



Behavioural Insights to understand participation with cardiovascular risk reduction – learning from Middlesbrough InHIP project

Wednesday 22nd May 2024, 1-2pm, Online



Health Innovation
North East and North Cumbria

NIHR

Applied Research Collaboration
North East and North Cumbria

Welcome

Professor Julia Newton

Medical Director

Health Innovation NENC

Housekeeping

- Please ensure your microphone and video are turned off during the session. This is to avoid any disruption during presentations and to assist with the quality of the connection.
- If you need to take a break, please feel free to drop off the call at any time and re-join.
- Live captions are available if required.
- The event is being recorded and will be shared.
- Please ask any questions you have through the chat facility. We will try to address questions during the event, but if we don't manage to do this we will follow up after the event.
- If you cannot see the chat, please email your question/s to sarah.black@healthinnovationnenc.org.uk
- Speaker presentations and the recording will be circulated following the event.

Agenda

Welcome

Professor Julia Newton, Medical Director, HI NENC

Setting the scene: Reminder of Key Principles of BI

Hayley Alderson and Liam Spencer, NIHR Applied Research Collaboration (ARC), North East and North Cumbria(NENC)

NENC Innovation in Healthcare Inequalities Programme (InHIP) Project, Summary Findings: A Co-designed approach to Cardiovascular Disease Prevention in Middlesbrough

Dr Joe Chidanyika, CVD Programme Manager, Health Innovation North East North Cumbria

Community Leaders:

Session Chair Dr Joe Chidanyika, CVD Programme Manager, Health Innovation North East North Cumbria

Shazia Noor, Manager, Nur Fitness CIC

Katrina Jackson, Advanced Public Health Practitioner, Public Health South Tees

Film

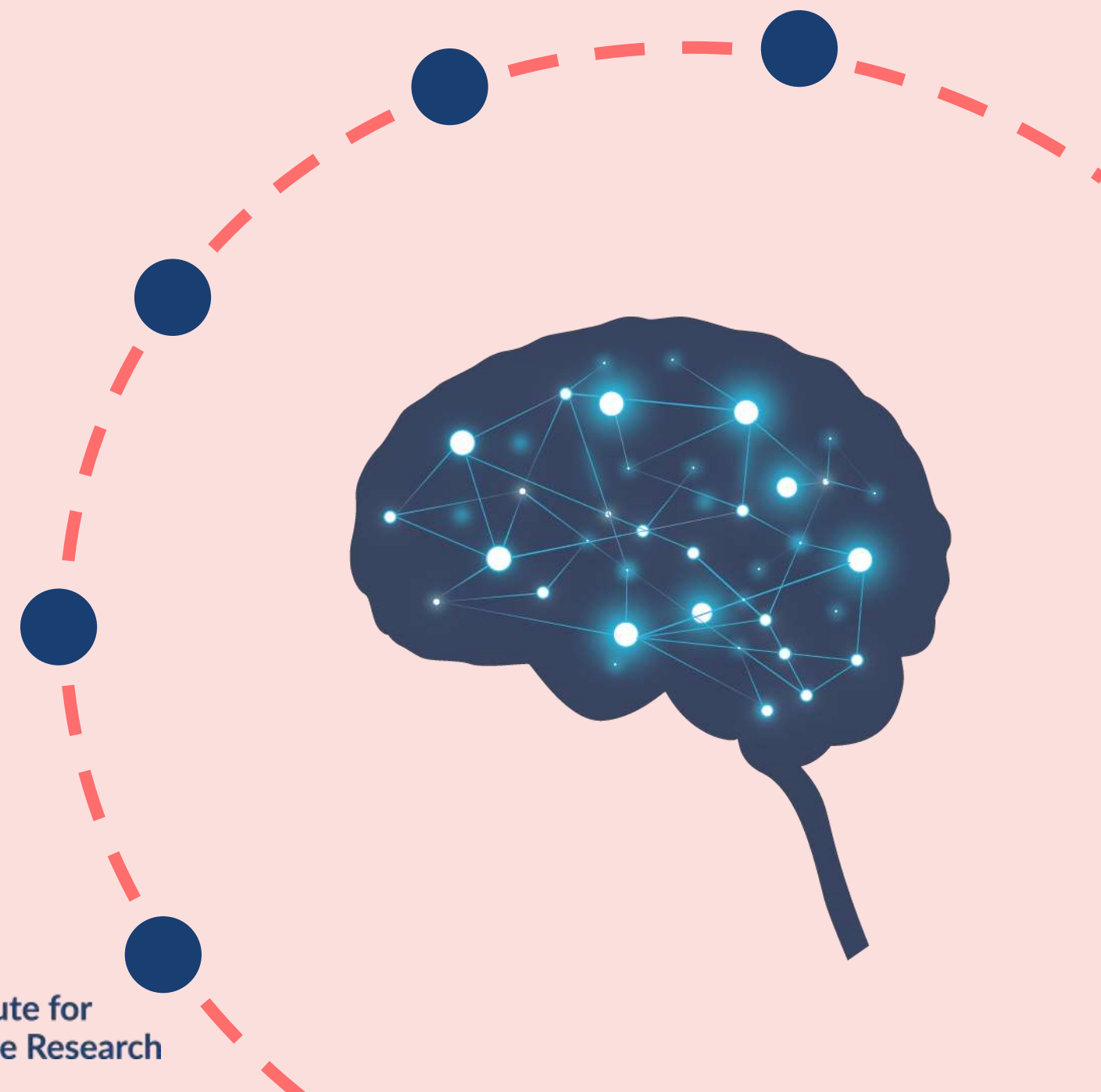
Q&A and Close

Behavioural Insights

Hayley Alderson

Liam Spencer

NIHR APPLIED RESEARCH COLLABORATION (ARC)
NORTH EAST AND NORTH CUMBRIA (NENC)



What are Behavioural Insights?

- Behavioural Insights have been used across public services to generate low cost interventions to improve service outcomes.
- Behavioural Insights encourage people to make better choices for themselves and society.
- Resources and examples can be found on the Behavioural Insights Team and the Local Government Association websites:

www.bi.team

www.local.gov.uk/our-support/behavioural-insights



The EAST framework

- The EAST framework was developed by the Behavioural Insights Team from early 2012.
- If you want to encourage a behaviour, make it **Easy, Attractive, Social** and **Timely** (EAST).
- EAST should lead to services that are easier and more pleasant for citizens to use, and more effective and cheaper too.



Principle 1: Make it Easy

- Harness the power of defaults.
- Reduce the 'hassle factor' of taking up a service.
- Simplify messages.



Principle 2: Make it Attractive

- Attract attention
- Design rewards and sanctions for maximum effect



Principle 3: Make it Social

- Show that most people perform the desired behaviour.
- Use the power of networks.
- Encourage people to make a commitment to others.



Principle 4: Make it Timely

- Prompt people when they are likely to be most receptive.
- Consider the immediate costs and benefits.
- Help people plan their response to events.



Understanding the problem: 4 steps

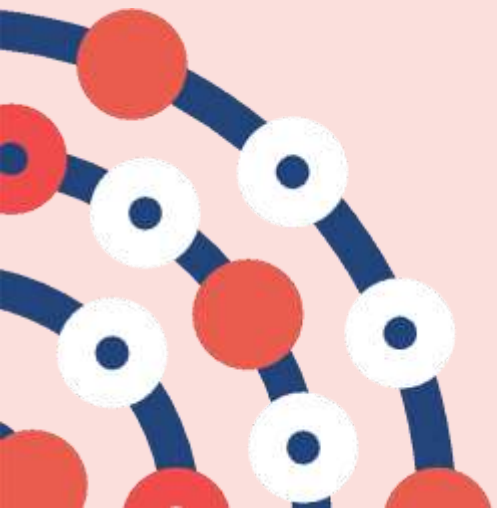




Any Questions?

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NENC Innovation in Healthcare Inequalities Programme (InHIP) Project

Summary Findings: A Co-designed approach to Cardiovascular Disease Prevention in Middlesbrough

Dr Joe Chidanyika
CVD Programme Manager
Health Innovation North East North Cumbria

Innovation for Healthcare Inequalities Programme

Aims:

- **To address local healthcare inequalities** experienced by deprived and other under-served populations
- For AHSNs to work together with our local communities (**co-designing**) to identify, address and minimise healthcare inequalities through projects that improve access to the latest health technologies and medicines.
- For health technologies and medicines to focus on **five clinical areas of priority** that closely align with the **national Core20PLUS5**
- Nationally a total of **£4.2 million** was made available
- NENC InHIP project – “**Co-designed approach to Cardiovascular Disease Prevention in Middlesbrough**”, funded for **£100k** – (collaboration between NENC ICB, AHSN NENC, **Middlesbrough Public Health, Newcastle University – ARC**)

Aim

The aim of the behavioural insights exploratory phenomenological study was to explore experiences impacting ethnic minorities and underserved groups in relation to their CVD health check uptake as interventions to prevent CVD mortality in Middlesbrough.

The targeted focus group interviews engaged local underserved communities to:

- Gather behavioural insights into the **barriers/challenges** that limit engagement with the current 'biomedical' CVD Risk Assessment model,
- **Co-design potential solutions** to facilitate greater engagement with CVD Risk Assessment,
- **Pilot co-designed solutions** by the three targeted CORE20PLUS5 communities in Middlesbrough, and
- **Share learnings to accelerate uptake of CVD Risk Assessments** locally, regionally, and nationally, for underserved groups.

Community Engagement

Community leaders with access to target communities were engaged through Middlesbrough Council's Public Health Team

- 1. Nur Fitness** – South Asian women
- 2. Thorntree Community Hub** – Underserved white community
- 3. Community Voice FM (CVFM) Ltd** – South Asian and African community
- 4. International Centre / Investing in People and Culture** – Resettlement Program for Overseas Doctors and other health professionals (REPOD) and migrant community

Methodology

- A qualitative behavioural insights inductive thematic approach was used to conduct **seven focus group** interviews – total of **45 participants took part**
- **Three** targeted communities – **South Asian, Black African** and **White** underserved groups
- Interviews conducted within participant settings except one online Teams session for the REPOD professionals (**R**esettlement **P**rogram for **O**verseas **D**octors and other health professionals)
 - **South Asian / African men** (Central Mosque with seven participants)
 - **South Asians** (Al Mustafa mosque with five women and one male)
 - **Underserved white community** (Thorntree Community Hub with five women and one male)
 - **Black African community** (International Centre with three women and four men)
 - **REPOD professionals** (online with five men and three women professionals)
 - **South Asian women** (Nur Fitness with seven women with an interpreter)
 - **South Asian women** (Nur Fitness with five women and an interpreter)
- All participants materials were also **available in a few translated languages** including Arabic and Urdu
- All recorded interviews were transcribed **verbatim**, and a framework analysis **applied** to deduce core emerging themes

EAST Framework in Action

EAST Framework Component	Framework Component Narrative	Factors assessed in Focus Groups interviews
Easy	How easy is it to access CVD health checks or understand the condition and its risk factors?	<ul style="list-style-type: none"> - Interactions with health services - Ease of these interactions - What would make them attend health checks - How people are invited - Where is it ideal for health checks to be conducted and best way to be invited
Attractive	How attractive is it preventing CVD?	<ul style="list-style-type: none"> - Is CVD prevention important? - Would you take up health checks? - How can CVD prevention be marketed?
Social	What are the positive or negative views of participants and their communities to take up CVD health checks?	<ul style="list-style-type: none"> - What support is needed for communities to access health checks - What kind of invitations would work for your communities? - What information is helpful for communities to share about CVD - How can CVD Health Check services suite or improve your lifestyle
Timely	How can health seeking behaviour change to improve uptake? When is the best time to intervene?	<ul style="list-style-type: none"> - Which behavioural change models can increase uptake? - How can behaviour change be sustained? - What costs are involved in accessing services? - Any windows of opportunity (tagging on family CVD history) to influence health seeking behaviour? Nudge?

Ease of Attending CVD Health Checks Themes

GP appointments

"At morning you call at 8 or 9, One day I did 45 calls. And she said there is no appointment left. And I proved to her that I had rung 45 times...,"

Language barriers

"I think one of the biggest barriers in some patient communities and mostly from Asian is the bloody language problem cos most find it difficult to have people in their family who can speak English"

Wait times

"And he said okay I will put you on another waiting list. And I get another appointment after 6 months and it is another male doctor..."

Convenience

"But you should be able to go in person....!"

Health literacy

"I think they don't understand the importance of how it's important for them because you can cancel all of your erm work because it's very important but these people can't understand why they need to go there why..."

Occupations / Unsociable working hours

"They don't really have a social life that's they go home go to sleep, get up in the morning, pick their taxi keys up, go to the rank, sit there, talk and work, that's it..."

Attractiveness of CVD Prevention Themes

Gender appropriate services

"Yes, one more thing. Sometimes, you know Asian ladies, prefer lady doctors. So we prefer that we need a lady doctor, and sometimes they don't and sometimes they listen but sometimes they say no, we have only the men."

Staff attitudes

"It is just the way you get treatment from the GP and the reception staff. That's why it puts me off.."

Trust issues / dismissive

"They kept saying it's heart – they would check her heart and everything, dismissing her because she was wanted to see GPs regularly. And then within six months, she had chest infection twice..."

COVID style social marketing

"I think with heart checks, we call it hearts [laughs] erm because everything is linked to the heart erm what's crossed my mind is it would be great if there could be a push like there was for COVID how important it was to get vaccinated for example and if they could be that kind of thing with"

Discrimination

"We need to put the foot on the ladder. Then we can go to the top. If they don't let you put a foot on the ladder they say just wait on the floor..."

Shared Decision Making

"We find the situations as asylum seekers coming from different backgrounds where they will just take blood from you without your knowledge of what they are testing for then the next thing is you are told about your HIV status and it's wrong, it's really wrong.."

Prognostication

"And some might be nervous to go there. You are out of your comfort zone really when you have to go somewhere different.."

Social Aspects to Consider

Behaviour change

"I think they know by now what they should be doing, eating, diet and exercise. They know. But no one is going to change their lifestyle until the doctor has told them you are going to die. They won't change until they've had that death sentence..."

Tokenistic engagement

I have a bad experience I'm not coming back because they need respect, we need respect. We go to reception she doesn't treat us right in a bad way, talking. We need respect and we need information..."

Un-deserving..

"Sometimes they might think I'm whinging and being a burden by going, so you just keep it to yourself and just struggle with it.."

What is a health check?

"When you say health check does that just mean like a BP check or?"

Community outreach

"Because of work it was accessible via the radio wasn't it, the centre there. So I had my health heart check done there but tis not something that's on the forefront of my mind.."

Social norms

"When you're dealing with different cultures you need to understand it's a very powerful point that you've captured it, but we are very different"

Proportinate universalism

"In the old days the fire brigade, unless you were insured, if you had a fire in your house, they wouldn't put it out. But if the house next door caught fire and they were insured, they would put it out. But the thing was because they didn't put the fire out of the house next door, the other one burnt down as well!!! So in the end you had a universal fire service. And the same should be for the health service."

Timeliness of CVD Preventative Services

Costs ..

"It depends how far it is and whether you can get the transport to get there. Sometimes the trains are on strike and the buses are so late and horrible."

Health ownership

"I have noticed with my community that people refer to go back and see a doctor in Lithuania and they don't really like unless it's something emergency they don't" East European Community Leader

Amend health check inclusion criteria

"I think it should be lowered for a lot of cases. My husband got it (heart attack) at 38. Because they thought he was young they didn't go down that road,.."

Consulted but voices never heard

"So if they go and get the help then that's fine. But if they go and they are not heard, and they can't access services, then what's the point of the knowledge and the education. It is hard..."

Convenience – Walk in Appointments

"Years ago they had walk in centres. It doesn't matter how many hours you are waiting there because you are sure someone will check you..."

Pride in volunteering – open up capacity

"There are a lot of nurses and doctors here just sitting studying doing nothing. Most of us are willing to do this job voluntary without money as long as we are around the health sectors you know..."

Utilise social media

"Everyone is on Whatsapp, can you book your appointment on a certain Whatsapp at your own leisure? Then it stores it and informs the sender, the next day. So you can choose your availability and send it via Whatsapp..."

Global Themes from Focus Groups

	EASE	ATTRACTIVE	SOCIAL	TIME
1.	GP access, wait times, Walk In appointments	Gender appropriate services	Community development approaches	Cost of accessing free healthcare
2.	Language barriers / health literacy	Staff attitudes and receptionists' gatekeeping	Tokenistic engagement	Voices not heard
3.	Translation services	Staff cultural competence	Over researched, underserved	Amend health check inclusion criteria
4.	What is a health check?	Parity of esteem	Proportinate universalism	Proud to volunteer
5.	Health champions	CVD social marketing / COVID style	Social norms	Large GP patient lists
6.		Shared Decision Making	BAME health professionals underused as health champions	Health ownership
7.		Prognostication		Nudge approach / behaviour change
8.		Health discrimination		

Key Barriers

GP
appointments /
waiting times

Staff attitudes

Language /
Doctor Speak

Clarity – What
is a health
check?

Health
discrimination

Cultural
competency

Health literacy

Key Enablers

Health
champions

Translation

Social
marketing

Social
prescription

Motivational
intervention

Behaviour change
modelling
(COM-B approach)

Convenience /
Outreach

Knowledge – risk
communication

Behaviour Change Pyramid: COM-B Framework

Opportunity

Factors that lie outside an individual and can make the behaviour change possible or be prompted

- Costs
- Socio economic factors
- Deprivation
- Service access
- Proportinate universalism
- Discrimination
- Cultural competence

Motivation

Activities that energize and direct people's behaviours

- Health ownership
- Social mobility and capital
- Social Prescribing
- Community Champion / Leadership

Behaviour

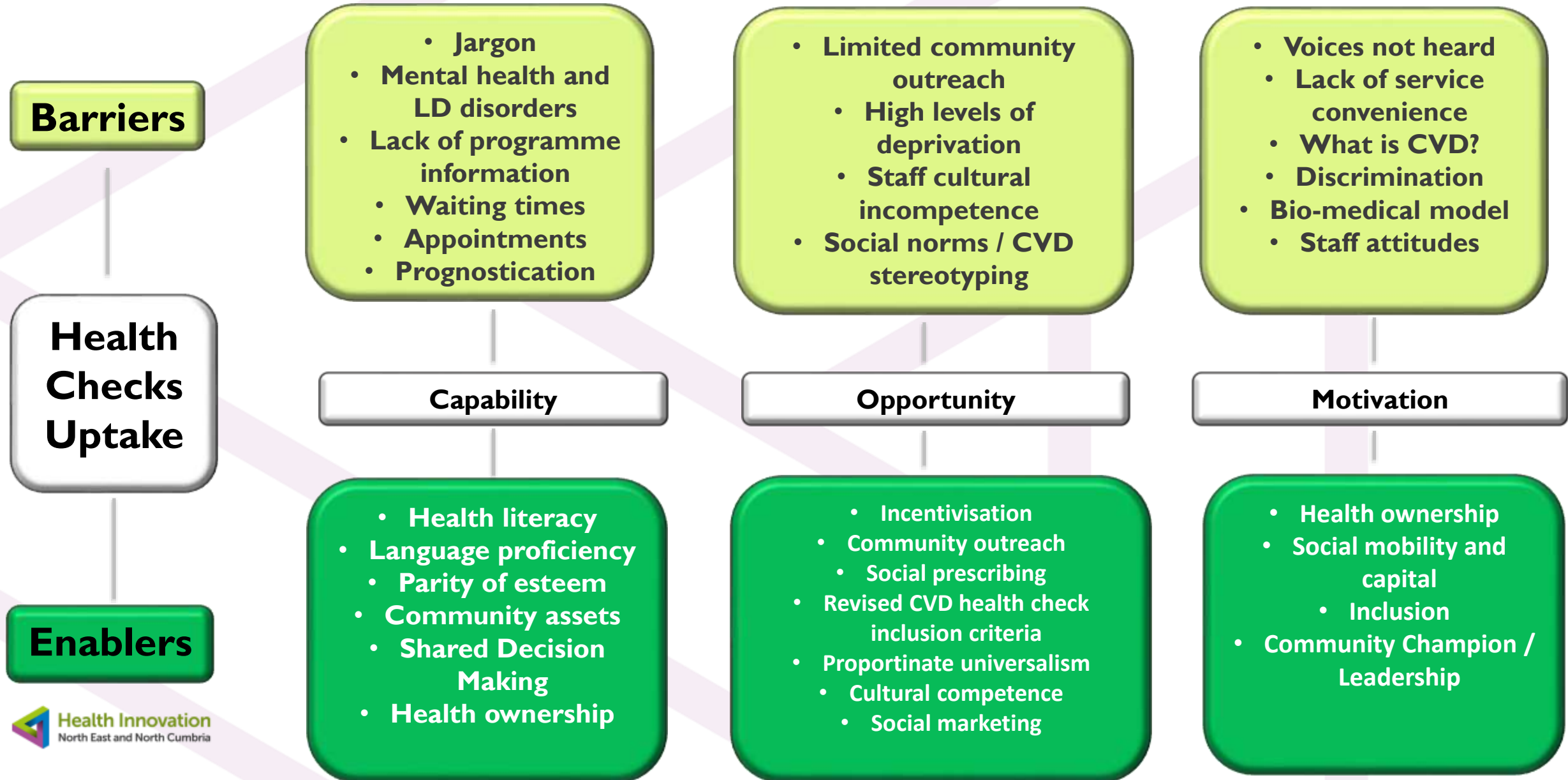
"Improved CVD Health Check Uptake"

- Health literacy
- Language proficiency
- Parity of esteem
- Community assets

Capability

Individual's psychological and physical capacity to engage service uptake

CVD Health Check Implementation Toolkit



Potential Interventions to be Piloted

	Enabler(s)	Co-designed interventions
1.	Social marketing	<ul style="list-style-type: none"> Community leaders Talking Heads promotional videos AHSN InHIP programme debrief video Community Radio Voice FM broadcast of findings InHIP Podcast produced based on project findings
2.	Health check programme resources	<ul style="list-style-type: none"> Adoption of a Middlesbrough Healthy Hearts type resources, translated into various languages Translated Shared Decision Making guides for CVD Review inclusion criteria for the community Healthy Heart Check Offer
3.	Workforce training	<ul style="list-style-type: none"> Bespoke HI NENC defined CVD Health Check Outreach Competency Training Cultural competency training delivered by BAME Community Interest Companies – e.g. IPC, Nur Fitness to mainstream health services providers
4.	Community capacity	<ul style="list-style-type: none"> Community health champions as part of the community outreach offer Middlesbrough Council targeted Health Inequalities Community Grants projects Bespoke translation services
5.	Community outreach / Social Prescription	<ul style="list-style-type: none"> MFC Health Buses Utilising “Walk In” style community centre assets such as The International Centre, prayer Mosques, Nur Fitness and Thorntree Community Hub for monthly CVD health checks Middlesbrough Council health check community nurse bank resource Gender specific lifestyle classes at community venues NEAS / Ambulance service CVD checks / Teesside University Sports Science Students PocDoc Outreach POCT

Sessions delivered

- 29 heart health check outreach sessions have been delivered to these underserved communities.
 - Teesside University - 3 sessions,
 - Middlesbrough FC Foundation - 17 sessions
 - HI NENC have delivered 7 women's only sessions to South Asian women.
- On 26th March 2024 the project team held a post-intervention focus group with community leaders to obtain their reflections on the impact of the delivery of the healthy heart checks in their communities.

Feedback from Community leaders

"It has been a success because, the women that would not have normally accessed health checks through going to their GP have been able to access a health check here. It has had an impact beyond the women, to the whole family unit"

Shazia Noor- Nur Fitness

"I had very easy session because of very professional lee and he explained everything like without any issues."

Anonymous, Middlesbrough Central Mosque

"This is a excellent service that my community should all get behind. Lee was very informative, polite and educational in his approach a true professional. Thank you for offering this service and please make this happen longer."

Anonymous, Newport International Centre.

"Very useful as learnt more from this than I did from my GP surgery"

Anonymous, Al-Mustafa centre

Some of the feedback from individuals in their experience report that they have previously felt overlooked in regards to healthcare and that having the heart health checks within their community centre was attractive to them:

"Really appreciate the opportunity to have a health check, as I feel that people my age are often overlooked unless they have a major health problem or have been through pregnancy. I fully recommend the assistant who worked with me. He is very knowledgeable and I took a great deal away with me today. Amazing job. Thank you"

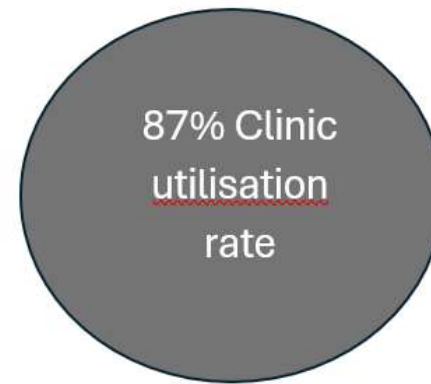
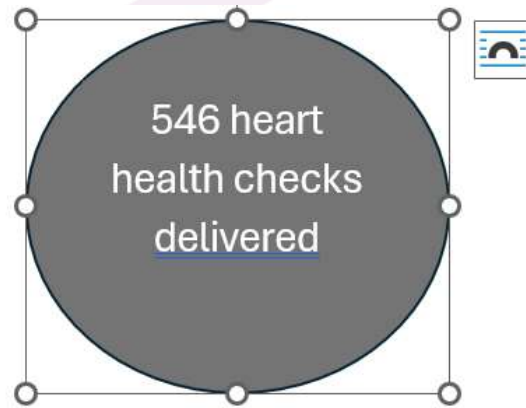
Anonymous, Thorntree Community Centre

One of the core aspects of the programme of work from the beginning has been to engage community leaders in the codesign and delivery of the heart health checks. This has enabled community leaders to take ownership of the programme to make it a success:

“Codesigning the initiative and understanding what the community needs are, and then implementing the initiatives in partnerships with the Mosques and community centres enabled it to be successful because people had ownership and buy in from the onset.”

Idrees Rashid- Community Leader

Outputs



Of the 546 heart health checks delivered, 306 were referred to their GP which is a referral rate of 60%. This is higher than the national average, whereby 25% of people are referred with a QRisk score of over 10%.

Ezetimibe with Bempedoic Acid (TA694)

Feb 23	Feb 24	Total Number prescribed over 12 months	% Increase Over 12 months
66	280	1,586	425%

Inclisiran (TA733)

Feb 23 (orders per month)	Feb 24 (orders per month)	Total Number prescribed over 12 months	% Increase Over 12 months
17	26	239	53%

Learning and Spread of Best Practice

- The project team worked hard in the planning phase of the project to understand the stakeholders who would be crucial to its success. These included community leaders, academics and commissioners. The enablers for the project have been listed below:
 - Engagement with community leaders and commissioners to understand the barriers to accessing health checks and codesign of an intervention.
 - Working with Colleagues from NIHR ARC NENC using a behavioural insights approach deployed in focus groups (EAST framework).
 - Implementation of a point of care, 5-point lipid panel which provides a result within 7-minutes during the heart health check.
 - Developing relationships with delivery partners to provide the heart health check, including Teesside University and Middlesbrough FC Foundation.
 - Delivering the heart health checks within community centres, fitness centres and religious centres at the heart of the community. This made it easy to access, attractive and social.

Activity

Bespoke CVD Outreach Training



- Tailored co-created heart health checks resources
- PocDoc innovations
- Bespoke staff focused cultural competency training

South Tees Heart Check Outreach Sessions



- **Teeside University**
- **Middlesbrough FC Foundation Health Bus**

Awareness Raising



- Community leaders debrief video
- Community leaders “Talking Heads Videos”
- Novartis / MFC / HI NENC “Get back in the Game” November Social Marketing campaign

Developed Resources

@PLACE Based Heart Health Check A5 Pamphlets

Health Innovation
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PUBLICHEALTH

South Tees Heart Health Check

Your Results

Name: _____

Pulse	Regular <input type="checkbox"/>	Irregular <input type="checkbox"/>	/min
Blood Pressure	_____ / _____		
Height	_____ m	_____ ft	_____ "
Weight	_____ kg	_____ st	_____ lbs
BMI (Body Mass Index)	_____		
Waist Measurement	_____ cm	_____ inches	
Total Cholesterol	_____		
Good Cholesterol	_____		
Ratio	_____ HDL		
Type 2 Diabetes Risk Score	_____		
Diabetes: HbA1c	_____		
Audit C Score	_____		
Your Risk Score	Alcohol risk assessment _____ %		

Cholesterol

Cholesterol is a fat that is carried around our bodies in the blood. We need some cholesterol to keep healthy. However too much cholesterol can cause our arteries to become blocked.

Normal Artery

Normal blood flow

Diseased Artery


Reduced blood flow

2 main types of cholesterol
HDL (Good cholesterol) + NON-HDL (Bad cholesterol)
= Total Cholesterol (TC)

Ratio	Total Cholesterol	Concern
Total cholesterol divided by HDL should be less than 6	Although there is no specific target for TC, ideally it should be 5 or less	A high TC requires further investigation. Greater than 7.5

Statins

If your cholesterol level is too high or the ratio is not ideal you will be given advice on how to improve it. If your cholesterol levels need treatment you may be prescribed a statin.



Further Advice

If you'd like to find out more about having a healthy heart, please visit:

www.alcoholchange.org.uk

www.weightwatchers.com/uk/healthieryou

www.heartuk.org.uk

www.bhf.org.uk

www.alzheimers.org.uk

www.nhs.uk/better-health

www.nhs.uk/healthier-families



**Please get in touch if you would like
anymore information**

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Community Leaders

Chair Dr Joe Chidanyika, CVD Programme Manager, Health Innovation North
East North Cumbria

Shazia Noor, Manager, Nur Fitness CIC

Katrina Jackson, Advanced Public Health Practitioner, Public Health South Tees



Any questions?

Summary and Close

Professor Julia Newton

Medical Director

Health Innovation NENC