly reminders despite users' overall reluctance to provide their contact details.

5.61 The benefit of tracking change over time based on responses and feedback advice and information was mentioned. Those who had completed the check in a group setting thought there would be value in doing so with the same group of people they had first completed the check with, emphasising the importance of peer interaction.

5.62 Being able to track and review progress towards a healthier lifestyle combined with motivational messages was considered an important way to encourage users to maintain positive health behaviours.

'It would need something that says, 'it's great that you're reducing the alcohol, you should see these benefits - keep up the good work', and rather than just giving you a table that says, 'If your score is this, you're doing this', if it said, "You should feel great for doing this, you should be seeing these benefits".' (Unsupported user)

5.63 However, how this tracking and progress was presented was considered important and visual representations were suggested.

'Having graphs that show your progress would be one of the best motivators.' (Unsupported user)

5.64 To make completing Add to your Life on a regular basis a more meaningful activity, it was suggested that the feedback advice and information could include an option to set out goals (such as, drinking less alcohol on a weekly basis) and to enter how users would reward themselves once the goal was achieved. Progress towards these goals could then be assessed and reviewed each time the Check was completed.

5.65 Contacting users was an issue identified by research participants. Those more able to use computers and the internet expressed a preference for email contact whilst those who were less confident or able to use digital communication methods suggested support staff could make contact by letter, in person or by telephone. This would be

contingent on user willingness to register on the site. In addition, unsupported users who were alerted to the tool through their workplace suggested the human resources department could take on responsibility for follow-up contact.

Overview of user views

5.66 Overall, the concept of Add to your Life as an online tool was well received by both supported and unsupported users. Findings from the focus groups, follow-up telephone interviews and the post-completion survey data present similar and complementary feedback from users of the Check.

5.67 Critically the design and format of the tool was appreciated and users expressed the willingness to complete it on an on-going basis. Suggestions for additional content to cover more health and wellbeing topics and for more options in the multiple choice responses could mean that Add to your Life has the potential to be successful in the longer term. Criticism was focused primarily on the feedback advice and information which was thought to contain too much text. It was recommended that more succinct and accessible feedback with practical 'bite size' behaviour change suggestions couched in motivational language would encourage users to modify or to change their lifestyle choices and to adopt more positive health behaviours. Users would have liked the option to set goals and track progress by completing the Check at regular intervals.

6 Is Add to your Life making progress towards stated outcomes?

6.1 This chapter draws together the findings set out in the previous chapters to consider the key aims of the formative study (refer to Section 2.2) and to assess progress towards programme outcomes as set out in the Add to your Life logic model (Appendix B). A caveat to this discussion is that any assessment of progress towards stated outcomes at this early implementation stage of Add to your Life can only be tentative. Furthermore, the focus of this discussion is on early, that is, short and medium -term, outcomes articulated for Add to your Life users. The long-term outcomes can only be considered in an outcome evaluation.

Progress towards short-term outcomes

6.2 The Add to your Life logic model sets out short-term outcomes relating to two key themes:

- Improving understanding of the consequences of users' lifestyle choices on their health and wellbeing and increasing skills to understand how to address these, and
- Increasing knowledge of relevant services so as to increase earlier referrals and access to these.

6.3 Add to your Life users tended for the most part to be broadly aware of the consequences of their lifestyle choice, for example, they understood that reducing the consumption of alcohol would be better for their health, or were aware that they needed to exercise more. In this respect, completing the online tool did not increase understanding of these issues. This was particularly true for those who completed Add to your Life without support as they tended to have more information about the consequences of their lifestyle choices. To some extent completing the online tool confirmed what they already knew and in some instances, this type of confirmation from an official source strengthened users' intentions to change their behaviour.

- 6.4 Although users felt that completing Add to your Life did not necessarily increase their understanding, it did appear to have an influence on their intentions to make lifestyle changes. For users who had wanted to make a positive lifestyle change but had never acted upon it, the results of the online tool reinforced or strengthened their intentions. However, the feedback advice and information given was not felt to be motivational enough to trigger behaviour change (this is discussed in more detail in the section on medium-term outcomes below).
- 6.5 Add to your Life provided information and web-links to relevant support services. Users pointed out that the current signposting to national organisations and helplines was not particularly useful and a more locally focused approach would have led users to access appropriate services. In this respect, information about available services was not considered to be relevant enough to take any action. Moreover, suggestions and advice given by support staff was thought to be of more value but was only available to users in Communities First pilot areas. In a few instances, the feedback advice and information after completing Add to your Life was sufficiently enabling and resulted in action intended to address health and wellbeing problems.

Progress towards medium-term outcomes

- 6.6 The medium-term outcomes set out in the logic model are an increase in health literacy and an increase in healthy behaviours. The 'healthy behaviours' outcome is further articulated as an increase in:
- confidence to seek reliable health/wellbeing advice in a timely way;
 - participation in/use of relevant services by health-check users;
 - people taking appropriate self-directed actions/decisions to maintain/ improve health; and
 - ability to cope with a health/lifestyle concern.
- 6.7 There is little indication at this early stage that an increase in health literacy is being achieved as a result of completing Add to your Life.

This outcome is supposed to result from a change brought about in the short-term - an increase in understanding of consequences of lifestyle choices (refer to 6.3 above). Users tended to already have some level of health literacy and this was more evident for those who completed the online tool without support.

- 6.8 It is therefore possible to conclude that rather than increasing health literacy, completing Add to your Life, confirmed what people felt they already knew about their health and wellbeing. Survey findings indicate that two-fifths of respondents felt that they had not learned anything new about their health (as opposed to a quarter who said they had learned something new about their health).
- 6.9 It is too early in the life of this initiative to report in any comprehensive way about progress made towards achieving an increase in the four outcomes that comprise an 'increase in healthy behaviours'. It is, however, clear that signposting to national services and helplines did not result in an increase in take-up of these services as they were not thought to be relevant. Signposting to local support services would improve the likelihood of achieving this outcome.
- 6.10 It was unclear whether Add to your Life increased confidence to seek reliable help or engage in activities. Among users who completed the online tool with Communities First staff support, there was an indication that some users lacked the confidence to engage with services. This was particularly true for those who needed to exercise more but felt uncomfortable going to the local leisure centre or gym.
- 6.11 There was evidence that Add to your Life reconfirmed the intention to take self-directed actions which, in some cases, had resulted in users taking specific actions to address health and wellbeing issues. Understanding how Add to your Life users could be supported to move from a stated intention to actual positive health behaviours would contribute to increasing the likelihood of Add to your Life being an effective behaviour change tool.

- 6.12 Suggestions made by users included: more streamlined feedback with suggestions for small changes that users could make (for example, drinking smaller measures of alcohol); an option to choose specific actions and set goals; and tracking progress through completion of Add to your Life at regular six month intervals (this would only be possible for registered users).
- 6.13 If Add to your Life succeeds in providing sufficiently targeted feedback advice and information to help users put their intentions into practice in a sustained or planned way, then measuring whether users 'increase their ability to cope with a health/lifestyle concern' could be possible.
- 6.14 Achieving behaviour change outcomes, such as the ones discussed in this section, can take a number of years, if an intervention is successful. At this formative and early implementation stage of Add to your Life, evidence can only give an early indication of what is working and gaps that may require attention. It is however important that the findings inform future development of Add to your Life.

Structural and community level outcomes

- 6.15 An increase in promotion of Add to your Life, for example, by the primary care sector, as well as an increase in signposting and referrals between local organisations were identified as two medium-term outcomes at the structural and community levels. At this early pilot stage delivery was led by Communities First staff and those who had been involved in marketing the tool to healthcare professionals wondered whether the primary care sector would be willing to promote the online tool. The involvement of NHS Direct Wales was planned primarily to provide telephone support following national roll-out of the initiative. During the pilot phase, the feedback advice and information included signposting only to national organisations and helplines, any future assessment of the outcomes on local services would first require a change to the feedback content to include signposting to local services.

Unintended outcomes

6.16 In the shorter-term, it was highlighted that completing Add to your Life may lead to an increase in unnecessary visits to GPs if users concerned about their health and wellbeing chose to see their GP (rather than follow the feedback advice and information).

6.17 The findings suggest that users were not motivated to see a GP. Although there were suggestions that seeing a healthcare professional (not necessarily a GP) after completing the Check could be helpful, users expressed a preference for the informal and social atmosphere of Communities First venues in contrast to more formal clinical or primary care settings.

7 Summary, recommendations, and conclusions

- 7.1 During the pilot stage, Add to your Life was delivered in ten Communities First areas. There was a wide variation in implementation methods largely based on resource related constraints. In some areas delivery during the pilot stage was only carried out for a short period of time while in others it continued throughout the pilot stage and became part of the national roll-out. Delays in approval of funding to procure the IT equipment (laptops and tablet computers) required to deliver the Check resulted in implementation delays in some Communities First areas.
- 7.2 In Communities First areas where implementation has progressed well, there had been no procurement delays and dedicated resource had been allocated for promoting Add to your Life. As a consequence some areas had more marketing and promotional materials and greater numbers of users completing Add to your Life. In other areas, where there was less focus on marketing, due primarily to resource constraints, there were fewer users. During the pilot phase, for users who completed the Check without support, a marketing push, for example by an employer, was important.
- 7.3 The success of Add to your Life in this report is not assessed by rates of completion but more importantly by how users responded to questions and to the feedback, advice and information. An outcome evaluation would need to consider completion rates and the reasons why people completed the Check in order to assess and explain progress towards stated outcomes.
- 7.4 With a firm focus on ensuring that user reactions and interactions to completing Add to your Life result in the desired behaviour change and longer-term outcomes, suggestions to enhance usability of the Check are as follows:

Promotion and implementation of Add to your Life

- 7.5 Implementation of Add to your Life was not carried out in a consistent way across the ten pilot Communities First areas. Similarly how Add to your Life was promoted and the materials used varied significantly from one area to the next. While stakeholders suggested a bespoke approach targeted to local area characteristics and constraints was desirable, Communities First delivery staff would have preferred a more consistent approach. Consideration of the following is suggested:
- 7.6 *Promotional materials* – the provision of consistent marketing materials and guidance on promotion of Add to your Life would ensure a strong recognisable brand. The following photographs are examples of promotional material and goodie bags used successfully in one Communities First area and could be used elsewhere.



- 7.7 *Promotion in healthcare settings* – direct Public Health Wales involvement in marketing Add to your Life in primary healthcare

settings would enhance engagement efforts made by Communities First staff.

- 7.8 *Printing feedback* - a standard policy on printing feedback should be set out. The cost of printing feedback is a concern that would need to be addressed.

Support staff

- 7.9 The findings show that the level of support provided by staff was more than had been originally intended. The planned support which was part of the original design had a narrow remit focused on access to Add to your Life and help with the technical aspects of completing the online tool. In practice, the support provided was substantive and required a significant time investment. Staff were involved in explaining questions and responses, discussion of the feedback and offering practical advice and emotional support. This extended level of support was valued by users and the social aspect of completing the check in a group setting was also appreciated. Recommendations for supporting staff and volunteers who are likely to help Add to your Life users are:

- 7.10 *Guidance and/or training* - in order to promote a consistent approach to user engagement and delivery across all areas. An aspect of this training should focus on developing an understanding of what supporting Add to your Life users entails and what support staff can and cannot offer. Similarly, guidance on what support staff can do if an urgent situation arises should be included. This training would need to be cascaded to volunteers.

- 7.11 *Knowledge sharing* - the lack of opportunities for support staff to share learning was highlighted. Events or an online platform where staff who support Add to your Life users can get information, discuss issues and share good practice could help to alleviate this. This platform could be used to share ideas on effective marketing of the online tool and engaging 'harder to reach' users. Importantly, staff experiences could be used to inform guidance documents and to review training.

7.12 *Communication between Public Health Wales and delivery*

organisations – the findings indicate that there were some gaps in how information from Public Health Wales was cascaded down to support staff in local areas. For knowledge sharing to be successful, guidelines or a process for cascading information effectively to all staff involved in delivering Add to your Life to users should be considered.

Effective user engagement

7.13 Staff involved in engaging users need to be skilled in deploying a range of approaches, particularly in relation to user diversity and understanding of new IT technologies. The target age range of 50+ poses particular challenges as IT literacy and level of comfort with and suspicion of web-based tools will vary. The following areas of concern were identified:

7.14 *Engaging diverse users* – develop a clear practical strategy for engaging the ‘harder to reach’ groups, that is, the socially isolated, those who are not in contact with existing Communities First or Age Cymru services as well as those aged over 70. Male support staff involved in engaging men would be helpful. The risk of not deploying a range of engagement strategies may mean that only those who are already accessing services as well as those who could be classified as the ‘worried well’ engage with Add to your Life.

7.15 *Marketing to all age groups* - while the over 50s was considered a good group to target, the scope of Add to your Life was considered to be broadly relevant to all age groups. Marketing the tool to all age groups would mean that users from younger age groups could potentially benefit from it at minimal additional cost as they are more likely to be confident users of IT.

7.16 *Supporting users to complete Add to your Life* – Add to your Life was initially designed with the assumption that the majority of users would be able to access and complete the check independently. The implementation of the Check to date has included support. During the

pilot phase (in ten Communities First clusters only), this support was intended to help those with lower levels of IT literacy with access to the online tool. This support was available on an individual face-to-face basis or in a group setting. Staff support, either individual or in a group setting, was valued by users. It is likely to be the case that there will continue to be a cohort of users requiring support to engage better with the Check and the feedback. Telephone support provided by NHS Direct Wales was included in the national roll-out. The extent to which support is made available to different groups of users and the level of support provided would need to be monitored and assessed. There are resource implications associated with the provision of on-going support.

7.17 *Support of health professionals* - there were suggestions that advice from a health professional (not necessarily a GP) following completion of the Check could be useful. However, there was also a preference for the informal setting of Communities First venues in comparison to a healthcare setting.

7.18 *Building understanding of Add to your Life* - there was some evidence that users did not have clarity on the nature of Add to your Life. This relates specifically to what people expected from a health and wellbeing check. This could be made clear in promotion and marketing materials. For supported users, managing these expectations could be undertaken directly by support staff. For unsupported users, clarification could be provided on the 'Introduction' screen or in the FAQs section of Add to your Life and marketing materials, including invitation letters now going out to those approaching their 50th birthday. This would be important in terms of how Add to your Life is perceived and how users respond to both the questions and the feedback advice and information.

7.19 *Suspicion of web-based tools* - effective engagement also entails support to overcome perceptual barriers about using web-based tools and concerns about the confidentiality of the data collected. This is

particularly true for those with little familiarity with current technology or with low IT literacy. Guidance for staff about how to reassure potential users about data confidentiality may help to increase the number of registered users, with potential benefits for follow-up and evaluation.

7.20 *Increasing the number of registered users* - this is important for any follow-up communications as well as for any future evaluations of Add to your Life. The benefits of registering need to be set out carefully with clear instructions on how to register. Information about how personal data will be used should also be included. Support staff could play an important role in helping to increase registration rates among users who receive support.

The Add to your Life design

7.21 Overall the design of Add to your Life was positively received. It was viewed as being generally attractive and easy to navigate. Completing Add to your Life was considered useful by those who completed it with staff support as it gave them the opportunity to think about their health and lifestyle choices. It was felt to be less useful by those who completed it without support. This may be a reflection on the user type rather than the tool itself. A number of issues about the content and feedback of Add to your Life were raised by users and staff alike:

7.22 *The Welsh language version* – critically, a review of the Welsh translation is suggested. Welsh speakers in Communities First areas who completed Add to your Life with staff support chose to complete the English version but discussed any issues and questions they had in Welsh. The language used in the Welsh translation was reported to be overly formal and not accessible. A version in plain Welsh would be welcomed by those whose preferred language is Welsh.

7.23 *The content* - the balance between personalisation and universality of an online tool such as Add to your Life is difficult to achieve. As such this tension is likely to remain as users may perceive it to be ‘too general’ or ‘not personalised enough’. However, the inclusion of

additional content and greater choice of response options was suggested. Clearly there is a need to incorporate sufficient content so that individual circumstances such as physical disability are included, otherwise the feedback received would be considered too generic or worse, inappropriate. Additional content (suggestions made by users are in Section 5.24) would have a direct impact on the length of Add to your Life. This may result in some users, particularly unsupported users, being put off from completing Add to your Life.

7.24 *Response options* - concern was expressed about users giving inaccurate answers because the response options were limited or because supported users felt they had to give the 'right' or socially desirable answer. To capture users' situations as accurately as possible, a review of the response options would be desirable. The length of time taken to complete the Check needs to be taken into account each time additions are made. So as not to discourage potential users a balance would need to be struck between accuracy of response options; additional question and the average time taken to complete the Check (by supported and unsupported users).

7.25 *Cognitive testing of all content* - questions, response options, 'Handy Tips' boxes, and user instructions - would provide a systematic appraisal of whether the content is relevant, understandable and appropriate to users, and identify areas where improvements are needed.

7.26 *The feedback* - similar to the issues raised in sections 7.23 to 7.25 on Add to your Life content, there was an expectation among users that they would receive feedback that was more personalised. The level of personalisation of the feedback depends on the scope and depth of the questions asked and the response choices. Achieving a balance that results in feedback deemed satisfactory by all is likely to be difficult. Specific issues raised about the feedback are as follows:

- 7.27 *Feedback content* - in addition to the issue of personalisation, the feedback was considered too dense, too long, and although images such as traffic lights have been used, not visually attractive enough. A suggestion was made for the feedback advice and information to include a one page summary upfront or be provided in 'bite size' chunks possibly after each section of Add to your Life has been completed. Overall the feedback needs to be reviewed to make sure that it is succinct, in plain English and Welsh, and practical.
- 7.28 *Signposting to relevant organisations* - the differences in responses between supported and unsupported users suggests that signposting ought to include both national and local organisations instead of the current focus on national organisations.
- 7.29 *Enhancing feedback* - feedback on nutrition and physical activity was regarded as particularly salient as users wanted more specific and practical feedback on taking small steps to increase physical activity and improve their diet. As such there would be value in amending feedback for these sections. Guidelines to assess fitness levels more effectively and more practical nutrition and diet advice were requested.
- 7.30 *Sharing feedback with users* - the extent to which feedback is printed for users varies, raising an issue around resources to do this for all users. The option of sending feedback to users by e-mail was suggested. However this would be restricted to registered users.

Helping to change behaviour

- 7.31 Users pointed out that the feedback advice and information they received generally confirmed what they already knew about their health and wellbeing status. Those who already knew they had to make changes to their lifestyle and health behaviours, that is, who had expressed an intention to change, felt the feedback helped them reaffirm that intention. Harnessing this intent so that it leads to effective actions and longer-term behaviour change would contribute to success. Suggestions to help achieve this include:

- *Goal setting* - the ability to set practical and achievable goals once users receive their feedback, linked with users setting their own rewards for achieving these goals, was suggested as a way to trigger behaviour change.
- *Take-up of local services* - users who considered the changes they needed to make to their lifestyle, were at times reluctant to engage with some types of local provision. Specifically, supported users, mainly female receiving feedback to increase their level of physical activity said they would feel uncomfortable using the local gym and cited a preference for exercise classes at Communities First venues. This has implications firstly, about support staff knowledge of available local services and secondly, about the relevance of available local services to support the desired behaviour change of users.
- *Tracking progress and change* - alongside goal-setting, helping users to track their behaviour and monitor positive health behaviours may help to achieve longer term effects. This would be possible only for registered users and informing users of this possibility may act as an incentive for registration.

Regular completion of Add to your Life

7.32 In order to set goals and monitor progress towards those goals, users would need to complete Add to your Life at regular intervals. Follow-up contact by telephone or e-mail reminders and invitations to complete the check on a 6 monthly or annual basis were suggested. Design changes to include this facility, may result in an increase in registered users. The resource implications of any such change would need to be assessed.

Concluding comments

A formative assessment of a pilot involves a study of early implementation and includes an exploration of what appears to be working and where there are gaps or issues in programme design and delivery. Similarly, this study of Add to your Life, conducted largely during the pilot stage was designed to provide an early assessment of

how Add to your Life was being implemented and whether the design and delivery would lead to the intended outcomes as articulated by stakeholders and set out in the programme logic model.

7.33 During the pilot stage, there was huge variability in how Add to your Life was implemented in the pilot Communities First areas delivering the Check for different lengths of time. The type of promotion carried out locally varied also, as did the provision of support. While variability to suit local constraints and user need was expected and was considered desirable for localised interventions, the task of evaluators in assessing delivery and effectiveness becomes more difficult⁴⁰. Any subsequent evaluation would need to take into account this type of variation and identify key outcome variables that could be systematically and consistently measured across all areas and relevant age groups.

7.34 The findings show that the level of support provided varied from what was originally envisaged. Add to your Life was initially designed to be completed independently. The type of support incorporated into the design was focused on IT support to access to use the online tool. The key variation to this was staff providing support that extended beyond the original IT support remit.

7.35 The extended support included staff discussion of feedback received by users and advice on health and wellbeing issues. This variation was offered in two ways; face-to-face support and support in a setting where a group of users completed the Check at the same time. The opportunity to discuss feedback, and in a group setting to socialise with other users and staff, could influence how the Check and associated feedback was received, interpreted and acted upon.

⁴⁰ Some of the fieldwork issues encountered while collecting data for this study have been outlined in an earlier section. An ideal mitigating strategy would be to consult evaluators at the delivery planning stage so that alongside the development of a programme logic model, practical evaluation considerations are incorporated into implementation and early delivery of an intervention.

7.36 Overall, completing Add to your Life gives users some 'food for thought' so that they can reflect on their health and lifestyle behaviours. The support of Communities First staff is important and adds value for specific groups of users. Harnessing users' intentions so that positive health behaviours are maintained and appropriate actions taken would likely require continued support and motivation. Developing an understanding of the existing research on behaviour change mechanisms and incorporating into the support provided may be a useful first step.

7.37 Public Health Wales is considering additional activities in order to achieve a longer engagement period with Add to your Life users. This additional provision would only be available to registered users who have provided an e-mail address, which would mean taking action to improve the low levels of registration noted to date. Proposals under consideration include:

- a follow-up email 4 weeks after completing the tool;
- a 6 month e-mail check-in that includes relevant, targeted advice;
- annual reminders, containing advice relevant to health check users' health and wellbeing profile and characteristics, such as age and gender.

7.38 In light of the support variations offered to users during the pilot phase, and if it is expected that this level of support might continue, the existing logic model needs to be reviewed. Any intended changes to the design of Add to your Life, such as those set out in section 7.37, would also entail a review of the logic model and then a review of follow-up survey questions. Furthermore, if changes are implemented, the use and effectiveness of Add to your Life following any design changes would need to be assessed.

7.39 A suitably designed outcome evaluation is needed to assess the effects of Add to Your Life. There are some key issues (such as the importance of registration), that will need to be considered in the

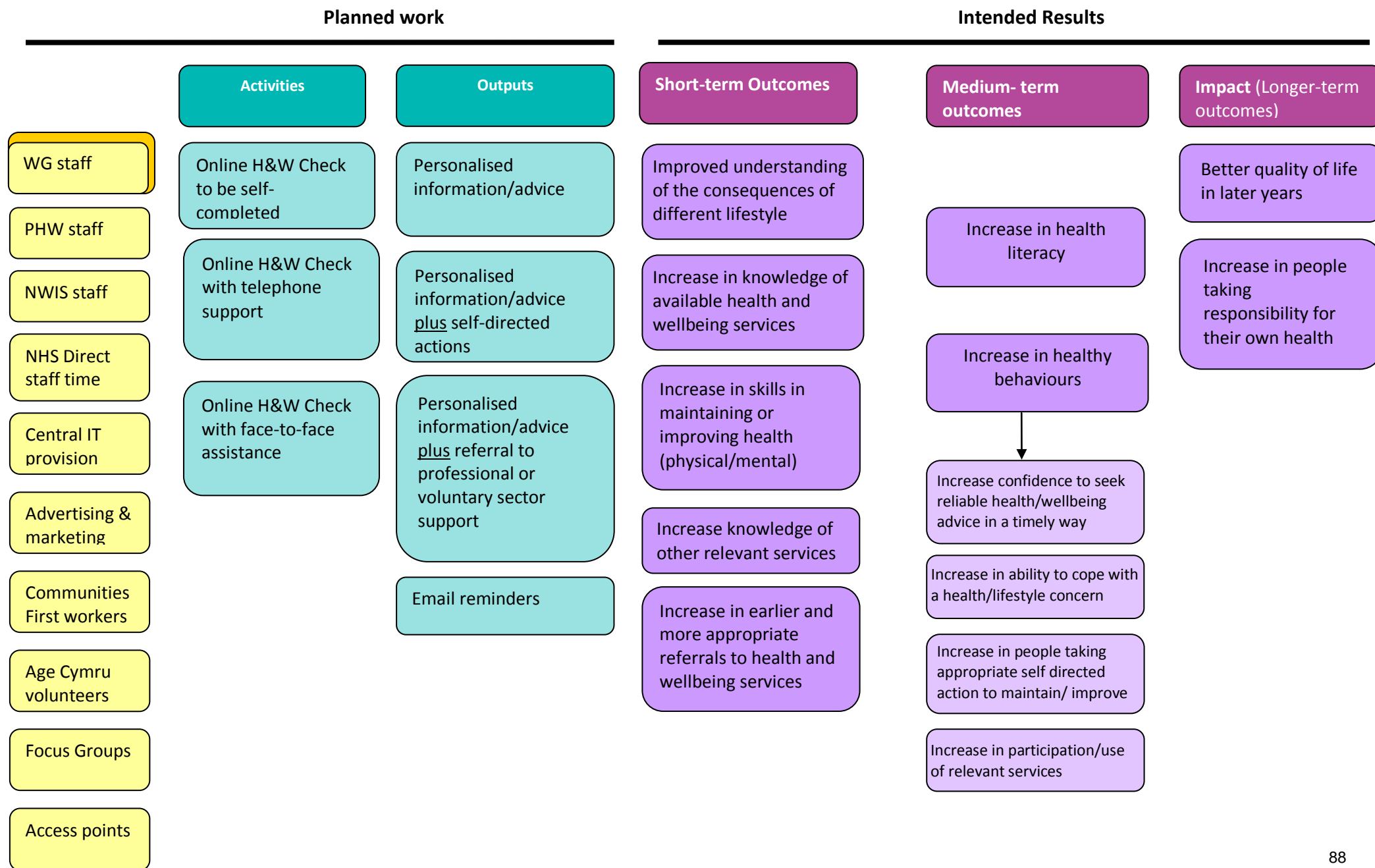
design of a high quality robust evaluation and should form part of the ongoing development of Add to Your Life.

- 7.40 A study to understand the extent to which different age and social groups engage with Add to your Life; their perceived need for support, and responses to the feedback would complement any outcome evaluation and provide insights and explanations for any differential impacts
- 7.41 An overarching lesson from this formative evaluation is about the nature of the support provided. To a large extent programme implementation variations resulting from a flexible delivery approach and for an intended target group that has very different support needs (IT or otherwise) is not unusual. Any future evaluation activities must consider the support that is provided and establish clarity about the boundaries of that support. Decisions about which intervention variants (independent completion; face-to-face support; group setting support) should be evaluated would need to be made at the design stage and a realistic but robust approach undertaken.

Appendix A - An example of a focus group data analysis matrix

| 1. Focus Group Unique ID | 2. Participants Background (gender, age, employment status; when Check completed) | 3. How did they find out about the Check? Sections completed/not completed and why | Why did they decide to complete the check? | 4. Type of support and views on support | 5. Views on the online tool | | | | 6. Post-completion and any follow up | 7. Overall reflections and suggestions for improvement |
|--------------------------|---|--|--|---|-----------------------------|--------------------|--------------|-------|--------------------------------------|--|
| | | | | | Format and process | Content/ Questions | End feedback | Other | | |
| | | | | | | | | | | |
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Appendix B - Add to your Life Logic Model



Community, structural and unintended outcomes

| | Short-term outcomes | Medium- term outcomes | Impact (Longer-term outcomes) |
|-----------------|---------------------------------------|---|--|
| Community-level | | Increase in signposting by local services | Increase of partnerships with local services |
| Structural | | Increase of the promotion of health checks by relevant sectors incl. primary care | Reduction of pressure on the NHS |
| Unintended | Increase in unnecessary visits to GPs | Rise in unreasonable expectations of available services Increase in pressure on local services | Increase in health inequalities |

Appendix C - Google Analytics profile of Add to your Life users

| | Pilot | National roll-out |
|--|----------------------|-------------------|
| | January – March 2014 | April – June 2014 |
| Sessions | 2870 | 7133 |
| New users | 1892 66% | 5279 74% |
| Returning users | 978 34% | 1854 26% |
| Frequency sessions per user | | |
| 1 | 1892 66% | 5279 74% |
| 2 | 376 13% | 804 11% |
| 3+ | 602 21% | 1050 15% |
| Users <i>Users that have had at least one session within the selected date range. Includes both new and returning users.</i> | 1977 | 5448 |
| Average time spent on the site, in minutes | 7.46 | 5.49 |
| New users | 8.49 | 5.58 |
| Returning users | 7.13 | 5.25 |
| Bounce rate | 35% | 29% |
| New users | 44% | 22% |
| Returning users | 30% | 49% |
| Channel | | |
| Direct to site | 1569 55% | 3177 45% |
| Referral (e.g. a link in an email) | 141 4% | 1648 23% |
| Organic search (search engine e.g. Google) | 407 14% | 1071 15% |
| Social networks (e.g. Facebook or Twitter) | 753 26% | 1237 17% |

| | Pilot <i>January – March 2014</i> | National roll-out <i>April – June 2014</i> |
|---|--|--|
| Location of users | | |
| Within the UK | 2756 96% | 6947 97% |
| Outside the UK | 114 4% | 186 3% |
| Technology used to access the site | | |
| Desktop | 1533 53% | 4230 59% |
| Tablet | 786 27% | 1846 26% |
| Mobile / Smartphone | 551 19% | 1057 15% |

Appendix D - Research Information Leaflet

PROSIECT YMCHWIL

Gwerthusiad Ffurfiannol o weithrediad Gwiriad Iechyd a Lles “Ychwanegu at fywyd”



NatCen
Social Research that works for society



Ynglŷn â beth yw'r ymchwil?

Mae NatCen Social Research yn gwerthuso'r gwiriad Iechyd a Lles ar gyfer y sawl dros 50 'Ychwanegu at fywyd'. Amcanion yr ymchwil yw

- darganfod a yw'r gwiriad yn addas a chlir, a
- chasglu barn a phrofiadau'r staff sy'n rhan o gynnal y Gwiriad Iechyd a Lles yn ogystal â'r sawl sy'n cymryd y gwiriad.

Mae'r astudiaeth wedi cael ei chomisiynu a'i hariannu gan Lywodraeth Cymru ac mae'n cael ei chynnal gan NatCen Social Research a'r New Economics Foundation.

Pwy sy'n gallu cymryd rhan?

Hoffem siarad â phobl sydd wedi cwblhau (yn llawn neu'n rhannol) Gwiriad Iechyd a Lles "Ychwanegu at fywyd". Hoffem glywed eich barn am y gwiriad a'r cyngor yr ydych wedi'i derbyn.

Beth mae cymryd rhan yn ei olygu?

Mae cymryd rhan yn golygu cymryd rhan mewn grŵp ffocws 60 munud o hyd gyda phobl eraill sydd wedi defnyddio'r Gwiriad Iechyd a Lles. Rydym eisiau gwybod beth mae pobl yn meddwl am Wiriad Iechyd a Lles "Ychwanegu at fywyd" a darganfod os dylid newid neu wella unrhyw beth. Darperir lluniaueth.

Wrth gymryd rhan oewch gyfle i roi eich adborth ar y gwiriad. Ar ben hyn, byddwch yn derbyn taliad o £20 am eich amser.

Byddwn yn recordio'r drafodaeth er mwyn i ni gael cofnod cywir o'r hyn y dywedwyd. Mae popeth sy'n cael ei drafod yn y grŵp ffocws yn gyfrinachol a bydd y recordiad yn cael ei storio yn ddiogel yn unol â'r Ddeddf Diogelu Data.

Mae cymryd rhan yn hollol wirfoddol ac nid oes unrhyw orfodaeth arnoch i gymryd rhan.

Beth fydd yn digwydd i ganfyddiadau'r ymchwil?

Bydd canfyddiadau'r grwpiau ffocws yn cyfrannu at adroddiad ar gyfer Llywodraeth Cymru a fydd yn helpu llunio datblygiadau Gwiriad Iechyd a Lles "Ychwanegu at fywyd" yn y dyfodol. Bydd y pethau yr ydych yn dweud wrthym yn cael eu trin yn ddienw ac yn cael eu cyfuno gyda barn defnyddwyr eraill y Gwiriad Iechyd a Lles sy'n cymryd rhan yn yr ymchwil. Ni fydd modd adnabod unrhyw unigolion na sefydliadau yn yr adroddiad.

Sut gallaf gael rhagor o wybodaeth am yr ymchwil?

Os oes gennych unrhyw gwestiynau eraill, cysylltwch â:

Camille Aznar, Ymchwilydd ar Camille.aznar@natcen.ac.uk neu 02075498524

Val Gill, Uwch Ymchwilydd ar valdeep.gill@natcen.ac.uk neu 020 7549 7170

RESEARCH PROJECT

Formative Evaluation of the implementation of “Add to your life” Health & Wellbeing Check



NatCen
Social Research that works for society



What is the research about?

NatCen Social Research is evaluating the 'Add to your life' Health and Wellbeing Check for Over 50s. The aims of the research are

- to find out whether the check is suitable and clear, and
- to gather the views and experiences of staff involved in delivering the health and Wellbeing Check as well as those who take the check.

The study has been commissioned and funded by the Welsh Government and is being conducted by NatCen Social Research and the New Economics Foundation.

Who can take part?

We would like to speak to people who have completed (fully or partially) the "Add to your life" Health and Wellbeing Check. We would like to hear your views of the check and of the advice you have received.

What does taking part involve?

Taking part would involve participating in a 60 minute focus group with others who have used the Health and Wellbeing Check. We want to know what people think about the 'Add to your life' Health and Wellbeing Check and to find out if anything should be changed or improved. Refreshments will be served.

Getting involved gives you a chance to feedback your views on the check. In addition, you will receive a £20 payment for your time.

We will record the discussion so that we have an accurate record of what has been said. Everything discussed in the focus group is confidential and the recording will be stored securely in accordance with the Data Protection Act.

Participation is completely voluntary and you are under no obligation to take part.

What will happen to the findings from the research?

Findings from the focus groups will contribute to a report for the Welsh Government which will help inform the future development of the 'Add to your life' Health and Wellbeing Check. What you tell us will be anonymised and combined with the views of other Health and Wellbeing Check users who take part in the research. No individuals or organisations will be identifiable in the report.

How do I find out more about the research?

If you have any other questions, please contact:

Camille Aznar, Researcher on Camille.aznar@natcen.ac.uk or 02075498524

Val Gill, Senior Researcher on valdeep.gill@natcen.ac.uk or 020 7549 7170

Appendix E - Qualitative Topic Guides

‘Add to your Life’ Health and Wellbeing Check for Over 50s evaluation of the pilot

Health and Wellbeing check- Supported users Focus Group Topic Guide

Aims of the focus group

- to find out how participants have experienced the ‘Add to your Life’ Health and Wellbeing check
- to gather their views of its efficacy
- to gather their views of the support received when completing the Health and Wellbeing check

Overview of topics to be covered in focus groups:

- Participants’ backgrounds
- Access to the health check
- Experiences of completing the Health and Wellbeing check
- Behaviour changes as a result of the Health and Wellbeing check
- Suggestions for improvement

*The focus group is expected to last **60 minutes** as we believe that a limit of 60 minutes is more appropriate than the conventional 90 minutes due to the narrow focus of the discussion.*

Introduction

- Introduce yourself and NatCen
- Introduce the study:
 - Funded by the Welsh Government
 - Aims of the Formative Evaluation of the Introduction of Health and Wellbeing Check for Over 50s:
 - to assess the initial delivery of the ‘Add to your life’ Health and Wellbeing check , and
 - to gather the experiences of service delivery staff/ Health and Wellbeing check users
- We have conducted interviews with staff delivering the ‘Add to your life’ Health and Wellbeing check. We are now conducting 6 focus groups with Health and Wellbeing check users in March/April.
- The discussion will cover:
 - experiences of completing the ‘Add to your life’ Health and Wellbeing check;
 - Health and Wellbeing check users’ views of its efficacy and suitability;
 - Health and Wellbeing check users’ views of the support provided when completing the check;
 - any suggested improvements;
 - actions taken as a result of having completed the Health and Wellbeing check.

→ *Important to emphasise that we are not here to discuss the personal health of participants. We just want to understand issues and experiences of completing the check (fully or partially).*

- Participation is voluntary – there are no right or wrong answers and the participant can choose not to discuss any issue;
- Everyone should get a chance to speak and participants should not speak over each other;
- Participants should respect each other's views;
- What they say and their participation is confidential (to the extent that a group discussion can be confidential);
- To maintain confidentiality participants should try not to discuss what other people said outside of the group;
- We will be writing a report of our findings but individual names will not be included;
- We will be recording the focus group so we have an accurate record of what is said:
 - Recorder is encrypted and files are stored in secure folders in line with the Data Protection Act;
 - Only the research team will have access to the recordings.
- The session will last 60 minutes.
- Questions?
- Ask for permission to start recording.

START RECORDING

1. Introductions and Health and Wellbeing check use

- Quick introduction (age, in work/retired)
- How they found out about the Health and Wellbeing check
- Sections completed/ not completed and why these choices were made

2. Views on support

- Location Health and Wellbeing check accessed
- Type of help/support they received (Age Cymru/Communities First)
- Views on the help/support they received
 - Sufficient/appropriate
- Views on self-completion:
 - Access to a computer/ to the internet
 - Familiarity of use of computers/the internet
 - Feeling about self-completion without support
 - Who they would get help from if support from volunteers was not available

3. Views on the Health and Wellbeing Check online tool

Researcher to show screenshots of the Health and Wellbeing check

- Views on the Health and Wellbeing Check online tool
 - Registration process
 - Concerns about registration
 - Clarity and suitability of questions of each section ('About me' / 'My Lifestyle' / 'My health' section / 'My wellbeing' / 'My future' section)
 - Handy tips boxes: did they read them; clarity and suitability.
 - End of test personalised information/advice:
 - Did they read it; did they ask for it to be printed
 - Usefulness, clarity and suitability
 - Appropriateness of referrals to professional or voluntary sector support
 - Length of Check
 - Coverage of topics- adequate/any missing topics
 - Suitability for all 50+ groups? (50-64; 65-74; 75+)

4. Post-completion and follow up

- Action(s) taken after completing the Health and Wellbeing check
 - Did it make them think about their health
 - Did they look at the signposted websites
 - Did they discuss anything covered in the Health and Wellbeing check with friends/family members
 - Did they see anyone about their Health and Wellbeing Check results – support worker/GP/Nurse
- Frequency
 - How often are they likely to complete the Health and Wellbeing check
 - What is an adequate frequency (every 6 months; once/year...)
- Recommending the Health and Wellbeing check to other people
 - If yes: Who; Age; Why
 - If not – reasons

5. Overall reflections and suggestions for improvement

- Usefulness of the Health and Wellbeing check
 - What works well
- Suggestions for improvement
 - If they could advise the Welsh Government, what would they change

Close

- Reassure regarding confidentiality and anonymity
- Check to see if participants have any further questions
- Inform participants of next steps of research
- Thank participants for their time & ensure they have research team contact details
- Give £20 payments

‘Add to your Life’ Health and Wellbeing Check for Over 50s evaluation of the pilot

Health and Wellbeing check- Unsupported Users Focus Group Topic Guide

Aims of the focus group

- to find out how unsupported participants have experienced the ‘Add to your Life’ Health and Wellbeing check
- to gather their views of its efficacy

Overview of topics to be covered in focus groups:

- Participants’ backgrounds
- Access to the health check
- Experiences of completing the Health and Wellbeing check
- Behaviour changes as a result of the Health and Wellbeing check
- Suggestions for improvement

*The focus group is expected to last **60 minutes** as we believe that a limit of 60 minutes is more appropriate than the conventional 90 minutes due to the narrow focus of the discussion.*

Introduction

- Introduce yourself and NatCen
- Introduce the study:
 - Funded by the Welsh Government
 - Aims of the Formative Evaluation of the Introduction of Health and Wellbeing Check for Over 50s:
 - to assess the initial delivery of the ‘Add to your life’ Health and Wellbeing check , and
 - to gather the experiences of service delivery staff/ Health and Wellbeing check users
- We have conducted interviews with staff delivering the ‘Add to your life’ Health and Wellbeing check. We are now conducting 6 focus groups with Health and Wellbeing check users in April/ May.
- The discussion will cover:
 - experiences of completing the ‘Add to your life’ Health and Wellbeing check;
 - Health and Wellbeing check users’ views of its efficacy and suitability;
 - any suggested improvements;
 - actions taken as a result of having completed the Health and Wellbeing check.

→ Important to emphasise that we are not here to discuss the personal health of participants. We just want to understand issues and experiences of completing the check (fully or partially).

- Participation is voluntary – there are no right or wrong answers and the participant can choose not to discuss any issue;

- Everyone should get a chance to speak and participants should not speak over each other;
- Participants should respect each other's views;
- What they say and their participation is confidential (to the extent that a group discussion can be confidential);
- To maintain confidentiality participants should try not to discuss what other people said outside of the group;
- We will be writing a report of our findings but individual names will not be included;
- We will be recording the focus group so we have an accurate record of what is said:
 - Recorder is encrypted and files are stored in secure folders in line with the Data Protection Act;
 - Only the research team will have access to the recordings.
- The session will last 60 minutes.
- Questions?
- Ask for permission to start recording.

START RECORDING

1. Introductions and Health and Wellbeing check use

- Quick introduction (age, in work/retired)
- How they found out about the Health and Wellbeing check
- Sections completed/ not completed and why these choices were made

2. Views on self-completion

- Access to a computer/tablet/smart phone, and to the internet
- Familiarity of use of computers/ tablets/smart phones, and to the internet

3. Views on the Health and Wellbeing Check online tool

Researcher to show screenshots of the Health and Wellbeing check

- Registration process
 - Concerns about registration
- Clarity and suitability of questions of each section ('About me'/ 'My Lifestyle'/ 'My health' section/ 'My wellbeing'/ 'My future' section)
- Handy tips boxes: did they read them; clarity and suitability.
- End of test personalised information/advice:
 - Did they read it; did they ask for it to be printed
 - Usefulness, clarity and suitability
 - Appropriateness of referrals to professional or voluntary sector support
- Length of Check
- Coverage of topics- adequate/any missing topics
- Suitability for all 50+ groups? (50-64; 65-74; 75+)

4. Post-completion and follow up

- Action(s) taken after completing the Health and Wellbeing check
 - Did it make them think about their health
 - Did they look at the signposted websites
 - Did they discuss anything covered in the Health and Wellbeing check with friends/family members
 - Did they see anyone about their Health and Wellbeing Check results – support worker/GP/Nurse
- Frequency
 - How often are they likely to complete the Health and Wellbeing check
 - What is an adequate frequency (every 6 months; once/year; ...)
- Recommending the Health and Wellbeing check to other people
 - If yes: Who; Age; Why
 - If not : Reasons

5. Overall reflections and suggestions for improvement

- Usefulness of the Health and Wellbeing check
 - What works well
- Suggestions for improvement
 - If they could advise the Welsh Government, what would they change

Close

- Reassure regarding confidentiality and anonymity
- Check to see if participants have any further questions
- Inform participants of next steps of research
- Thank participants for their time & ensure they have research team contact details
- Give £20 payments

‘Add to your Life’ Health and Wellbeing Check for Over 50s evaluation of the pilot

Health and Wellbeing check- Follow-up telephone interview Topic Guide

Aims of the telephone interview

- to find out whether healthcheck users have taken any action following the advice given on their health and wellbeing, and why;
- to gather views on the online check.

Overview of topics to be covered in interviews:

- Participant’ background;
- Views on advice given and any related actions;
- Experiences of completing the check;
- Suggestions for improvement.

The telephone interview is expected to last up to 15 minutes.

Introduction

- Introduce yourself and NatCen
- Introduce the study:
 - Funded by the Welsh Government
 - Aims of the Formative Evaluation of the Introduction of Health and Wellbeing Check for Over 50s:
 - to assess the initial delivery of the ‘Add to your life’ Health and Wellbeing check , and
 - to gather the experiences of service delivery staff/ Health and Wellbeing check users
- We have conducted interviews with staff delivering the ‘Add to your life’ Health and Wellbeing check, as well as focus groups and interviews with users.
- The discussion will cover:
 - actions taken as a result of having completed the ‘ Add to your life’ Health and Wellbeing check;
 - experiences of completing the check;
 - any suggested improvements.

→ Important to emphasise that we are not here to discuss the personal health of participants. We just want to understand issues and experiences of completing the check (fully or partially)

- Participation is voluntary – there are no right or wrong answers and the participant can choose not to discuss any issue;
- What they say and their participation is confidential
- We will be writing a report of our findings but individual names will not be included;
- We will be recording the interview so we have an accurate record of what is said:

- Recorder is encrypted and files are stored in secure folders in line with the Data Protection Act;
- Only the research team will have access to the recordings.
- The interview will last up to 15 minutes and the participant will be sent a £10 shopping voucher as a thank you for their time.
- Questions?
- Ask for permission to start recording.

START RECORDING

1. Background information

- Age
- Occupation
- Access to a computer/ to the internet
- Level of familiarity of use of computers/the internet

2. Completing the Health and Wellbeing Check

- Decision-making
 - Reasons they decided to complete the Health and Wellbeing check
 - Reasons they registered (with their email address)
- How did they complete the check?
 - Did they complete it on their own? Anyone helping/ present to discuss?
 - Did they want/need any support for completion?
 - Would they know where to get support?

3. Post-completion and follow up

- End of test personalised information/advice
 - Did they read it? Did they ask for it to be printed?
 - What is clear?
 - What did they find useful/not useful?
 - What did they think of the sign-posted websites?
- Action(s) taken after completing the Health and Wellbeing check
 - Which sections made them think about their health and wellbeing? What did they make them think about?
 - Did they look at the signposted websites? Which ones? How useful were they?
 - Did they discuss anything covered in the Health and Wellbeing check with friends/family members? What? Why? With whom?
 - Did they see a support worker/GP/Nurse about their Health and Wellbeing Check results?

- If yes: Why? How useful was it?
 - If not: Why not?
- What changes, if any, did they think about making to their lifestyle based on the advice given?
- Which changes have they been able/not been able to make?
 - Ease of /challenges to making changes
- Frequency
 - How often are they likely to complete the Health and Wellbeing check?
 - What is an adequate frequency (every 6 months; once/year...)?
 - Would they like to receive reminders? How often? Text, email, letter, or telephone call?
- Recommending the Health and Wellbeing check to other people
 - If yes: Who? Age? Why?
 - If not: Why not?

4. Overall reflections on the “Add to your Life” Health and Wellbeing Check

- If they think back to when they took the online check:
 - Coverage of topics- adequacy? Missing topics?
 - What worked well?
 - Did they have difficulties with anything?
- Suggestions for improvement: if they could advise the Welsh Government, what would they change?

Close

- Reassure regarding confidentiality and anonymity
- Check to see if participant has any further questions
- Inform participant of next steps of research
- Thank participant for his/her time and ensure he/she has research team contact details
- Take the participant's address (to send thank you letter and £10 voucher)

Health and Wellbeing Check for Over 50s evaluation of the pilot

Key informant interviews: topic guide for policy staff and Communities First managers

Aims of the interview

- to find out how delivery of the online health check is progressing
- to understand staff perspectives on the quality and suitability of the health check
- to gather staff views on user experiences and satisfaction with the online check
- to identify what is working well
- to identify challenges to successful delivery

The topic guide

This guide sets out the topics that will be covered in the interviews and aim to gather reflections on the early delivery of the Health and Wellbeing Check pilot. The guide does not contain follow-up probes and questions like 'why', 'when', 'how', etc. as participants' contributions will be explored using prompts and probes in order to understand how and why views, behaviours and experiences have arisen. The interview will last between **30 and 45 minutes**.

Introduction

- Introduce yourself and NatCen
- Introduce the study:
 - Funded by the Welsh Government
 - Aims of the Formative Evaluation of the Introduction of Health and Wellbeing Check for Over 50s:
 - to assess the initial delivery of the health checks across Communities First areas
 - to consider data requirements for measuring impact
 - to gather the experiences of service delivery staff/ health check users
- Interview is one of 10/12 interviews with staff delivering the Health and Wellbeing Check pilot. We will conduct 6 focus groups with online users in March/April.
- Digital recording – check OK, and reassure re: confidentiality
- How we'll report findings –individual staff will not be named, and reporting of service user data will be anonymous.
- Reminder of interview length – (30/ 45mins) check OK
- Any questions/concerns?

START RECORDING

1. Background (BRIEF)

- Overview of their role within their organisation
 - Role specifically in relation of the Health and Wellbeing Check for Over 50s
 - Length of time in role and time spent on H&W check (i.e. X hours/week)

2. Initial set-up (BRIEF)

- Current status of delivery (project milestones/ any elements of project delivery not implemented or amended)
- Resourcing and staffing
 - Levels of resourcing (Where resources have been spent? Any expected under/over spend? Do they have the resources needed to deliver the Health Check?)
 - Staffing: Roles and Training
 - Infrastructure (i.e. community access points, Age Cymru/ Communities First venues...)

3. Promotion and take-up

- Nature of promotion/advertising/ marketing targeted at:
 - Over 50s in Communities First areas
 - Over 50s in Wales as a whole [*not for CF staff*]
 - Other
- Take-up
 - Level of take-up from:
 - target group in Communities First areas
 - Individuals completing the check by themselves (i.e. 'opportunistic' health-check users) [*not for CF staff*]
 - Proportions of self completed checks versus check completed with face-to-face and with telephone support [*not for CF staff*]
 - Profile of users (gender, age, ethnicity, income, job status, level of computer literacy, level of health literacy, etc)
 - target group in Communities First areas
 - Individuals completing the check by themselves [*not for CF staff*]
- Access points to health check
 - Suitability
 - Access issues (location, opening hours, available support etc)
- Challenges in reaching the target groups
 - over 50s in Communities First areas
 - individuals completing the check by themselves [*not for CF staff*]

- Good practice in reaching the target groups
 - over 50s in Communities First areas
 - individuals completing the check by themselves [*not for CF staff*]

4. Delivery of the Health and Wellbeing Check

- Views on usefulness of face-to-face support
 - How does it compare to telephone support? [*not for CF staff*]
 - How does it compare to self-completion? [*not for CF staff*]
- Views on the Health and Wellbeing Check online tool
 - registration process
 - overall response rate
 - users' level of engagement and interest
 - clarity of questions of each section ('About me'/'My Lifestyle'/'My health' section/'My wellbeing'/'My future' section)
 - suitability of questions of each section
 - perceived gaps in content
- Views on outputs
 - Handy tips boxes: clarity and suitability; read by users?
 - End of test personalised information/advice:
 - Usefulness
 - Clarity
 - Suitability
 - Users' behaviours: do they read it? Do they take notes? Do they ask for it to be printed?
 - Appropriateness of referrals to professional or voluntary sector support?
 - Feedback from users
- Facilitators and challenges to delivery
 - What has worked well in setting up the Health and Wellbeing Check for Over 50s
 - Any challenges to delivery (Have they been addressed? How?)

5. Data collection and outcome monitoring

- Do you collect any information/data on health check users?
 - If so, what type of information?
 - How often?
- How will the data be used?
 - Whether any follow-up after completion of online assessment

6. Overall reflections

- Perceived benefits to service users:
 - Users' feedback
 - What works? What doesn't?
 - Do you think the service users will sustain their engagement overtime? (i.e. complete the check every year)/ change behaviour?
- Overall usefulness of the online tool

Close

- Thank the participant
- Check whether they have any remaining questions about the research
- Reassure them about confidentiality and anonymity
- To Communities First area managers:
 - i) 2/3 names of volunteers for telephone interviews
 - ii) possible contacts for organising focus groups with users

Health and Wellbeing Check for Over 50s evaluation of the pilot

Key informant interviews: topic guide for Age Cymru/ Communities First volunteers

Aims of the interview

- to find out how delivery of the online health check is progressing
- to understand staff perspectives on the quality and suitability of the health check
- to gather staff views on user experiences and satisfaction with the online check
- to identify what is working well
- to identify challenges to successful delivery

The topic guide

This guide sets out the topics that will be covered in the interviews and aim to gather reflections on the early delivery of the Health and Wellbeing Check pilot. The guide does not contain follow-up probes and questions like 'why', 'when', 'how', etc. as participants' contributions will be explored using prompts and probes in order to understand how and why views, behaviours and experiences have arisen. The interview will last between **30 and 45 minutes**.

Introduction

- Introduce yourself and NatCen
- Introduce the study:
 - Funded by the Welsh Government
 - Aims of the Formative Evaluation of the Introduction of Health and Wellbeing Check for Over 50s:
 - to assess the initial delivery of the health checks across Communities First areas
 - to consider data requirements for measuring impact
 - to gather the experiences of service delivery staff/ health check users
- Interview is one of 10/12 interviews with staff delivering the Health and Wellbeing Check pilot. We will conduct 6 focus groups with online users in March/April.
- Digital recording – check OK, and reassure re: confidentiality
- How we'll report findings –individual staff will not be named, and reporting of service user data will be anonymous.
- Reminder of interview length – (30/ 45mins) check OK
- Any questions/concerns?

START RECORDING

1. Background

- Overview of their role within their organisation
 - Role specifically in relation of the Health and Wellbeing Check for Over 50s (day-to-day role; follow up of users?)
 - Length of time in role and time spent on H&W check (i.e. X hours/week)

2. Project implementation

- Current status of delivery (number of health-check users helped, any elements of the check delivery not implemented or amended)
- Resourcing/ staffing/ training:
 - Training and support: type and adequacy (Was any training provided? Do they have the resources to print the health check results, if asked)
 - In which location(s) do you provide face-to-face support? (i.e. community access points, Age Cymru/ Communities first venues...)

3. Promotion and take-up

- Nature of promotion and targeting activities need to establish range of events and activities
 - Advertising and marketing: involvement in promoting the health check
 - Format
 - Rationale for choice
 - Views on effectiveness
 - Challenges and facilitators to promoting the project
- Take-up
 - Level of take-up from target group (i.e. over 50s in Communities First areas)
 - Profile of users (gender, age, ethnicity, income, job status, level of computer literacy, etc.)
 - Level of health literacy
 - Referral routes/ access points
 - Users' rationale for seeking face-to-face support
 - Facilitators and barriers to reaching target group (the over 50s in Communities First areas)

4. Delivery of the Health and Wellbeing Check

- Views on providing face-to-face support (process, suitability, feedback from users)
- Views on the Health and Wellbeing Check online tool

- Registration process
- Overall response rate
- Users' level of engagement and interest
- Clarity and suitability of questions of each section ('About me' / 'My Lifestyle' / 'My health' section / 'My wellbeing' / 'My future' section)
- Views on the check's outputs
 - Handy tips boxes: clarity and suitability; read by users?
 - End of test personalised information/advice:
 - Usefulness, clarity and suitability
 - Users' behaviours: do they read it? do they ask for it to be printed?
 - Appropriateness of referrals to professional or voluntary sector support?
 - Feedback from users
- Facilitators and barriers to delivery
 - What has worked well in supporting users to complete the check
 - Main challenges

5. Overall reflections

- How useful do you think the Health and Wellbeing Check for Over 50s is?
- How has your overall experience of providing face-to-face support been?
- If you were in charge of delivering the check, what are the two/ three key things you would change?

Close

- Thank the participant
- Check whether they have any remaining questions about the research
- Reassure them about confidentiality and anonymity
- Possible contacts for organising focus groups with users

Appendix F - The study samples

The Qualitative Study Samples

Table F1 Staff and Stakeholder sample

| | |
|---------------------|----|
| Public Health Wales | 2 |
| Welsh Government | 2 |
| Community First | 5 |
| Age Cymru | 1 |
| Total | 10 |

Table F2 Add to your Life user sample

| | Supported users | Unsupported users | | Total |
|-----------------|--|----------------------|--|-----------|
| Method | 4 Focus Groups (3 Communities First areas) | Telephone interviews | 2 Focus Groups (private sector employer) | n/a |
| Number of Users | 28 | 15 | 12 | 55 |
| Gender | | | | |
| Female | 23 | 8 | 3 | 34 |
| Male | 5 | 7 | 9 | 21 |
| Age | | | | |
| under 50 | 5 | 0 | 1 | 6 |
| 50- 59 | 9 | 11 | 11 | 31 |
| 60-69 | 11 | 3 | 0 | 14 |
| 70+ | 3 | 0 | 0 | 3 |
| Not disclosed | 0 | 1 | 0 | 1 |

The quantitative online survey sample

82 Add to your Life users completed the survey between June 2014 (when the survey went live) and August 2014.

| Table F3 Age and Gender of Sample | | |
|-----------------------------------|-------------------------------|------|
| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
| | n | % |
| Gender | | |
| Female | 34 | 41.5 |
| Male | 24 | 29.3 |
| Did not disclose | 24 | 29.3 |
| Age | | |
| 29 or younger | 3 | 3.7 |
| 30 - 39 | 4 | 4.9 |
| 40 - 49 | 8 | 9.8 |
| 50 - 59 | 26 | 31.7 |
| 60 - 69 | 11 | 13.4 |
| 70 - 79 | 5 | 6.1 |
| 80 or over | 1 | 1.2 |
| Did not disclose | 24 | 29.3 |
| Occupation | | |
| Working | 39 | 47.6 |
| Not working | 4 | 4.9 |
| Retired | 15 | 18.3 |
| Did not disclose | 24 | |

Appendix G - Add to your Life – User Survey

This survey is available on the Add to your Life website in Welsh and English.

Introduction

Thank you for completing the Add To Your Life Check. We would like your feedback on how you found using the check.

The next few questions will ask you about your experience of going through the check and how useful you found it. It will take no more than 15 minutes.

Overall

Ask all

OverallHlt

- 8 In general, how would you rate your overall health now?
- 9 Excellent
 - 10 Very Good
 - 11 Good
 - 12 Fair
 - 13 Poor

Overallchk

Overall how useful was the Add To Your Life Check?

- 14 Very useful
- 15 Somewhat useful
- 16 Not very useful
- 17 Not at all useful

Motivations

Ask all

Motive

What made you do the Add To Your Life Check?

Tick all that apply

- On recommendation by a doctor, health visitor or another health professional
- On recommendation by Age Cymru or another charity
- On recommendation by Communities First
- On recommendation by a family, friend or neighbour
- I was worried about my health and wellbeing
- I was interested in finding out about my health and wellbeing
- Other

IF (motive = other) THEN

MotiveO

Please specify [STRING]

Completion of Add To Your Life check

Ask all

Help

Did anyone help you go through the check?

Yes

No

IF (Help=Yes) THEN

WhoHlp

Who helped you?

- Family
- Friend or Neighbour
- Personal assistant
- Age Cymru volunteer
- Communities First worker
- NHS Direct Wales (telephone support)
- Other

F (Whohlp = other) THEN

WhohlpO

Please specify [STRING]

IF (Help=Yes) THEN

WhatHlp

What help was given?

Tick all that apply

- Using the computer (include starting the computer, logging on)
- Going to the Add To Your Life website
- Help with registering to the Add To Your Life website
- Explaining the questions
- Help with choosing answers
- Printing a copy of the feedback
- Explaining the feedback
- Other

IF (Whathlp=Other) THEN

WhatHlpO

Please specify [STRING]

IF (Help= No) THEN

NdHlp

Did you need help completing the check?

- Yes
- No

IF (NdHlp= Yes) THEN

WhatHlp2

What did you need help with?

Tick all that apply

- Using the computer (include starting the computer, logging on)
- Going to the Add To Your Life website
- Help with registering to the Add To Your Life website
- Explaining the questions
- Help with choosing answers
- Help with changing answers
- Explaining the feedback
- Printing a copy of the feedback
- Other

IF (Whathlp2=Other) THEN

WhatHlp2O

Please specify [STRING]

Ask all**EaseNav**

How easy was it to complete the health check?

Very easy

Easy

Neither easy nor hard

Hard

Very Hard

EaseQs

How easy was it to understand the questions?

Very easy

Easy

Neither easy nor hard

Hard

Very Hard

EaseA

How easy was it to choose an answer to the questions?

Very easy

Easy

Neither easy nor hard

Hard

Very Hard

Skip

Were there any questions you didn't answer?

Yes

No, I completed all questions

IF (Skip = yes) THEN**Yskip**

Why didn't you answer one or more question?

Tick all that apply

I didn't understand the question

The question was too personal

I didn't know the answer

There wasn't an answer for my situation

I didn't feel the questions were relevant to me

It was taking too long

Other

IF (Yskip=Other) THEN**YskipO**

Please specify [STRING]

Ask all**Hints**

Did you notice the 'handy hints' boxes that came up on the right hand side during the health check?

Yes

No

IF (hints=yes) Then**HintsRead**

Did you read the hints?

Yes, all of them
Yes, some but not all
No

IF (hintread=yes all or yes some) Then

Usehints

Overall, how useful did you find the hints?

18 Very useful
19 Somewhat useful
20 Not very useful
21 Not at all useful

22

23 **Ask all**

24 **Checklight**

25 Overall, did you think about the check was...

26 Too long

27 Too short

28 About the right length?

29

Feedback

Ask all

FB

Do you have a record or a copy of the personalised feedback given to you at the end of the check?

Yes

No

If (FB = Yes) THEN

Print

What record or copy of the feedback do you have...

Tick all that apply

Print out of the feedback

Emailed a copy to yourself

Written notes on the feedback

Ask all

ReviewFB

Have you read the feedback?

Yes, I read it in full

Yes, I skimmed it

Not yet, but I plan to read it

No

TalkFB

Did someone else talk you through the feedback?

Yes

No

IF (ReviewFB = No) THEN

ReviewNo

Can you tell us why you haven't read the feedback?

Someone talked me through the feedback

Too much to read

Ran out of time

Didn't want any feedback

IF (ReviewFB = Yes full or Yes skimmed) THEN

EaseFD

Overall, how easy is the feedback to understand?

Very easy

Easy

Neither easy nor hard

Hard

Very Hard

Ask all

UseFB

How useful is the feedback you were given at the end of the health check?

30 Very useful

31 Somewhat useful

32 Not very useful

33 Not at all useful

I didn't look at the feedback

UndHlt

Did the feedback help you to **understand your health better**?

Yes

No

LrnHlth

Did the feedback help you learn anything new about **your health**?

Yes

No

StayHlth

Did the feedback help you learn anything new about **staying healthy**?

Yes

No

UndLS

Did the feedback help you to **understand other things that effect your wellbeing better**, like money matters or your living situation?

Yes

No

LrnLS

Did you learn anything new about **other things that effect your wellbeing**, like money matters or your living situation?

Yes

No

Follow

Has the feedback you received made you think about making changes to your health and wellbeing?

Yes

No

Unsure

NewOrgs

Did the feedback give you information about support organisations that you didn't know about before?

Yes

No

ConOrg

Do you think you will contact any of the support organisations suggested in the feedback?

Yes

No

Unsure

I didn't see any information about support organisations

HlpChg

Would any of the following reminders help you to make changes to your health and wellbeing?

Tick all that apply

Reminders by email

Reminders by letter

Reminders by telephone call

Reminders by text

None of these

IF (HlpChg = Any, Email, Letter or Tel, Text) THEN

ReWhen

How soon after this check would you like to receive a reminder?

Within 1 week

Within 1 month

Within 3 months

IF (HlpChg = Any, Email, Letter or Tel) THEN

ReFrq

How often would you like a reminder?

Just the once

Monthly

Every 3 months

Once a year

Ask all

Spklm

Did you want to speak to someone about the feedback as soon as you finished the check?

Yes

No

WhoSpk

Do you think you will speak to any of the following people about your health and wellbeing following the check?

Tick all that apply

Family

Friend or Neighbour

Personal assistant

Social worker

Age Cymru volunteer

Communities First worker

NHS Direct Wales

Doctor

Other health professional

Housing advisor

Debt advisor

Another professional

Other

IF (WhoSpk = other) THEN

WhoSpkO

Please specify [STRING]

Future Use

Ask all

Again

Will you complete the Add To Your Life Check again?

Yes

No

Unsure

IF (Again = no) THEN

AgainNo

Why wouldn't you do the Add To Your Life Check again?

Tick all that apply

I have all the information I need from going through it once

I don't have regular access to a computer

I found it unhelpful

Don't have time / I'm too busy

Other

IF (AgainNo = Other) THEN

AgainNoO

Please specify [STRING]

IF (Again = yes) THEN

AgainYes

When do you plan to do the Add To Your Life Check again?

In the next 3 months

In the next 3 – 6 months

In the next 6 – 12 months

In over a year

Not sure

Ask all

Register

Did you register to the Add To Your Life Check website?

Yes

No

Don't know

IF (Register =No) Then

Why didn't you register?

Don't know how to

Don't see a need to register

Don't want to share my details

Personal details

Ask all

Sex

Are you....

Male

Female

Age

What is your age?

Younger than 30

40-49

50-59

60-69

70-79

80+

Occupation

Are you.....

Working

Not working

Retired

IF (Occupation = Working) Then

Please specify job [string]

IF (Occupation = Retired or Not Working) Then

Please specify previous job if any [string]

END

Thank you for taking part!

Appendix H - Post-completion survey: descriptive data tables

Analysis of the Add to your Life post-completion user survey was carried out using data collected between June 2014 (when the survey went live) and August 2014. During this period a total of 82 Add to your Life users completed the survey. The data presented below should be treated with caution as they form a small unrepresentative sample of mostly unsupported users. Most of these were women in their 50s (Refer also to Section 5.5 in the main report).

Table1.1 Age, Gender and Employment Status of Sample

| <i>Base: All respondents (n=82)</i> | <i>Post-completion survey</i> | |
|-------------------------------------|-------------------------------|------|
| | n | % |
| Gender | | |
| Female | 34 | 41.5 |
| Male | 24 | 29.3 |
| Did not disclose | 24 | 29.3 |
| Age | | |
| 29 or younger | 3 | 3.7 |
| 30 - 39 | 4 | 4.9 |
| 40 - 49 | 8 | 9.8 |
| 50 - 59 | 26 | 31.7 |
| 60 - 69 | 11 | 13.4 |
| 70 - 79 | 5 | 6.1 |
| 80 or over | 1 | 1.2 |
| Did not disclose | 24 | 29.3 |
| Occupation | | |
| Working | 39 | 47.6 |
| Not working | 4 | 4.9 |
| Retired | 15 | 18.3 |
| Did not disclose | 24 | 29.3 |

Table 1.2 Subjective health assessment

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|------|
| In general, how would you rate your overall health now? | | |
| | n | % |
| Excellent | 5 | 6.3 |
| Very Good | 21 | 26.6 |
| Good | 28 | 35.4 |
| Fair | 22 | 27.8 |
| Poor | 3 | 3.8 |
| Total | 79 | 100 |
| Missing | 3 | |

Table 1.3 Perceived usefulness of the Check

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|--|-------------------------------|------|
| Overall how useful was the Add To Your Life Check? | | |
| | n | % |
| Very useful | 22 | 27.8 |
| Somewhat useful | 32 | 40.5 |
| Not at all useful | 8 | 10.1 |
| Not very useful | 17 | 21.5 |
| Total | 79 | 100 |
| Missing | 3 | |

Table 1.4 Motivations to complete the Check

| Base: All respondents | Post-completion survey | |
|--|------------------------|-------|
| What made you do the Add To Your Life Check? | | |
| | n | % |
| On recommendation by a doctor, health visitor or another health professional | 0 | - |
| On recommendation by Age Cymru or another charity | 3 | 3.7 |
| On recommendation by Communities First | 11 | 13.6 |
| On recommendation by a family, friend or neighbour | 2 | 2.5 |
| I was worried about my health and wellbeing | 7 | 8.6 |
| I was interested in finding out about my health and wellbeing | 45 | 55.6 |
| Other | 13 | 16.0 |
| Total | 81 | 100.0 |
| Missing | 6 | |

*Multiple response option

Table 1.5 Whether assistance was received when completing the Check

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Did anyone help you go through the check? | | |
| | n | % |
| Yes | 8 | 10.5 |
| No | 68 | 89.5 |
| Total | 76 | 100.0 |
| Missing | 6 | |

Table 1.6 Who provided assistance when completing the Check

| <i>Base: Respondents that received assistance when completing the Check (n=8)</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|---|
| Did anyone help you go through the check? | | |
| | n | % |
| Family | 0 | - |
| Friend or Neighbour | 0 | - |
| Personal assistant | 0 | - |
| Age Cymru volunteer | 2 | - |
| Communities First worker | 6 | - |
| NHS Direct Wales (telephone support) | 0 | - |
| Other | 0 | - |
| Total | 8 | - |

*Percentages not provided due to small base

Table 1.7 Types of assistance required

| <i>Base: Respondents that received assistance when completing the Check (n=8)</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|---|
| What help was given? | | |
| | n | % |
| Using the computer (inc. starting the computer, logging on) | 4 | - |
| Going to the Add To Your Life website | 3 | - |
| Help with registering to the Add To Your Life website | 3 | - |
| Explaining the questions | 3 | - |
| Help with choosing answers | 3 | - |
| Printing a copy of the feedback | 1 | - |
| Explaining the feedback | 4 | - |
| Other | 1 | - |
| Total | 22 | - |

*multiple response option

*Percentages not provided due to small base

Table 1.8 Whether unsupported users required assistance when completing the Check

| <i>Base: All unsupported users</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Did you need help completing the Check? | | |
| | n | % |
| Yes | 0 | 0.0 |
| No | 63 | 100.0 |
| Total | 63 | 100.0 |
| Missing | 5 | |

Table 1.9 Ease of completing the Check

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| How easy was it to complete the health check? | | |
| | n | % |
| Very easy | 56 | 75.7 |
| Easy | 13 | 17.6 |
| Neither easy nor hard | 5 | 6.8 |
| Hard | 0 | - |
| Very Hard | 0 | - |
| Total | 74 | 100.0 |
| Missing | 8 | |

Table 1.10 Ease of understanding the Check questions

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|--|-------------------------------|-------|
| How easy was it to understand the questions? | | |
| | n | % |
| Very easy | 52 | 70.3 |
| Easy | 17 | 23.0 |
| Neither easy nor hard | 5 | 6.8 |
| Hard | 0 | - |
| Very Hard | 0 | - |
| Total | 74 | 100.0 |
| Missing | 8 | |

Table 1.11 Ease of selecting responses to Check questions

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| How easy was it to choose an answer to the questions? | | |
| | n | % |
| Very easy | 41 | 56.2 |
| Easy | 20 | 27.4 |
| Neither easy nor hard | 11 | 15.1 |
| Hard | 1 | 1.4 |
| Very Hard | 0 | - |
| Total | 73 | 100.0 |
| Missing | 9 | |

Table 1.12 Whether questions were skipped

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Were there any questions you didn't answer? | | |
| | n | % |
| Yes | 10 | 13.7 |
| No | 63 | 86.3 |
| Total | 73 | 100.0 |
| Missing | 9 | |

Table 1.13 Reasons for skipping questions

| <i>Base: Respondents that skipped questions (n=10)</i> | <i>Post-completion survey</i> | |
|--|-------------------------------|---|
| Why didn't you answer one or more question? | | |
| | n | % |
| I didn't understand the question | 0 | - |
| The question was too personal | 1 | - |
| I didn't know the answer | 0 | - |
| There wasn't an answer for my situation | 5 | - |
| I didn't feel the questions were relevant to me | 4 | - |
| It was taking too long | 0 | - |
| Other | 1 | - |
| Total | 11 | - |

*multiple response option

*Percentages not provided due to small base

Table 1.14 Whether users noticed the Handy Hints boxes

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Did you notice the 'handy hints' boxes that came up on the right hand side during the health check? | | |
| | n | % |
| Yes | 57 | 77.0 |
| No | 17 | 23.0 |
| Total | 74 | 100.0 |
| Missing | 8 | |

Table 1.15 Whether users read the Handy Hints boxes

| <i>Base: All respondents who noticed the Handy Hints boxes (n=57)</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Did you read the hints? | | |
| | n | % |
| Yes, all | 9 | 15.8 |
| Yes, some | 40 | 70.2 |
| No | 8 | 14.0 |
| Total | 57 | 100.0 |

Table 1.16 Usefulness of the Handy Hints boxes

| <i>Base: All respondents who read the Hand hints (n=49)</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|---|
| Overall, how useful did you find the hints? | | |
| | n | % |
| Very useful | 12 | - |
| Somewhat useful | 27 | - |
| Not at all useful | 3 | - |
| Not very useful | 7 | - |
| Total | 49 | - |

*Percentages not provided due to small base

Table 1.17 Views on the length of the Check

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Overall, did you think the check was... | | |
| | n | % |
| Too long | 6 | 8.1 |
| Too short | 4 | 5.4 |
| About the right length | 64 | 86.5 |
| Total | 74 | 100.0 |
| Missing | 8 | |

Table 1.18 Whether users have a record of the feedback

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Do you have a record or a copy of the personalised feedback given to you at the end of the check? | | |
| | n | % |
| Yes | 19 | 26.0 |
| No | 54 | 74.0 |
| Total | 73 | 100.0 |
| Missing | 9 | |

Table 1.19 Format of the record of the feedback

| <i>Base: All users with a record of the feedback (n=19)</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|---|
| What record or copy of the feedback do you have? | | |
| | n | % |
| Print out | 10 | - |
| Email copy | 8 | - |
| Written notes on the feedback | 3 | - |
| Total | 21 | - |

*multiple response option

*percentages not provided due to small base

Table 1.20 Whether users have read the feedback

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|------------------------------|-------------------------------|-------|
| Have you read the feedback? | | |
| | n | % |
| Yes, I read it in full | 23 | 31.9 |
| Yes, I skimmed it | 21 | 29.2 |
| Not yet, but I plan to | 23 | 31.9 |
| No | 5 | 6.9 |
| Total | 72 | 100.0 |
| Missing | 10 | |

Table 1.21 Whether someone talked users through the feedback

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Did someone else talk you through the feedback? | | |
| | n | % |
| Yes | 7 | 10.0 |
| No | 63 | 90.0 |
| Total | 70 | 100.0 |
| Missing | 12 | |

Table 1.22 Reasons for not reading the feedback

| <i>Base: All users who had not read the feedback (n=5)</i> | <i>Post-completion survey</i> | |
|--|-------------------------------|---|
| Can you tell us why you haven't read the feedback? | | |
| | n | % |
| Someone talked me through the feedback | 0 | - |
| Too much to read | 1 | - |
| Ran out of time | 3 | - |
| Didn't want any feedback | 0 | - |
| Total | 4 | - |
| Missing | 1 | |

*Percentages not provided due to small base

Table 1.23 Ease of understanding the feedback

| <i>Base: All users who had read the feedback (n=44)</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|---|
| Overall, how easy is the feedback to understand? | | |
| | n | % |
| Very easy | 18 | - |
| Easy | 14 | - |
| Neither easy nor hard | 9 | - |
| Hard | 0 | - |
| Very Hard | 1 | - |
| Total | 42 | - |
| Missing | 2 | |

*Percentages not provided due to small base

Table 1.24 Perceived usefulness of the feedback

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| How useful is the feedback you were given at the end of the health check? | | |
| | n | % |
| Very useful | 13 | 19.4 |
| Somewhat useful | 22 | 32.8 |
| Not at all useful | 18 | 26.9 |
| Not very useful | 14 | 20.9 |
| Total | 67 | 100.0 |
| Missing | 15 | |

Table 1.25 Whether the feedback aided users to better understand their health

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Did the feedback help you to understand your health better? | | |
| | n | % |
| Yes | 26 | 41.9 |
| No | 36 | 58.1 |
| Total | 62 | 100.0 |
| Missing | 20 | |

Table 1.26 Whether the feedback aided users to learn something new about their health

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|--|-------------------------------|-------|
| Did the feedback help you learn anything new about your health? | | |
| | n | % |
| Yes | 21 | 38.2 |
| No | 34 | 61.8 |
| Total | 55 | 100.0 |
| Missing | 27 | |

Table 1.27 Whether the feedback aided users to learn something new about staying healthy

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Did the feedback help you learn anything new about staying healthy ? | | |
| | n | % |
| Yes | 19 | 35.2 |
| No | 35 | 64.8 |
| Total | 54 | 100.0 |
| Missing | 28 | |

Table 1.28 Whether the feedback aided users to better understand their wellbeing

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|--|-------------------------------|-------|
| Did the feedback help you to understand other things that affect your wellbeing better, like money matters or your living situation? | | |
| | n | % |
| Yes | 16 | 30.2 |
| No | 37 | 69.8 |
| Total | 53 | 100.0 |
| Missing | 29 | |

Table 1.29 Whether the feedback aided users to learn something new about their wellbeing

| <i>Base: All respondents</i> | | <i>Post-completion survey</i> |
|--|----|-------------------------------|
| Did you learn anything new about other things that affect your wellbeing, like money matters or your living situation? | | |
| | n | % |
| Yes | 16 | 29.1 |
| No | 39 | 70.9 |
| Total | 55 | 100.0 |
| Missing | 27 | |

Table 1.30 Whether the feedback prompted any behaviour change

| <i>Base: All respondents</i> | | <i>Post-completion survey</i> |
|---|----|-------------------------------|
| Has the feedback you received made you think about making changes to your health and wellbeing? | | |
| | n | % |
| Yes | 22 | 40.0 |
| No | 26 | 47.3 |
| Unsure | 7 | 12.7 |
| Total | 55 | 100.0 |
| Missing | 27 | |

Table 1.31 Whether the feedback provided new information about support organisations

| <i>Base: All respondents</i> | | <i>Post-completion survey</i> |
|--|----|-------------------------------|
| Did the feedback give you information about support organisations that you didn't know about before? | | |
| | n | % |
| Yes | 22 | 41.5 |
| No | 31 | 58.5 |
| Total | 53 | 100.0 |
| Missing | 29 | |

Table 1.32 Whether users plan to contact suggested support organisations

| <i>Base: All respondents</i> | | <i>Post-completion survey</i> |
|---|----|-------------------------------|
| Do you think you will contact any of the support organisations suggested in the feedback? | | |
| | n | % |
| Yes | 10 | 19 |
| No | 28 | 52 |
| Unsure | 16 | 30 |
| Total | 54 | 100.0 |
| Missing | 28 | |

Table 1.33 Whether reminders would help users make changes to their health and wellbeing

| <i>Base: All respondents</i> | | <i>Post-completion survey</i> |
|---|----|-------------------------------|
| Would any of the following reminders help you to make changes to your health and wellbeing? | | |
| | n | % |
| Email | 25 | 43.9 |
| Letter | 5 | 8.8 |
| Telephone call | 0 | 0.0 |
| Text | 7 | 12.3 |
| None of these | 20 | 35.1 |
| Total | 57 | 100.0 |
| Missing | 29 | |

*Multiple response option

Table 1.34 How soon users would like a reminder

| <i>Base: All respondents</i> | | <i>Post-completion survey</i> |
|---|----|-------------------------------|
| How soon after this check would you like to receive a reminder? | | |
| | n | % |
| Within 1 week | 4 | 18.2 |
| Within 1 month | 8 | 36.4 |
| Within 3 months | 10 | 45.5 |
| Total | 22 | 100.0 |
| Missing | 60 | |

Table 1.35 Frequency of reminders

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| How soon after this check would you like to receive a reminder? | | |
| | n | % |
| Just the once | 0 | - |
| Monthly | 7 | 31.8 |
| Every 3 months | 11 | 50.0 |
| Once a year | 4 | 18.2 |
| Total | 22 | 100.0 |
| Missing | 60 | |

Table 1.36 Whether users wanted to speak to someone about the feedback

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|--|-------------------------------|-------|
| Did you want to speak to someone about the feedback as soon as you finished the check? | | |
| | n | % |
| Yes | 9 | 17.3 |
| No | 43 | 82.7 |
| Total | 52 | 100.0 |
| Missing | 30 | |

Table 1.37 Who users may speak to about the Check and feedback

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Do you think you will speak to any of the following people about your health and wellbeing following the check? | | |
| | n | % |
| Family | 22 | 31.9 |
| Friend or Neighbour | 10 | 14.5 |
| Personal assistant | 0 | - |
| Social worker | 0 | - |
| Age Cymru volunteer | 3 | 4.3 |
| Communities First worker | 5 | 7.2 |
| NHS Direct Wales | 3 | 4.3 |
| Doctor | 15 | 21.7 |
| Other health professional | 4 | 5.8 |
| Housing advisor | 1 | 1.4 |
| Debt advisor | 2 | 2.9 |
| Another professional | 3 | 4.3 |
| Other | 1 | 1.4 |
| Total | 69 | 100.0 |
| Missing | 47 | |

*multiple response option

Table 1.38 Whether users would re-visit the Check

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Will you complete the Add To Your Life Check again? | | |
| | n | % |
| Yes | 30 | 51.7 |
| No | 11 | 19.0 |
| Unsure | 17 | 29.3 |
| Total | 58 | 100.0 |
| Missing | 24 | |

Table 1.39 Reasons why users may not re-visit the Check

| <i>Base: All users that would not revisit the Check (n=11)</i> | <i>Post-completion survey</i> | |
|--|-------------------------------|---|
| Will you complete the Add To Your Life Check again? | | |
| | n | % |
| I have all the information I need from going through it once | 2 | - |
| I don't have regular access to a computer | 0 | - |
| I found it unhelpful | 7 | - |
| Don't have time / I'm too busy | 1 | - |
| Other | 2 | - |
| Total | 12 | - |

*multiple response option

*Percentages not provided due to small base

Table 1.40 When users plan to re-visit the Check

| <i>Base: All users who plan to re-visit the Check (n=30)</i> | <i>Post-completion survey</i> | |
|--|-------------------------------|---|
| When do you plan to do the Add To Your Life Check again? | | |
| | n | % |
| In the next 3 months | 10 | - |
| In the next 3 – 6 months | 6 | - |
| In the next 6 – 12 months | 7 | - |
| In over a year | 3 | - |
| Not sure | 4 | - |
| Total | 30 | - |

*Percentages not provided due to small base

Table 1.41 When users registered to the Add to your Life site

| <i>Base: All respondents</i> | <i>Post-completion survey</i> | |
|---|-------------------------------|-------|
| Did you register to the Add To Your Life Check website? | | |
| | n | % |
| Yes | 15 | 26.3 |
| No | 35 | 61.4 |
| Don't know | 7 | 12.3 |
| Total | 57 | 100.0 |
| Missing | 25 | |

Table 1.42 Reasons for not registering

| <i>Base: All users who did not register (n=36)</i> | | <i>Post-completion survey</i> | |
|--|--|-------------------------------|---|
| Why didn't you register? | | | |
| | | n | % |
| Don't know how to | | 7 | - |
| Don't see a need to register | | 19 | - |
| Don't want to share my details | | 10 | - |
| Total | | 36 | - |

*Percentages not provided due to small base