Research Report

Key findings from health improvement programmes public attitudes research

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Public Health Wales

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1. Executive summary and conclusions

Introduction

- Public Health Wales is running a programme aimed at transforming the way health improvement interventions are planned and delivered. Part of its strategy involves exploring how to reach members of the public with actions that can be taken in a range of settings to improve health.
- Beaufort was commissioned to obtain feedback from the general public with a focus on a settings based approach to interventions. The research consisted of 10 focus groups allowing for a spread of the general public across different locations in Wales. Fieldwork took place 17 to 25 November 2014.
- The discussions centred on establishing in which settings participants routinely spent time, and exploring how health interventions might be implemented in these settings.

Key findings

Awareness and experiences of health improvement intervention activities

- The health improvement areas that participants were most likely to recall in relation to tobacco were Stoptober and efforts to warn of the dangers of smoking on packaging. Smokers tended not to have acted on the interventions raised.
- Participants often recalled hearing or reading advice to eat five portions of fruit and vegetables a day. Those who thought they could remember where they encountered the message referred to supermarkets and packaging labelling.
- There were also several references to what was likely to be Change4Life although participants often named it differently (for example ‘Eat 4 Life’, ‘Live 4 Well’, ‘Fit 4 Life’, ‘Something 4 Life’). It was associated with encouraging families to be healthier with recipe tips and information on exercise. Interactions with this campaign were limited among participants.
- Some participants recalled the recent Go Sober for October campaign in relation to alcohol interventions and messages, for example seeing it online.
- Participants did not think that mental health attracted the attention it deserved and could not easily think of any initiatives to help with the condition. Several participants referred to close family (and occasionally themselves) as people who lived with mental health issues.
- Participants’ spontaneous awareness of interventions related to physical activity was also very limited.
- Top-of-mind associations among participants with ‘being healthy’ tended to centre initially on eating more healthily, losing weight and taking more exercise.
- Some participants commented that eating more healthily was difficult because healthier food was considered to be more expensive than fast food and less convenient.
**Settings based activities**

- The majority of each discussion focused on the places where participants spent time as part of their routines outside the home; and how the general public could be reached in each setting, as well as what, if any, changes could be made to those settings to help people make healthier choices.
- It should be noted that some stated they did not want to be ‘bombarded’ with messages which they already knew, or told what to do.
- The main settings raised by participants were education, workplace, retail and health.

**Education related settings**

- Participants generally felt that the health topics under discussion could be built into the curriculum to educate pupils and help prevent health issues forming.
- Some participants believed that the school commute could be a way of encouraging parents and children to be healthier. The range of suggested implementations varied from messaging to infrastructure improvements in the local area.
- Some parents and grandparents thought that the places where they themselves gathered in the playground or at school gates could be a way of reaching them.
- Suggestions were also made for doing more to encourage children to be more physically active in the playground.
- School canteens were regularly highlighted by participants as a means of improving pupils’ and students’ health, for example with healthier menus and portion control.
- Some parents focused on PE lessons, believing that there should be more of them, including planning for poor weather so children did not miss out, and not cancelling lessons.

**Workplace settings**

- The workplace presented some challenges as a possible setting for interventions, according to participants. For example, the difficulty with implementation for small employers; time pressures meaning that fast food seemed more convenient and that non-work related activities would be unrealistic; and the perceived cost of healthier options.
- Healthier food in employers’ canteens was regularly put forward as a possible intervention. Some also commented that larger employers could help to organise initiatives such as football teams or staff choirs.
- However, work colleagues were not necessarily friends or people with whom participants would want to talk about health issues.

**Retail settings**

- Healthy eating tended to dominate discussions on retail settings. References were made to thinking about health when shopping for food, such as examining labelling for fat or salt content.
Various ideas were raised for encouraging healthier choices in a supermarket setting (e.g. recipe ideas, options to try new food, and healthier products at the checkout). However, some believed that healthier food is more expensive than less healthy food.

In other retail settings, some participants suggested that food outlets could give calorie information on menus or how that information translates into something more tangible and easily understood. It was felt that healthier options would also need to convey a message of ‘convenience’.

Some younger participants felt that messages could reach them at various points of an evening out, for example queuing for clubs, on beer mats, and in toilets.

According to others, beer mats could be a way of providing information on mental health and wellbeing, giving a discreet opportunity to slip the mat into a pocket.

However, some participants questioned the idea of encountering health related information in a setting where they were out with the intention of enjoying themselves. They did not want to feel that they were being lectured or patronised.

**Health settings**

- With the exception of some younger participants, health settings were often mentioned as a suitable place to reach people with interventions. GP surgeries were a popular suggestion (e.g. making better use of screens in the waiting area).
- When prompted, participants tended to be open to the idea of a GP raising a health topic that did not relate to the purpose of the visit. Resistance to the idea emerged where participants did not have much of a relationship with their GP or did not want to be told what to do about a topic they had not raised.

**Additional settings considered**

- Participants suggested a number of other settings where potentially they could be reached with interventions, including on public transport, in the park with the children, and at the local library.
- The Job Centre was not believed to be an appropriate setting because of negative perceptions of staff there.
- Online and social media was felt to be an important setting to consider because of the amount of time some spent with it.

**Interventions through groups**

- Participants tended to agree that more could be achieved if attempting to change habits with other people. It would help with confidence, support and motivation, and provide the chance to make friends.
- The mechanics of how a group would initially come together for a specific activity was not so easy for participants to envisage; and some were concerned about any cost involved.
- Some participants recalled how they used to take part in activities but, once they had children, or became employed, they found it harder to sustain the activities.
Conclusions

- Participants in this qualitative study were able to spontaneously suggest a range of settings and ideas for potential health improvement interventions which would appear to align with the direction of Public Health Wales’ work in this area.

- The aim of the research was to explore participants’ thoughts on how to implement settings based activity rather than their views on the merits or otherwise of Public Health Wales adopting a settings based approach for interventions.

- Even so, participants seemed receptive to the idea. This was particularly the case in relation to the education setting (e.g. using the curriculum to prevent or reset emerging default behaviour which was less healthy). In addition, participants across the sample stated that children and teenagers should be the focus of health improvement interventions, if a particular group needed to be prioritised.

- Participants also tended to be open to the combination of top-down interventions as well as bottom-up community based ones.

- The workplace setting presented participants with more challenges than others in terms of how any interventions could be implemented. Some form of support for employers in this respect, in particular small and medium sized organisations, may therefore be required.

- Public Health Wales’s efforts to adopt a sustained intervention portfolio (for example across education, environment and personal responsibility) would need to take into account the potential side effect of people feeling that choices were being made for them. Participants in this research sometimes warned that they did not wish to feel that they were being patronised or overloaded with government related interventions. Also, certain settings may not be appropriate for certain interventions (for example based on some participants’ comments when discussing pubs).

- Perceptions of the costs associated with being healthier would also need to be challenged as part of the process – for example for interventions which relied more on conscious choices by individuals.
2. The situation, research objectives and approach

2.1 The situation


The report highlighted how ‘Wales is facing a number of complex health challenges, despite the fact that people are living longer. The number of people living with chronic conditions is growing and health inequalities are widening. An alarming number of people are becoming obese, alcohol consumption is increasing and 20% of the population still smoke (Chief Medical Officers Report 2010)’.

The increasing pressure these challenges are placing on health and social care resources ‘make it paramount that the focus’ is on ‘those in greatest need’.

Public Health Wales is now running a programme to take this work forward. The programme is aimed at transforming the way health improvement interventions are planned and delivered. It focuses on the following key health improvement areas:

- Obesity, diet and nutrition;
- Physical activity;
- Tobacco control;
- Mental health;
- Alcohol and substance misuse.

The programme aims to focus action addressing health and wellbeing across life stages, namely:

- Children and young adults;
- Working age adults;
- Older people.

This approach will take account of changing needs, building on local assets and ensuring effort is targeted at those in greatest need. Part of its strategy involves exploring how to reach people with actions that can be taken in a range of settings to improve health.

A diverse range of stakeholders including experts in the health sector, health practitioners and representatives from the voluntary sector are involved in the programme but to date there has been no opportunity for end-users (i.e. the general public) to input into the process. Public Health Wales therefore wished to fill this gap and ensure that the Welsh public’s views help shape the future direction of the programme. Beaufort was commissioned to obtain feedback from the general public with a focus on a settings based approach to interventions.
2.2 Research objectives

The following research objectives were set for the project:

- Explore spontaneous views and experiences of any health improvement intervention activities across different settings
  - Gather any examples of what made participants receptive to interventions;
- Gather examples of where people spend their time;
- Obtain spontaneous feedback on how health interventions might be implemented in the places where people spend time;
- Gauge perceptions of where work on interventions should be prioritised.

2.3 Research approach

The nature of the objectives was appropriate for a qualitative approach. Focus groups were used because of the level of probing required on the topics. They were also an effective environment for enabling participants to debate and build on points as they discussed how interventions might work in different settings.

Beaufort conducted 10 focus groups in total to allow for a spread of the general public across different locations in Wales. The groups took into account age, life stage and socioeconomic grouping (C2DE) as outlined below.

- Each group contained a mix of men and women;
- Three groups were with 16 to 24 year olds (one each with full-time students, employed and unemployed participants);
- Four groups were with parents (two with parents whose oldest child was at primary school, and two where the oldest child was at secondary school);
- Three groups were with people aged 50+ (one each with employed, unemployed and retired participants).

81 participants attended in total. Fieldwork took place 17 to 25 November 2014 with two groups in each of Aberystwyth, Bangor, Cardiff, Haverfordwest and Treorchy. The groups lasted approximately one and a half hours. A document containing the key findings of the research was made available on 10 December 2014. Two groups were convened in the medium of Welsh.

A topic guide was developed in consultation with the client which provided key areas for discussion during the groups.

Unlike quantitative surveys, qualitative investigation is not, by its nature, designed to be statistically representative. It is intended to be illustrative and to provide in-depth understanding around a topic. Therefore, claims cannot be made about the extent to which any conclusions from qualitative content in this report may be generalised to the population.
Anonymous verbatim comments made by participants during the groups have been included throughout this report. These comments should not be interpreted as defining the views of all. Instead they give insight into individual views on the themes identified. Each comment has an attribution which indicates gender and the group a participant attended.
3. Views and experiences of health improvement intervention activities

The health improvement areas that participants were most likely to recall were tobacco, diet and nutrition and alcohol. They tended to focus on high profile and recent campaigns, and labelling / packaging related activity. Participants were not prompted with any interventions.

3.1 Tobacco health improvement intervention activities

Perhaps given the timing of fieldwork (November 2014) participants often referred to Stoptober (a 28-day challenge to stop smoking for most of the month of October) when asked to list interventions or initiatives they were aware of. There were isolated examples among smokers in the sample of acting on the latest campaign but without much success. For these participants, there did not appear to be an effective source of sustained support with the process. Also, not all participants were certain whether it related to smoking or drinking alcohol.

There is also the Stoptober with cigarettes as well which, to be perfectly honest with you, I lasted two days. I did try, lasted two days. . . . I don’t know what made me decide to try it, I just thought, yeah I’m going to try it and see how I get on. Two days, miserable failure. (Male, retired, 50+, Haverfordwest)

I did Stoptober when you stop smoking. So I did that last year, I actually phoned up and got a pack sent through. I did stop smoking for five months. I started again and I’ve just stopped again. (Female, oldest child at secondary school, Cardiff)

The second prevalent association with efforts to reduce the number of smokers was health information, messages and images on tobacco packaging although participants tended to doubt its effectiveness. It was suggested on occasion that the images used could seem ‘extreme’ and were therefore hard to relate to.

[I recall] cigarette packs and stuff like had all the pictures of somebody lying there dead – they was like a dead baby or something. [Did that work?] It did at first but then you get bored and you get used to it. . . . You want to see someone in a normal case scenario rather than being extreme. (Female, student, 16-24, Aberystwyth)

The additional interventions listed below were mentioned less frequently or only very occasionally:

- Advertising aimed at encouraging smokers to quit, for example not to smoke around children or in cars;
- Cigarettes becoming less visible in a retail environment;
- GPs offering support with quitting smoking;
Recalling general messages to stop smoking although these participants sometimes could not recall the detail of the material;

Stop Smoking Wales: one participant was successfully several weeks into the programme, having found the support via a Google search;

A small number of younger participants recalled ‘Smoke Bugs’ (Health Challenge Wales) from school but did not think that it had worked for them.

A few participants briefly shared their experiences of what triggered them to try to quit smoking. In addition to the reference to Stoptober above, triggers included: a child telling a parent that it was OK to smoke in the home because he had known nothing else; health scares such as a lump or sudden stomach pains; becoming increasingly susceptible to illness, and also being short of breath climbing the stairs.

Sitting in my kitchen and my five year old walked in and I told him to go in the other room and he asked me why and I said because I was smoking and he said ‘that’s all right Daddy’. . . . When I hear my boy saying it’s all right I thought no, it shouldn’t be all right for a five year old to think it was all right. I know as an adult it is not all right but I still do it. So it was time to quit. (Male, oldest child at primary school, Haverfordwest)

I was walking up the stairs, I was like a woman of 70 coughing. I think a woman of 70 sounded better than me. (Female, unemployed, 50+, Treorchy)

One participant described how a friend with successful experience of quitting smoking had acted as an informal mentor. This partnership had proved invaluable when he was struggling to avoid cigarettes. Another participant using Stop Smoking Wales met with other smokers as part of the programme and commented that it had initially felt a little strange. However, the meetings had developed into a useful tool in sustaining his motivation to quit for good.

3.2 Diet and nutrition health improvement intervention activities

Participants often recalled hearing or reading advice to eat five portions of fruit and vegetables a day. Those who thought they could remember where they encountered the message referred to supermarkets and packaging labelling. In a couple of instances participants queried whether or not this recommendation had been updated recently to a different number of portions. They occasionally complained that it was verging on being a ‘nanny state’.

F: Yes but they’ve also said now you shouldn’t eat certain things on your five a day where you could eat them before. F: It’s confusing. M: Again, it’s very misleading. (Unemployed, 50+, Treorchy)

There were also several references to what was likely to be Change4Life although participants often named it differently (for example ‘Eat 4 Life’, ‘Live 4 Well’, ‘Fit 4 Life, ‘Something 4 Life’). It was associated with encouraging families to be healthier with recipe tips and information on exercise. Interactions with this campaign were limited among participants. There were references to spotting the campaign in a TV
ad, in leaflets at the GP surgery, on the back of buses, and through school. One participant had looked at the information and some easy recipes. Another, however, had sent off for an information pack and was underwhelmed with the information received because it did not appear to contain anything new. In a final example, a participant believed that the ingredients suggested were more expensive than those he purchased currently.

Mae o reit dda, mae o yn rhoi syniadau, mae o yn rhoi recipes alli di neud sydd reit symly does yna ddim byd yn anodd yna nhw. (It’s quite good, it gives you ideas, gives you recipes that you can do that are all quite simple, there’s nothing difficult about it.) (Female, oldest child at secondary school, Bangor)

M: Dieting isn’t it? About the food you eat, and being healthy, playing sport and that. M: Getting rid of your tyre around your belly, weren’t it? F: Yeah, like simple things you can change to become fitter as a family. (Employed, 16-24, Cardiff)

It’s just a TV campaign. . . . It’s just trying to get people to eat healthier and be more active, aimed at kids mainly I think but just moving off the settee. . . . It was nothing new that I didn’t know. Just ideas for the kids really. What to do with them all the time. They’re always doing stuff anyway, so. They’re quite fussy eaters. [It covered] exercising and eating, we all know that we need to do that, whether we do it or not. (Female, oldest child at secondary school, Cardiff)

Additional interventions to do with diet and nutrition recalled by participants included:

- Parents being informed by the school what children could not have in their packed lunches;
- An initiative called ‘Active Nutrition’ thought to be widely advertised in RCT area, described as organising walks and offering access to a gym; however, there was no indication of take-up among participants;
- A GP offering help with losing weight;
- Something to do with swapping sweeteners for sugar;
- An employer (large supermarket) offering staff fruit and a sandwich for £1;
- An employer stating its intent to introduce free fruit for staff but it did not materialise.

3.3 Alcohol health improvement intervention activities

Some participants recalled the recent Go Sober for October campaign in relation to alcohol interventions and messages, for example seeing it online. One participant was prompted to take the challenge through a combination of feeling unwell and motivation from a friend. This participant had originally seen the friend mention Go sober on Facebook, so had explored it further. On hearing about the experience and its impact (feeling healthier), another participant in the same focus group expressed
an interest in trying to avoid alcohol for a month. She described it as ‘more personal’
having heard at first-hand about the initiative.

Well a friend of mine was doing it so that gave me the idea. I thought, well
maybe I need to as well because I’d been feeling pretty dreadful and I’d been
to the doctors and had blood tests and they couldn’t find anything wrong so I
thought it was up to me then. So I stopped for October and I just felt loads
better. . . . I hadn’t realised how much I had been drinking in the past year,
two years maybe. (Female, retired, 50+, Haverfordwest)

There was also reference among participants to: recent media coverage of the
calorie content of alcohol; labelling on bottles and cans on unit information; and drink
responsibly messages on in alcohol advertising. There was little to suggest that
participants had acted on these messages. Some pointed out the challenge with
alcohol because of its prevalent advertising (especially approaching Christmas) and
the fact that it was positioned as a sociable, acceptable activity in the advertising.

It has been on the news recently how many calories are in it. . . . It’s not going
to stop me having a glass of wine even though there is more calories than in a
doughnut. (Female, oldest child at primary school, Treorchy)

Cartoony things [on TV] about the amount you drink. I didn’t look at it, didn’t
want to know. (Female, retired, 50+, Haverfordwest)

3.4 Mental health and wellbeing health improvement intervention activities

Participants did not think that mental health attracted the attention it deserved and
could not easily think of any initiatives to help with the condition. Several participants
referred to close family (and occasionally themselves) as people who lived with
mental health issues. It was suggested that the only time the subject of mental health
had been raised recently was when the media reported on the death of actor Robin
Williams in August 2014. Other media related examples of mental health coverage
were occasionally suggested, such as Stephen Fry and possibly professional
footballers. One participant did recall a TV ad that had something to do with phoning
a friend.

There are adverts on TV about mental health. It’s phone a friend or something
because that could help a lot of people as people who have depression, you
don’t necessarily know they do [have it]. . . . That was actually like oh yeah, it
wakes you up a bit. (Female, student, 16-24, Aberystwyth)

My partner suffers from depression and to get any help it’s very, very hard.
(Male, retired, 50+, Haverfordwest)
3.5 Physical activity health improvement intervention activities

Participants’ spontaneous awareness of interventions related to physical activity was limited. In addition to suggestions to getting active from Change4Life material, Sport Wales’ 5/60 initiative was also mentioned by a small number of younger participants. They commented that they did not take part because the activities were in their spare time. Other, isolated comments were: hearing somewhere that people needed 30 minutes of physical activity a day; an employer who used to sponsor staff to sign up to Cancer Research UK’s Race for Life; and an employer providing free gym membership through work but not finding the time to take advantage of the offer.

3.6 Perceptions of what ‘being healthy’ means

Top-of-mind associations among participants with ‘being healthy’ tended to centre initially on eating more healthily, losing weight and taking more exercise. These interpretations also tended to be the aspects of their own health that participants wished to improve, along with drinking and smoking less, for some.

*I need to change my diet. I’ve got a belly. . . . I’ve got a physical job, it’s just I eat all chip shop and takeaways and stuff. . . . It’s easier.* (Male, oldest child at secondary school, Cardiff)

*F: Good nutrients and not being fat and overweight. M: Diet and sport. F: Not smoking and having good lungs.* (Students, 16-24, Aberystwyth)

*Dim smocio, dim yfed, chwarae lot o sports.* (No smoking, no drinking, play a lot of sports.) (Male, unemployed, 16-24, Bangor)

*Diet, cutting out drinking, smoking.* (Male, unemployed, 50+, Treorchy)

Some participants commented that eating more healthily was difficult because healthier food was considered to be more expensive than fast food. In addition, the latter was sometimes seen as more convenient for busy lifestyles. Identifying what is healthier could also be a challenge, according to some participants, because of issues such as sugar content.

*If the [price of] healthy options stuff, which always seems to be more expensive than the less healthy, could be brought down.* (Male, retired, 50+, Haverfordwest)

*Convenience ydio ia . . . hefo junk food ia, dyna be ydio ia especially os ti yn brysur constantly. (It’s convenience . . . with junk food, that’s what it is especially if you’re busy all the time.)* (Female, oldest child at secondary school, Bangor)

*When I’m in work on my lunch break, you just go to the chip shop and [fast food outlet], which is quick and easy.* (Female, employed, 16-24, Cardiff)
Mental health and wellbeing was rarely mentioned spontaneously in this context.

_Is it about your system working optimally as it were? So everything about your body, and your breathing and your thinking and your feeling working at its best._ (Female, oldest child at secondary school, Cardiff)
4. Settings based activity

The majority of each discussion focused on the places where participants spent time as part of their routines outside the home. Based on this feedback, the main settings covered were: education related; the workplace; retail (including pubs, cafes etc.), and health.

Participants were asked to think how the general public could be reached in each setting, as well as what, if any, changes could be made to those settings (where appropriate) to help people make healthier choices. The examples given below were raised spontaneously by participants as they considered the different settings.

During the sessions, participants did not always find it particularly easy to suggest changes. Interactive tasks in smaller groups were therefore set as part of the discussion. It should also be noted that some stated they did not want to be ‘bombarded’ with messages which they already knew, or told what to do.

Rhaid iddo fo fod yn subtle. . . . Dim cael dy bombardio gormod hefo information yn llefydd achos mae pobl yn gwybod bod nhw yn obese, peth diwetha’i isio glywed ydi fo yn cael ei drumio mewn i chdi ia. (It needs to be subtle. . . . Not being bombarded with information in places, because people know they’re obese so the last thing you want is for it to be drummed into you.) (Male, oldest child at secondary school, Bangor)

If the only thing [children] will eat is chocolate and crisps then that’s all you’re going to send in a packed lunch. (Female, oldest child at primary school, Treorchy)

Os fysa nhw yn deud wrtha i be i neud swni dipyn bach yn offended ia. (If they told me what to do I would be a bit offended, yeah.) (Male, unemployed, 16-24, Bangor)

4.1 Education related settings

Pre-school settings

In pre-school settings, the suggestion was made that parents could get together at soft play / play centres for informal discussions on being healthier and mental health and wellbeing. On the latter point, one mother described how it can be quite stressful at ‘noisy’ soft play centres and that she would be receptive to messages about mental health support in that environment.

When the kids are off playing it would be good to have like a little group discussion, say something like that for all the mums and just talk about, I don't know, just what you can do to be healthy and things like that. And it would be good to advertise posters and things like that there as well. (Female, employed, 16-24, Cardiff)
For me it is really like busy noisy places like soft play which causes me to veer towards anxiety. So there maybe times where I just lock myself in the toilet cubicles just to sort of like calm myself. So there if was something on the back of the door just saying ‘Are you feeling a little . . . ?’ (Female, oldest child at primary school, Haverfordwest)

The view was also expressed that healthier food options could be encouraged in these settings. Even where healthier options were provided not all parents were able to resist the less healthy alternatives.

**School / college settings**

Participants generally felt that the health topics under discussion could be built into the curriculum to educate pupils and help prevent health issues forming. This suggestion was often made in relation to tobacco, alcohol and mental health and wellbeing, for example the different types of mental health issue and how to deal with bullying. Some thought this would help to minimise the perceived ‘stigma’ associated with mental health.

*I think in school it has helped keep [alcohol, tobacco] away because in biology and stuff they talk about the effects and they have to write projects and stuff. So they have to do the research around it and that has actually put her off.* (Female, oldest child at secondary school, Cardiff)

*Classroom discussions with the children about things like autism and ADHD any other disabilities as well so that they understand but they are all different. Following strategies they need to be harder on bullying, definitely. There is a lot of it about and that can lead to huge mental issues.* (Female, oldest child at primary school, Haverfordwest)

Still on the theme of mental health, some younger participants recalled how references to ‘counsellors’ at school sounded a big deal and intimidating. No-one at school wanted to be labelled as someone who needed counselling. They also thought staff able to provide such support should be proactive with pupils rather than relying on a response to a poster.

*M: ‘Counsellors’ is quite intimidating and you feel that you need to approach someone to talk about things and going to a doctors and counselling sessions is like a massive deal to someone feeling a bit . . . It should be more accessible as well. . . . F: I don’t even know what a counsellor in college looks like – I think if you get them to come into the classes and talk to you and stuff like, and not make friends but become more friendly.* (Students, 16-24, Aberystwyth)

Some participants believed that the school commute could be a way of encouraging parents and children to be healthier. The research found that mothers were more likely than fathers to be involved with the school commute. Fathers therefore had less to contribute on this subject. The range of suggested implementations varied from messaging to infrastructure improvements in the local area.
Encouraging more parents to walk children to school was raised but also seen as a particular challenge because it would involve leaving home earlier. This would be difficult given the ‘rush’ parents were often in at the start of the day. There were references to feeling stressed and tired getting the children up and into school. In addition, one participant described how a school had launched a ‘travel week’ where pupils recorded how they travelled to and from school. However the participant did not think that it had amounted to any change in habit as the initiatives stopped after one week.

A number of further suggestions were made in relation to the school commute: better storage for cycles and scooters (e.g. covered and secure); more and safer cycle paths in the area; giving children lessons on how to ride a bike.

Making sure that there is always covered bike racks in a secondary school, not just the ones where you tie your bike and it’s soaking at the end of the day. If they had covered ones, that were spaced for more people. (Female, oldest child at secondary school, Cardiff)

Under 10% of the kids in the classes could ride a bike. And the others couldn’t ride a bike and going out on your bike is free (Female, oldest child at secondary school, Bangor)

Some parents and grandparents thought that the places where they themselves gathered in the playground or at school gates could be a way of reaching them with information (for example on a noticeboard, or with someone handing out a leaflet).

[In our group] we looked at the playground and kind of like by the gates where all the parents are waiting for the kids to go you could have laminated cards around giving advice and support to parents. (Female, oldest child at primary school, Haverfordwest)

F: They could put leaflets or posters where the parents wait for the children. F: They’ve got to wait outside in a lobby and they’re not allowed in until the children are brought to them. There could be posters, leaflets. (Unemployed, 50+, Treorchy)

Moving the focus of the setting to the playground, there were a few suggestions for doing more to encourage children to be more physically active. These improvements could involve enhancing the playground with more floor-markings (e.g. with sport or healthy food related images), more equipment available for children to play with, ensuring each child had a ‘play buddy’, and teachers becoming more involved in more informal activities at break times.

School canteens were regularly highlighted by participants as a means of improving pupils’ and students’ health. Several suggestions were made, including:

- Incentivising younger children to finish their vegetables for example with stickers or the potential to collect vouchers for local activities;
Using the design of plates and bowls in some way in relation to controlling portion sizes (e.g. making a smaller portion seem larger, separate spaces on the plate for vegetables);
Providing smaller portions of less healthy food;
Offering free fruit;
Encouraging children to finish their food and ensuring they have enough time to finish the meal;
Encouraging children to drink more water during the day;
Healthier menu options which are more visible;
Healthier food and drink in vending machines;
Making more of an effort to inform parents what their children are eating in school.

So redesign the plates and don’t give them much of a choice and don’t give them the opportunity to skip the vegetables – redesign the plates so that they have a section for meat, a section for vegetables and a section for carbohydrates or something and they have to have it and then we were saying about rewarding the children with activities for eating healthily. (Female, oldest child at primary school, Haverfordwest)

Appears to give them more of an option, but make sure that they’re all pretty healthy. And there are ways of sneaking vegetables into things. (Female, oldest child at secondary school, Cardiff)

Advertisement dangos be maen nhw yn neud yn yr ysgol ia. Dangos pa fath o fwyd mae plant yn gael yna ia (Advertisements showing us what they do in schools and telling us what sort of food they have to eat). (Male, unemployed, 16-24, Bangor)

In the classroom, some parents focused on PE lessons, believing that there should be more of them, including planning for poor weather so children did not miss out, and not cancelling lessons.

My daughter don’t have PE now until after Christmas and she started school in September and she is three. (Male, oldest child at primary school, Treorchy)

Mine do [PE] once a week but it’s not every week and my daughter is seven and she hasn’t had PE now for a few weeks. (Female, oldest child at primary school, Haverfordwest)

Further suggestions made included the following:

- More and cheaper after-school clubs, for example on healthy cooking, and with greater capacity;
- School buses to run to support after-school clubs;
- Breakfast clubs could have more structured activity;
- Computers in the school / college could have health related messages on-screen as well as on mouse mats;
- Toilets, for example in college, could be used for information posters on health topics;
- Somehow making it ‘cool’ to be healthier could be explored.

**Ond mae yna swyddog 5/60 yn yr ysgol a mae yna bethau ar ol ysgol. Be sy’n anodd ydi os ti yn riant sydd yn gweithio a ti methu nol nhw 4:30 pan mae nhw yn gorffen - dwi yn gallu dwi adra. Dyna pam mae cyn lleiad o bobl yn aros does ‘na ddim bus yn mynd a nhw adra. (But there is a 5/60 officer in school and there are things after school. What’s difficult is if you are a working parent you can’t go to get them at 4.30 when they finish - I can, I’m at home. That’s why there aren’t more people staying because there is no bus to take them home.) (Female, oldest child at secondary school, Bangor)

If you put something on mousemats when people are in the computer room that might catch on or table tops or screensavers, something like that. (Male, student, 16-24, Aberystwyth)

### 4.2 Workplace settings

During the discussions with employed participants, it emerged that the workplace presented some challenges as a possible setting for interventions. It was not obvious to those working for small employers, for example, what might be done to help them be healthier or where the resource might come from.

*The bigger companies could do that and I know some of the call centres do stuff and they will have an hour off and go for a walk but we couldn’t do that as we will have gone missing for an hour.* (Male, oldest child at primary school, Treorchy)

*If you’re in a little place, like where I work for example where you’ve got half a dozen staff, then really these things work out very expensive for the business.* (Female, employed, 50+, Aberystwyth)

There were also references to the lack of time participants had at work to take a proper break or having to work long hours. Examples included driving jobs with little opportunity to be active, working in a high-pressure sales environment with tough targets and skipping lunch. The lack of facilities and healthier food / snack options available in the workplace could also add to the challenge.

*Half the time where we work, you don’t have time [to do anything else], I’m on the go from the minute I get there, to the minute I come out of it.* (Male, employed, 50+, Aberystwyth)

*It’s like priorities though really, so I work in sales, I don’t really, when I’m in work I just want to work. . . . I’d rather just go to work, work and then do*
whatever I've got to do after work, in my own time. (Male, employed, 16-24, Cardiff)

It'll probably be easier if your canteen or whatever, café didn’t stock crisps or various other. . . . We stock crisps. (Male, employed, 50+, Aberystwyth)

Even where some initiatives were in place, the results were not always very evident. Examples included a cycle scheme that was not thought to have been widely promoted; a fruit trolley that few people took advantage of; a salad bar that closed late afternoon, meaning those on the evening shift were unable to use it; a free nutritionist service available in a major supermarket to staff and customers which few were aware of; and less healthy food in a canteen being cheaper than healthier options.

Like they do a lot of promoting in work for health. They do like a fruit trolley going around, because everyone’s at the their desk just eating crap from next door [food/drink retailer], all the promotions, chocolate and crisps. So they try and do stuff, but it doesn’t really stick that well. (Female, employed, 16-24, Cardiff)

It’s cheaper to have sausage and chips [at work] than what it would be to have jacket potato and salad. (Female, oldest child at primary school, Treorchy)

I really don’t have loads of money at all and if I am going to get food at work, then the cheapest thing is chips and gravy. If I want a salad which I would really like, it’s about £3, £4 that kind of price. (Female, oldest child at secondary school, Cardiff)

A further example of the types of challenge with this setting emerged where staff were offered a sizeable discount at a nearby high profile fast food outlet, which prompted the suggestion of staff discounts at healthier outlets on the high street.

In work all the promotions are like two for a quid on [confectionery] or buy one get one free [caffeine drinks] and like where I work I get discount on like [fast food outlet]. . . . So just switching the incentive and having things which could be better for us. (Male, employed, 16-24, Cardiff)

In larger employers, there were suggestions for healthier food options in the canteen, cheaper healthier food in the canteen, and reducing the less healthy options in vending machines.

Promote healthier foods in workplaces, so like instead of having vending machines, maybe have like a fresh salad bar or something like that. (Male, employed, 16-24, Cardiff)

Meal times were highlighted by some as an occasion when they thought about health although other factors like convenience and perceived cost could override any intentions to make a healthier choice.
One group suggested tips on exercises to do at your desk as an idea.

Promote leaflets and put it in places around the office where you work, just telling you about health. What’s good to eat, what’s bad to eat, what you can do whilst you’re at your desk. Like stand up, move around - just stuff like that. (Male, employed, 16-24, Cardiff)

As with other settings, the toilets at work could have information posters on health related topics.

It’s like the women’s refuge things, the labels are on the inside of the toilet doors in the ladies... If you want to write the number down nobody is going to be watching you are they? (Female, employed, 50+, Aberystwyth)

In terms of group activities to encourage people to be healthier, some participants felt that larger employers could help to organise initiatives such as football teams (e.g. free entry into leagues against other companies) and choirs (‘great’ for mental health and wellbeing). A couple of examples were given where employers had taken these steps, which staff had enjoyed. In one case, a very large employer had organised a UK-wide football competition for staff with the final played at a Premier League club ground.

However, some participants explained that work colleagues were not necessarily friends or people with whom they would want to talk about health issues. They therefore did not think that the workplace was suitable for health related interventions.

Further examples of experiences of workplace based group activities (with mixed success) included the following:

- Joining Slimming World and regular swimming with friends from work;
- Leaflets promoting stairs option over the lift did not work for one participant who preferred the immediate convenience of the lift;
- A pedometer challenge in the workplace for a week which reportedly never came to anything so the participant could not see the point of the exercise.

Well I always take the lift and there are leaflets to say that walking up the stairs is a healthier option and it relieves a bit of stress. . . . I’d rather take the lift. It is a lot easier and a bit gentler on my knees as well, you know as you get older. (Male, oldest child at secondary school, Cardiff)

We’ve had that in work [pedometer challenge]. I think it was 10,000 steps a day. Everybody was doing as much as they could the first couple of the days and then just, then you put your figures in at the end of the week, and nothing came of it. (Male, employed, 50+, Aberystwyth)

Further suggestions for workplace interventions included: discounted or free gym membership; a dietitian to visit the business with advice and diet plans; an offer of blood pressure / cholesterol tests in the workplace; line managers or other staff
interested in helping out to have training so they could signpost employees to help with stress; leaflets on noticeboards about mental health support; and the employer taking more responsibility for staff health where appropriate.

Employer responsibility. Like I’ve worked in fast food chains and I will just eat the food and I don’t think about it at the time. . . . I think your boss should be more active – you wouldn’t want an unhealthy workforce. A healthy workforce and healthier practices and re-enforcing it and stuff like that. (Male, student, 16-24, Aberystwyth)

4.3 Retail settings

Healthy eating tended to dominate discussions on retail settings. Supermarkets featured strongly as part of people’s routines, including the discount multiples. References were made to thinking about health when shopping for food, such as examining labelling for fat or salt content, or seeing what was in other people’s trolley.

Labelling on food as well, the contents of salt and fat contents, especially say if you’ve got high cholesterol of high blood pressure you’re more aware of that. . . . Sometimes if they’re low in fat they could be high in sugar and things, so you’ve got to be aware what looks healthy isn’t always the healthiest one. (Female, employed, 50+, Aberystwyth)

Especially pan ti yn gweld rhywun yn pasio chdi hefo llwyth o greens yn y trolley a ti hefo llwyth o rubbish. (Especially when you see someone passing you with a trolley full of greens and you have loads of rubbish.) (Female, oldest child at secondary school, Bangor)

Suggestions included: healthier options at the checkout rather than sweets and chocolate; tips on healthy cooking and options to taste new food items; recipes being placed in the aisles (for example with an emphasis on taste rather than simply being healthier). Messages could also be added to bags for life in the supermarkets, according to one group. In addition, supermarkets could provide a section for healthy packed lunches, according to some, and use store design to ensure healthier options are prominent.

M: In the veg area you could put ways to make salads in a healthy way, or ways to do potatoes in a healthy way. F: Especially the weird and wonderful veg that you can get now. You walk past it and think . . . M: ‘What the hell do I do with that?’ F: That could be introduced into healthy menus and tasty menus. (Retired, 50+, Haverfordwest)

Because on the checkouts, if I take the children, it’s normally a load of rubbish on the checkout. So we get something before we get there. (Female, unemployed, 50+, Treorchy)
Mae yna lot o ffrwytha a dani ddim yn gwybod be ydi hanner ohonyn nhw. (There's loads of fruit there but we don’t know what half of them are.) (Female, oldest child at secondary school, Bangor)

Illustrating the point that consumers can think about health when shopping, one ex-employee at a major supermarket explained how customers sometimes asked him health related questions at the checkout about some of the items they were purchasing.

*The amount of people that used to come through the checkout with me and say, ‘How good is that?’ ‘Is that healthy?’ ‘How much sugar has that got?’ ‘Has that much fat in it?’* (Male, retired, 50+, Haverfordwest)

Health advice centres by the pharmacy section of the supermarket was another idea to emerge from one group:

*Lle fedri di fynd i mewn a chael advice gan y nhw am be sydd yn iach a be sydd ddim yn iach a… sut i fynd o gwmpas gwella dy hun basically.* (Where you could go in and have advice on what is healthy and what is not healthy... and how you could go about making yourself better basically.) (Male, oldest child at secondary school, Bangor)

However, participants occasionally commented on the challenge of the supermarket setting. Some believed that healthier food is more expensive than less healthy food. There was also reference to fast food outlets in the immediate vicinity of some supermarkets. In addition, it was pointed out that shoppers rarely seemed to look at the noticeboard in supermarkets.

*Like you were saying about [supermarket], then what have you got round it? You've got [several fast food outlets mentioned].* (Female, oldest child at secondary school, Cardiff)

*Lots of healthy stuff is very expensive as well, because if you've got a large family it's easier to buy a sliced white, than a wholemeal loaf.* (Female, employed, 50+, Aberystwyth)

As with certain other settings, participants often suggested that food outlets could take measures such as giving calorie information on menus or how that information translates into something more tangible. Numbers of calories alone did not always mean a great deal to participants. Healthier options could be highlighted on menus (for example with a traffic light system) and made cheaper, with fewer promotions of less healthy food.

*If you put facts about what eating x amount of calories a day means, actually at the bottom of the menu rather than ‘this is 700 calories’. ‘You should be eating this amount on a balanced diet and you should be eating this this and this’ rather than just facts.* (Male, student, 16-24, Aberystwyth)

_F: Dwi erioed wedi sbïo ar faint o calories sydd mewn nw bath ia. (I've never looked at how many calories there are in things.) M: Dwi ddim yn deall pethau_
am calories a ballu. (I don’t understand things like calories etc.) (Unemployed, 16-24, Bangor)

I’ve been to [pub chain] and I’ve seen there that they put the calories next to the food and I would like to perhaps see a healthy option when you go out to eat, and perhaps the total calories of that meal put on it, so that you really realise. (Male, employed, 50+, Aberystwyth)

Focusing on their day to day lives, participants often referred to the need for food (especially at lunchtime if working) that is ‘convenient’ and quick to eat. They therefore suggested that they would need to encounter healthier options in these retail environments which conveyed the same convenience (and value) message as more traditional fast food.

I find as well like convenient as well, to quickly run in somewhere and grab something, then like if I finish work at 10 o’clock at night, then I’m back in at seven, the last thing I want to do is prepare something. So if there’s a [fast food outlet] on the corner, I’ll run in and get a pasty. (Female, employed, 16-24, Cardiff)

M: It’s making the healthy meals more convenient. . . . F: I find fruit and veg don’t last a week, it starts to go off. (Male, oldest child at primary school, Treorchy)

You have an hour break, quick [fast food meal]. You’re not getting any exercise, you’re sat there all day. Most of my job is all mental you know [driving] and I have put on quite a bit of weight. (Male, oldest child at secondary school, Cardiff)

In relation to alcohol in a retail setting, participants sometimes commented that product labelling could be more specific in terms of what the number of units means for the consumer’s health; and perhaps contain a short case study. The health messages could also be made larger on the products, according to one group. A couple of participants also remarked that health messages on the products seemed to focus on pregnant women rather than consumers generally.

M: Possibly put what units are in the drink and what they can do to you on the bottles. M: Just having where it says 1.5 units means nothing – I don’t know what that means and what the consequences are and what can happen to you after that. (Students, 16-24, Aberystwyth)

I bought a bottle for my husband on Saturday. . . . There was nothing on the box saying drink responsible. . . . They could put pictures like they do on cigarette packets, show them what would happen. (Female, unemployed, 50+, Treorchy)

Back to the units of alcohol again. They’re very small on the back of your bottle of wine aren’t they? Perhaps they could do with a bigger signage with the alcohol. (Female, employed, 50+, Aberystwyth)
Other settings based suggestions regarding alcohol included:

- Taking further steps to make it harder for underage consumers to purchase alcohol;
- Positioning messages about alcohol at the point of purchase (for example ‘what are you planning on doing tomorrow’?);
- Having fewer drinks offers;
- Increasing the price of alcohol;
- Enforcing a maximum number of units a consumer can purchase in one visit, therefore requiring more effort to buy more.

Some felt that the price of cigarettes could be increased.

*Do you know what, I can’t be bothered spending seven quid for a packet [of cigarettes]. You might start, if people turn round and it’s like seven quid for a pack of 10 then you’d think, it’s quite a lot of money that.* (Male, employed, 16-24, Cardiff)

Elsewhere in the retail environment, participants were spending time in pubs and sometimes clubs, cinemas and bowling alleys. Some younger participants felt that messages could reach them at various points of an evening out, for example queuing for clubs, on beer mats, and in toilets.

*Generally in places where you probably will pay attention is places where you are actually drinking with your friends in bars so places like above urinals, in kebab shops, nightclubs, taxis.* (Male, student, 16-24, Aberystwyth)

There was a suggestion from one group of younger participants that physical activity messages could tie in with sporting events watched in pubs, for example information on how to get involved in local clubs / activities.

According to others, beer mats could be a way of providing information on mental health and wellbeing, giving a discreet opportunity to slip the mat into a pocket. However, a couple of participants mentioned that the messaging would need to be carefully positioned so as not to seem ‘patronising’. When with a group of friends, the information (on a beer mat or a poster) could provoke a conversation on the topic, according to some older participants who explained that they did discuss health matters with friends in the pub. Toilets were again mentioned as a setting for encountering health related information.

*Helplines and things like that [on a beer mat], that would be really nice. . . . Because you could just take it and quietly slip it in your pocket, nobody has to know.* (Female, retired, 50+, Haverfordwest)

*When you're on the toilet, this might come out wrong but you've got four blank walls, you could use something there to look at, couldn't you?* (Male, unemployed, 50+, Treorchy)
According to some, non-alcoholic drinks could be promoted more and priced more cheaply in pubs, bars and clubs. Some parents in one group were keen to see legislation on selling sugar / caffeine based drinks to children.

However, some participants questioned the idea of encountering health related information in a setting where they were out with the intention of enjoying themselves. They did not want to feel that they were being lectured or patronised.

*M: You could have health advice on beer mats. F: You could but then it gets a bit patronising and you'd get annoyed. If you're out having a good time you don't want that.* (Retired, 50+, Haverfordwest)

*No, I don't really care in a nice way, because you want to have a blowout. Well, not a blowout, you want to have a laugh.* (Female, employed, 16-24, Cardiff)

*I wouldn't want to see it there as it's one place you go to chill out.* (Female, oldest child at primary school, Treorchy)

*Dwi ddim yn meddwl na'r pub ydi'r lle ia. Ti mynd i'r pub i chdi gael let it all out. Ti ddim yn mynd i feddwl am dy bwysa ti yn mynd yna i enjio dy hun yndwyt. (I don’t think the pub is the right place. You go to the pub to let it all out. You don’t go there to think about your weight, you go there to have fun.)* (Female, oldest child at secondary school, Bangor)

A final retail setting mentioned was cinemas and the unhealthy food on offer to consumers.

The types of shop some participants liked to visit were often clothes shops. Bargain outlets were also mentioned.

### 4.4 Health settings

With the exception of some younger participants, health settings were often mentioned as a suitable place to reach people with interventions. GP surgeries were a popular suggestion, with mentions also for hospitals, dentists and pharmacies ('a nice place for chat' according to some older people in the research). Participants remarked how they could spend a good deal of time waiting for an appointment, and looked around for things to read to pass the time.

*I think whenever you go to the GP or the hospital you can’t help but to see notices for all of these things.* (Male, employed, 50+, Aberystwyth)

*Like the doctors – all they have got at the doctors on the wall is about carers.* . . . *My daughter sits there reading the leaflets and I think if they had leaflets about healthy eating, kids will sit there and flick through it. Some might understand and some might not.* (Female, oldest child at primary school, Haverfordwest)
TV screens and waiting time screens were a regular suggestion for health messages in these settings as were leaflets and posters, with health naturally on people’s mind. However, some participants stated that messages would need to stand out among what could be an already crowded space.

A&E up here have got TV monitors in them which do adverts and stuff. You can have them in doctors’ surgeries. (Male, retired, 50+, Haverfordwest)

When prompted, participants tended to be open to the idea of a GP raising a health topic that did not relate to the purpose of the visit. According to one group, it could show the GP cares about the patient which in turn may help the patient to open up with the GP. The idea prompted one participant to reflect that a GP-led intervention might have helped prevent her liver problem (through drinking). Some warned that this approach would need to be handled sensitively.

I think it would work quite well actually because you are already in there if you’re going in for something you are already there so if they ask you about stuff like that then you can open up with your doctor can’t you? (Female, student, 16-24, Aberystwyth)

I’ve done it, only because I had liver problems from drinking, so I used to have to go there every month to have blood tests done, so then they went into the drinking and smoking, the healthy eating and everything, so me and my doctor have a thing going on, but only because it was brought to their attention that I was ill from it. Maybe if they did it before, it wouldn’t have happened. (Female, employed, 16-24, Cardiff)

Swni yn deud gwir wrtha fo. . . . Swni ddim yn cymryd o yn bersonol. (I’d tell him the truth. . . . I wouldn’t take it personally.) (Male, oldest child at secondary school, Bangor)

I think it’ll be good, because you can have information then and you can act upon it or not. That’s your choice then, but at least you’ve been given the information by them. (Female, employed, 50+, Aberystwyth)

Less often, however, some were not in favour of this approach, for example anticipating that it would feel ‘a bit strange’ and might cause offence. In one instance a participant did not want to be told by a GP that she needed to stop smoking – she would stop in her own time. Another participant thought that she would be anxious about visiting the GP again in case the doctor brought up topics with which she was uncomfortable, such as weight. In the first comment below, the participant had experienced the intervention and had not appreciated it.

Esi yna hefo wrist fi ia a wnaeth o ddeud gai ofyn os wyt ti yn smocio? Dydi hyna ddim byd i wneud hefo wrist fi na. (I went to the doctor with my wrist and he said ‘can I ask you, are you smoking?’ That has got nothing to do with my wrist!) (Male, unemployed, 16-24, Bangor)

A thing they give me when I got to the doctors is a card about stopping smoking. . . . I never go there about smoking but the nurse said to me I need
to do it but I will do it in my own time when I am ready. (Female, oldest child at primary school, Haverfordwest)

I wouldn’t feel comfortable if they started going on about drinking and smoking and this that and the other unless it is in relation to what I went there for but then if I was given the option to go and have, say, a health check. (Male, oldest child at primary school, Haverfordwest)

I wouldn’t like it you see, if I went in to have my ears syringed and they suddenly decide to check your blood pressure, I wouldn’t like it. . . . Because I’m adult, grown up, intelligent enough to know if I want medical help. (Male, employed, 50+, Aberystwyth)

In addition, some participants did not have a relationship with the GP because they often saw different doctors: ‘It’s not personal anymore: all doctors are strangers. You’ve got different doctors all the time and you’re just another face – you’re in and out’. They therefore reported not welcoming this intrusion into other areas of their life. There was also a doubt over whether GPs would have time to adopt this approach.

I called about two weeks ago and I had an appointment with the doctor so I goes there and I starts to tell him what was wrong with me and he goes ‘that’s it now’ and I said ‘what do you mean like?’ He said ‘well that’s your time done now’; and I said ‘I haven’t even told you what’s happening’ and he said ‘oh sorry, 10 minutes’ and I said ‘what, a 10 minute slot?’ (Male, oldest child at primary school, Treorchy)

Well chance mynd i weld y vet, gai well advise gan y nhw. (Better off going to see the vet, I’d get better advice from them.) (Male, oldest child at secondary school, Bangor)

4.5 Additional settings considered

A range of other settings were mentioned by participants as part of their day to day lives which they considered in relation to health improvement interventions.

- Public transport was considered by some an appropriate settings for leaflets and posters for example on the bus, train, at bus-stops and stations, and on the back of tickets. Messages on fuel pump nozzles was also suggested.

Bus stops and train stations I think would be a good idea because you very often zone in and out of boredom whilst waiting for a bus, then you will read anything. (Male, oldest child at primary school, Haverfordwest)

Pretty good [opportunity] because you're sitting there bored sometimes and you could always read something. . . . I think it’s a good idea because a lot of people suffer with mental health but they don’t talk about it. (Female, unemployed, 50+, Treorchy)
- **The local park** featured quite widely as a routine setting, mainly among parents and grandparents. Some grandparents suggested designing parks so that carers could be more involved in the activity with the children as currently they did not do a great deal when at the park.

  *M: Parent child swings. F: Yes, I love going on the swings but they don’t fit my backside. . . . F: I think once you get to a certain age you forget the child in you and we’ve all got a child in us. We should bring it out more often and we would be a lot happier. (Retired, 50+, Haverfordwest)*

One group suggested that skate parks could cater for younger as well as older children, whereas currently older children appeared to dominate the facilities. A participant explained how, in the past, the local council had ‘trained’ older children to work with younger children and give them tips on skating. However, as these older children had grown up, they had not been replaced.

  *There are some kids who spend their whole lives in [the skate park] and do you know what? Some of them are absolutely brilliant with the little ones and I honestly think if somebody said ‘Oh look do us a favour and give them a couple of tips’, that would be lovely. (Female, oldest child at primary school, Haverfordwest)*

- **Leisure activities:** some participants already took part in sport, recreational exercise or visited the gym, which naturally were occasions where health was a top-of-mind topic. Sometimes, however, these activities were associated with prohibitive cost. Also, for those in more rural locations, there was sometimes a perceived lack of availability of physical activity options.

  *F: There is a not a lot of money to do anything really. F: No, that’s it. M: Nowhere to go really, is there. (Unemployed, 50+, Treorchy)*

  *The doctor, because of my problems, wanted me to go to the gym in town here, and yes he made me an appointment to go the gym and everything. The trouble was they wanted me to go three times a week and it was £1.50 a time, I haven’t got £1.50 a time to do it. (Male, retired, 50+, Haverfordwest)*

  *I do know lots of people, including me, that would go to the gym regularly if they could afford it. This is an incredibly low paying area. Everybody lives on the national minimum wage. (Female, retired, 50+, Haverfordwest)*

Some parents and grandparents commented how there was not a great deal to do locally that would encourage older children to be active.

  *Dydi plant fi ddim yn neud llawer o ddim byd oherwydd does na ddim byd yn Bangor idda nhw neud. (My children don’t do anything because there is nothing in Bangor for them to do.) (Male, oldest child at secondary school, Bangor)*

- A number of participants suggested **libraries** as an appropriate setting with examples of older, unemployed participants using the computers there as part of their routine. There was also a suggestion of handing out a leaflet with books.
The **Job Centre** was not seen as an appropriate setting for any health related interventions because of the negative perceptions unemployed participants had of the staff. They felt that they were talked down to, and that staff were disinterested in them. However, one participant did think that the job club at the **local community centre** might be a good way to reach people, for example with leaflets.

*Maen nhw yn siarad hefo chdi fatha bod chdi yn bisyn o gachu. (They talk to you like you’re a piece of shit.)* (Female, unemployed, 16-24, Bangor)

*F: They just can’t be bothered up there, can they? . . . F: If you see an advisor that’s not so bad but the other one, you just go to sign on, they’re on the computer, yes whatever, have a look and bye.* (Unemployed, 50+, Treorchy)

**Council offices** were occasionally visited to pay bills which could give the opportunity for leaflets or posters.

**Food banks**, although appreciated, could try to source healthier options according to a couple of participants.

Some of those without children living at home and not employed commented how they liked going on **walks** (for example with the dog) or simply walking around town to pass time. The idea of a walking group was raised among older people as it would also be a way of meeting other people.

**Out and about**: one group thought that quitting smoking messages could be placed on or near cigarette butt bins on high streets and outside buildings. A participant in another group described an existing intervention of a ‘drop-in van’ in the local area where young people could discuss whatever was on their minds.

*I think they could have smoke bins in the middle of the high street and advertising on it saying ‘Go on you can do it’ and put your cigarette in the bin. It can be an incentive.* (Female, student, 16-24, Aberystwyth)

*It goes around with a little mini bus sort of van and they park up and kids of any age can access that van and talk about anything really, if they have issues or might be worried or concerned.* (Male, oldest child at primary school, Treorchy)

**Online / social** media was believed to be an important setting for reaching people with interventions. A handful of examples arose across the groups: clicking on healthy recipes; finding about Slimming World, acting on a Facebook comment from a friend; and enjoying reading real-life stories of how people had become healthier.

*The article has to have something to entice me in: ‘look what happens to this guy’ or whatever. . . . A lot of the time you’re on Facebook you are quite bored anyway like looking for something to do [group agrees].* (Male, student, 16-24, Aberystwyth)

*My [young] daughter just spends half her life on Facebook and she knows the different passwords you know but even she is on Facebook now so if she saw*
something with fruit and veg, she’d be straight on that. (Female, oldest child at primary school, Haverfordwest)

The idea of using apps as part of interventions had limited appeal when suggested. A younger participant described success with an app which motivated him during gym visits, as well as providing ideas for healthier meals. Another younger participant who had downloaded an app to help her quit smoking explained how eventually she developed a habit of turning the phone off – perhaps symbolically – in order to have a cigarette. The novelty of the approach could also ‘fade’, according to a few younger participants. They also pointed out that downloading the app in the first place required acknowledging that they had a health issue. In a final example, a participant had used a major supermarket app to help the consumer achieve five a day fruit and vegetable portions. This participant, however, ended up ‘rebelling’ against the app with her food choices because she felt that she was focusing on food too intensely. She eventually deleted it.

I think the problem as well is people don’t like want to accept themselves that they have got a problem ‘cos you don’t want to download an app about smoking because it’s not an issue and I can stop if I wanted. (Male, student, 16-24, Aberystwyth)

I started getting a bit too much into [the app] and then rebelling and eating loads and loads of chocolate. (Female, oldest child at secondary school, Cardiff)

- The home was mentioned as a setting and also a place where health sometimes came to mind (for example just before going to sleep, looking in the fridge, watching certain TV programmes, or sitting chatting with friends). There was also reference to thinking about health at the start rather than end of the week.

  F: In the kitchen when I’m by the fridge. Seriously, that’s when I think about it because I think, right do I get what I really want to eat out, or do I get what I think I should eat out? F: Or do I pour a glass of wine? (Oldest child at secondary school, Cardiff)

  Yn ty met fi ydwi fel arfar pan dwi yn deud ‘God dwi yn dew ia . . . dwi eisiau colli pwysau’. (In my friend’s house usually when I say ‘God I’m fat . . . I want to lose weight.’) (Female, unemployed, 16-24, Bangor)

  It is something I should do [reduce alcohol consumption]. If I get home from work I might just go straight to the fridge and get a can of beer and it’s terrible and such a bad thing. (Female, oldest child at primary school, Haverfordwest)
4.6 Interventions through groups

Participants tended to agree that more could be achieved if attempting to change habits with other people. It would help with confidence, support and motivation, and provide the chance to make friends.

‘Right, I’ll stop [smoking] if you stop [smoking]’. You’re more likely to stop it. (Male, employed, 16-24, Cardiff)

F: You’ve got support then haven’t you? F: You’ve got more encouragement haven’t you? M: you’re supporting each other through the challenge, aren’t you? (Unemployed, 50+, Treorchy)

F: Well, that’s the mental health thing [being in a group], because maybe sometimes it’s more like a therapy session if someone’s upset and other times it’s just . . . F: Yeah, you’re having a little general chat with each other. (Female, employed, 50+, Aberystwyth)

Yeah, definitely. I don’t like going places on my own. I feel a bit more confident when I am with people. (Female, oldest child at primary school, Haverfordwest)

Participants provided a number of examples of current group activities with which they were involved. These included sport (mainly football but also occasionally exercise classes, spurring each other on), swimming (one participant had founded a group for ‘larger ladies’ where they had the pool to themselves and which was growing in popularity), slimming classes, meeting up with friends at home, in the pub or for a coffee, and walking (for example meeting up regularly for local walks with other older people).

I run a lady’s swimming club, which is for larger ladies and older ladies, people who don’t want to swim with teenage boys basically. . . . Just a group of friends, we used to work together, we decided to go, we enjoy swimming but we go for a coffee after and a social afternoon. . . . Basically it was just that people wanted to swim but didn’t have the guts. It started off supposed to be larger ladies group, and it was just people who didn’t have the courage to swim. (Female, employed, 50+, Aberystwyth)

The mechanics of how a group would initially come together for a specific activity was not so easy for participants to envisage and some were concerned about any cost involved. One older group commented that they would be interested in a walking group with neighbours if a leaflet came through the door advertising the activity.

F: Yes, could for me, I’d go [walking group]. M: Yes, I probably would. F: Yes I’d go. F: Yes, get out there and mingle a bit more, I find it hard sometimes. M: Take the dog. (Unemployed, 50+, Treorchy)

Os fysa chdi yn clwad am wbath fatha football yn rwla ia sa chdi yn jumpio ar y chance sa. (If you did hear anything about something like football
somewhere you would jump on the chance.) (Male, unemployed, 16-24, Bangor)

There were reservations expressed about the time and effort involved. In a few instances, parents explained how they used to play team sports but with children and financial pressures, they no longer had the time or energy to continue with it, even though they would like to.

I’d like to lose a bit of weight. I used to play a lot of football. I don’t play a lot now because I have to work every Saturday. If I didn’t work every Saturday my kids wouldn’t be able to do the things that they do. (Male, oldest child at primary school, Haverfordwest)

I’d like to access the gym but it’s just making time, I don’t make the time. I used to ride everywhere and walk everywhere whereas now I’m just driving everywhere and I have put weight on. (Female, oldest child at secondary school, Cardiff)

Some participants without children also explained how they felt too tired from work and a long commute to maintain or return to sports they played when younger.

When you’re younger you really do focus on [activities]. It’s like playing rugby or playing football, like. Playing football you probably play for teams when you’re younger. Now you don’t, because you work, so it’s a case of trying to keep those activities going. (Male, employed, 16-24, Cardiff)

Not all participants could see themselves doing any activity with their neighbours where they did not know them very well, or with work colleagues who were not close friends.
5. Groups Public Health Wales should prioritise, according to participants

Participants were asked to consider which part of the population they would prioritise for interventions. Across all groups in the research, young people and children were deemed the most important group on which to focus. Participants felt that a preventative approach would be more effective, before habits were fully formed, for example targeting people ‘as young as possible’ (via the curriculum for example), those starting secondary education, and teenagers.

*It is more to do with education. You have got to concentrate on kids in school now and hopefully they will make a more informed choice because alcohol is so accessible and it is just there all the time, everywhere you go, and it is just horrendous.* (Male, oldest child at primary school, Treorchy)

*Well, if you want smoking, I think you should aim it at teenagers, that’s when we all started.* (Female, employed, 50+, Aberystwyth)

*If you could stop it from a younger age hopefully it would not carry on to older. . . . Prevention rather than cure.* (Male, retired, 50+, Haverfordwest)

Some also extended this focus to parents of younger children as parents were considered to be a strong influence with behaviours forming at home. Occasionally, participants felt that children were probably far better informed than adults because the school covered these health areas. They believed that adults should therefore be prioritised.

*Gyna fi ddim yr advice i roi i plant fi. (I don’t have the advice to give to my children.)* (Male, oldest child at secondary school, Bangor)

*The youngsters are better educated than us, mind, when it comes to food. We were brought up with bread and dripping and things, weren’t we?* (Male, unemployed, 50+, Treorchy)

Some younger participants saw a gap in terms of the 16-25 age group and felt this was a time when bad habits formed, for example stopping playing sport, starting to eat less healthily when fending for themselves after leaving home, and not sleeping properly.

*M: It’s like when you’re young you’ve got loads of hobbies and you do loads of stuff, and you are healthier, you grow out of it and then you grow back into it. F: Target after high school? M: Yeah, it’s almost like keeping the healthy lifestyle going as opposed to stop start. . . . 16-25 [age group to target].* (Employed, 16-24, Cardiff)

*M: when you wake up at 12 or one o’clock you find you can write the day off after that and it’s like a vicious circle. F: It is really important and also keeping your mental health good because when I lose my routine I go crazy and you have to get back into routine.* (Students, 16-24, Aberystwyth)
A few older participants felt that it was too late for them to change habits: ‘We’re all old has-beens, we know what we’ve done. We’ve been there and done it’.

Finally, one group of younger participants thought that the focus should be on mental health and wellbeing because they did not think it received enough attention as an illness.