An evaluation of the Cheshire and Merseyside Public Health Network *Drink a Little Less, See a Better You* social marketing campaign

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July 2010
Acknowledgements

We would like to thank all those who contributed to this evaluation. In particular we would like to thank the following:

- all those who gave their time to be interviewed;
- members of the Cheshire and Merseyside Public Health Network Alcohol Social Marketing team for advice, support and for facilitating access to key personnel;
- members of Selby Marketing and Healthworks who provided data and assistance;
- Kathryn Melling for statistical advice.

The project was commissioned and funded by the Cheshire and Merseyside Public Health Network.
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Summary

Background
The Northwest of England has the highest level of harmful drinking (6.3%) and the second highest level of hazardous drinking (22.1%) in England. The Directors of Public Health in Cheshire and Merseyside identified tackling the harm caused by alcohol as one of the priority areas for action across the network area and provided the resources to implement a Cheshire and Merseyside social marketing programme to address the issue. The Cheshire and Merseyside Public Health Network Social Marketing Action Group decided to work with the pub industry to deliver a social marketing campaign called *Drink a Little Less, See a Better You* as a pilot project. It was designed to reduce alcohol harm in the target group – men between the ages of 35-55 years – in the pub setting. The key aim of the specific pub-based intervention – referred to as the *NHS Health Check and Wind Down* initiative – was to raise awareness of the potential harms of drinking and reduce the levels of hazardous drinking within the identified target group.

In order to understand the impact of this initiative, the Cheshire and Merseyside Public Health Network commissioned the Centre for Public Health Research at the University of Chester to carry out an evaluation.

*Drink a Little Less, See a Better You: the NHS Health Check and Wind Down initiative*

The Cheshire and Merseyside Public Health Network social marketing campaign was targeted at a sub-group of the Ties of Community cluster, namely men between the ages of 35-55 years, who tend to drink outside of the home – predominantly in pubs. It ran for eight weeks in each pub. Health checks were provided by an outside company or pharmacists and were offered through an appointments system. Appointments were offered between 4.00–7.30pm on one or, in some cases, two evenings during the eight week period. The Wind Down was scheduled to run between 10.00-11.00pm Monday to Thursday and was the time when customers were encouraged to drink an alternative soft drink or low alcohol drink, for which they would be entered into a prize draw. The initiative was supported through a range of creatives that were displayed in the pub.

Aim of the evaluation
The key aim of the evaluation was to understand the impact of the intervention from different stakeholder perspectives: men in the target group; those outside the target group but who were drinking in the pub during the period of the intervention; and, key members of bar staff who were directly involved in supporting the intervention.

Methodology
The overall study design comprised a series of case studies, each ‘case’ being the pub in which the intervention was delivered. Five pubs in the Cheshire and
Merseyside sub-region consented to take part in the evaluation. At each case study site the following data collection activities took place:

- baseline questionnaires (one to two weeks prior to the intervention) and follow-up telephone interviews (approximately 10 weeks later) with men from the target group;
- site visits to conduct observation of the intervention, particularly the Wind Down element of the intervention;
- semi-structured interviews with the bar manager.

In addition, data that were collected as part of the intervention were analysed in order to build up a picture of how people were engaging with the intervention:

- summarised group-level data from the health checks;
- data on numbers entering the prize draw;
- data on numbers of text messages sent and opened.

**Key findings**

**Health checks**

- In the five pubs a total of 91 health checks appointments were offered; 55 (60%) people took up this offer.
- The take up rate of the health checks varied from pub to pub, ranging from 86% to 7%.
- The health checks identified a number of health risks:
  - 65% (35 people) were overweight/obese/very obese;
  - 48% (16 people) had a body composition that was categorised as ‘poor’, indicating a high proportion of body fat rather than lean muscle;
  - 45% (25 people) were smokers;
  - 80% (44 people) had a weekly alcohol consumption that exceeded the recommended units;
  - 20% (11 people) had a systolic blood pressure above 160 mm/mg or diastolic above 100 mm/mg;
  - 53% (26 people) had a waist circumference that put them at increased risk of cardiovascular disease.
- Overall, qualitative data revealed that people thought the idea of delivering health checks in a pub setting was a good one.
- A number of reasons were given by research participants for why:
  - a way of accessing those who tend not to go to the doctors, particularly men;
  - a way of detecting health needs that were not being met;
  - a way of raising awareness about one’s own personal health;
  - a way of spreading awareness within the pub to a wider group of customers.

**The Wind Down**

- Overall, there were mixed feelings about the Wind Down:
  - good in theory but not in practice;
  - not appropriate for a pub;
  - a good idea – it helps you ‘wind down’.
• The entries to the prize draw suggested that it had been a limited success in terms of those who had purchased a low alcohol or soft drink.

The creatives
• Overall, feedback on the creatives was positive:
  o right tone;
  o humorous messages;
  o not ‘preachy’.

Impact of the initiative
• There was evidence of behaviour change in terms of:
  o reducing alcohol consumption;
  o changing eating habits;
  o seeking out help from GPs to follow up on results received and advice given.
• There was evidence of increasing awareness about possible health risks from certain activities and the importance of seeking advice from health professionals at an early stage.

What worked?
• The pub can be used as a ‘gateway’ to accessing men who had unmet health needs.
• Access to the pub as a setting for the delivery of the initiative was negotiated successfully by the Cheshire and Merseyside Public Health Network Social Marketing team and was a key step in the process of implementation.
• The NHS Health Check and Wind Down social marketing initiative was, overall, acceptable to bar managers and customers.
• The fact that the pub is a valued social setting was used to an advantage in terms of:
  o accessing people who were at risk but who had the time to become involved in the initiative;
  o providing a forum for generating conversations amongst customers that maximised the impact beyond those who had directly participated in health checks.
• The bar managers were critical to the success of the initiative and played an important role in facilitating implementation through their relationships with their customers.
• The creatives provided a series of subliminal messages that supported the overall initiative.
• The health checks worked for customers because of:
  o the duration of the appointment – approximately 30 minutes of one-to-one contact with a health professional;
  o the informal, relaxed and supportive interaction between those delivering the health checks and customers;
  o the relative privacy;
  o the immediacy of the test results;
  o the personalised advice on the basis of individuals’ results.
Future developments

- Prime the audience by promoting the initiative through the creatives in advance of the intervention.
- Maximise the impact of the creatives by considering their placement and size within the pub setting.
- Support sustainability of changes through an ongoing relationship with pubs, perhaps through the continued placing of creatives and other materials in the pub.
- Consider the pub as a gateway to people with unmet needs.
- Increase the volume of health checks, perhaps with a widening of the criteria to make them accessible to other target groups with unmet needs.
- Re-consider the Wind Down in the light of the differentiated nature of customers’ patterns of pub usage.
- Reconsider the use of the prize draw as an incentive to engage with the Wind Down.
- Maximise the impact of the bar manager in the implementation of the intervention, perhaps by incentivising the role.

Conclusion

The findings from this evaluation would suggest that the NHS Health Check and Wind Down initiative was successfully implemented in pub settings, was acceptable to customers and bar managers and led to improvements, amongst some people, in awareness and behaviours.
Chapter 1
Introduction

1.1 Alcohol consumption in the Northwest of England
The Northwest of England has the highest level of harmful drinking\(^1\) (6.3%) and the second highest level of hazardous drinking\(^2\) (22.1%) in England (North West Public Health Observatory [NWPHO], 2007). Within the region there are, however, large differences in alcohol consumption and its attendant harms, with areas of higher deprivation being more likely to experience higher levels of alcohol consumption and related harms compared to areas of lower deprivation. This pattern can also be seen at a Cheshire and Merseyside sub-regional level.

The Directors of Public Health in Cheshire and Merseyside identified tackling the harm caused by alcohol as one of the priority areas for action across the network area and provided the resources to implement a Cheshire and Merseyside social marketing programme to address the issue. The Cheshire and Merseyside Public Health Network Social Marketing Action Group decided to work with the pub industry to deliver a social marketing campaign called Drink a Little Less, See a Better You, as a pilot project. It was designed to reduce alcohol harm in the target group – men between the ages of 35-55 years – in the pub setting. The key aim of the specific pub-based intervention – referred to as the NHS Health Check and Wind Down initiative – was to raise awareness of the potential harms of drinking and reduce the levels of hazardous drinking within the identified target group. Phase 1 of the social marketing campaign was a pilot, the aim of which was to test out the intervention in one or two pubs per Primary Care Trust (PCT) area, on a rolling basis, between November 2009 and March 2010.

1.2 The evaluation: aim and objectives
In order to understand the impact of the NHS Health Check and Wind Down initiative, the ChaMPs commissioned the Centre for Public Health Research at the University of Chester to carry out an evaluation. Phase 1 of the evaluation had two strands:

- strand 1, which focused on the acceptability of the initiative in one pub;
- strand 2, which focused on the outcomes of the initiative in a further five pubs.

The findings from strand 1 have been reported previously (see Thurston, Alford & Topham, 2010). This report focuses on strand 2 of the evaluation.

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\(^{1}\) Harmful drinking is defined as drinking over 50 units a week for males and 35 units a week for females. (Psychiatric Morbidity Survey, cited in Association of Public Health Observatories, 2007).

\(^{2}\) Hazardous drinking is that which is above recognised sensible levels but people are not yet experiencing harm. It is measured by consumption between 22-50 units per week for males and between 15-35 units for females (Psychiatric Morbidity Survey, cited in Association of Public Health Observatories, 2007).
The overall aim of the evaluation was to understand the impact of the intervention from different stakeholder perspectives: men in the target group; those outside the target group but who were drinking in the pub during the period of the intervention; and, key members of bar staff who were directly involved in supporting the intervention. In order to understand the impact of the intervention as comprehensively as possible a mixed method approach, involving the collection of qualitative and quantitative data, was used. Measuring the impact of social marketing interventions is challenging for a variety of reasons, not least of which is the difficulty of isolating the effects of the intervention from other factors (Robertson, 2008). However, using a mixed method approach to evaluation increases the likelihood of generating a better, more comprehensive picture of how the initiative is received, as well as the consequences for those who engage with the initiative. This is particularly appropriate when studying the implementation of an intervention in a real-life setting, such as the pub. Thus, qualitative and quantitative approaches were used in order to study aspects of implementation as well as outcomes of the intervention. There is some evidence to suggest that the multifaceted nature of social marketing interventions is important to the impact they can have (Robertson, 2008). Therefore, studying implementation and understanding how the nature and content of the intervention might influence progress towards outcomes is important. A number of specific objectives that related to implementation and outcomes were identified for the evaluation, as listed below.

**Implementation**
- To explore the acceptability of the intervention, specifically in relation to its key aspects (for example, key messages).
- To explore engagement with the intervention by quantifying key outputs such as number of health checks delivered.
- To understand the extent to which men and women outside the target group engaged with the intervention.

**Outcomes**
To identify the extent to which specified outcomes were reached post-intervention in relation to men in the target group who:
- were drinking a little less;
- rated their own health positively;
- moved towards action;
- were in contact with relevant health services;
- had improved other health-related behaviours.

**1.3 Structure of the report**
Following this introduction, Chapter 2 presents an overview of social marketing as an approach to facilitating behaviour change in specific populations. The Chapter also briefly reviews social marketing approaches in relation to alcohol and focuses attention specifically on the ChaMPs intervention by providing a description of the **NHS Health Check and Wind Down** initiative. This Chapter builds on this description by providing a ‘theory of change’ to account for how the initiative might work in reality. Chapter 3 provides a description of the methodology used in the evaluation.
and Chapter 4 presents the findings from the evaluation. This is followed by Chapter 5 which discusses the findings and considers their implications for strategy and implementation.
Chapter 2
Social marketing: theory and practice

2.1 Introduction
In order to provide some background and context to the evaluation, Chapter 2 provides a brief overview of social marketing theory and practice. It then goes on to describe the specific intervention that was the focus of the evaluation, namely the ChaMPs NHS Health Check and Wind Down initiative. The Chapter concludes with an outline of the theory of change approach to evaluation that was used to underpin the design of the research.

2.2 Social marketing as an approach to improving health
Social marketing has emerged in recent years as an approach to improving population health through behaviour change. In England, the public health White Paper Choosing health: making healthy choices easier (Department of Health, 2004) identified social marketing as a new approach to health improvement that had the potential to improve the effectiveness of interventions. Since that time there has been an increase in social marketing activity directed at a number of public health issues.

Social marketing has been defined as:

… the systematic application of marketing alongside other concepts and techniques to achieve specific behavioural goals, for a social or public good (French & Blair-Stevens, 2006).

The ‘social or public good’ that is referred to in this definition is the achievement of identified health-related goals – such as the reduction in levels of hazardous drinking. Towards this end, social marketing uses established marketing techniques and approaches directed at specific population segments (Carlin, Morleo, Cook, & Tocque, 2008) and which are usually based on an explicit theory of behaviour change. Recent social marketing initiatives have made use of Locke and Latham’s goal-setting theory and the Health Action Process Approach to address obesity (Thomas, 2009), but other models such as the transtheoretical stages of change model (Prochaska & Diclemente, 1983) have also been used.

Key features of social marketing have been described in terms of eight benchmark criteria (Brilliant Futures/National Social Marketing Centre, n.d.; French, 2009):

- strong orientation to ‘customers’, to ensure that interventions are shaped in relation to their current needs and desires;
- clear focus on behavioural goals;
- informed by behaviour theory;
- based on ‘insight’ into what moves and motivates people;
- uses the idea of ‘exchange’ to maximise the potential ‘offer’ and minimise the ‘costs’ of changing a particular behaviour;
- uses the idea of internal and external competition to understand the factors that influence people’s ability to change their behaviour;
targets specific audience groups using segmentation;
- considers a ‘mix’ of methods.

Audience segmentation occupies a particular place in social marketing. Whilst it has been used extensively in commercial sectors for a number of years it has, in recent years, been adopted in the public sector. As indicated above, use of segmentation has become a key part of social marketing because it seeks to understand “the rich mixture of the population who may have different wants and needs, acknowledging that what appeals to one individual will not necessarily appeal to another” (Carlin et al., 2008, p. 3). The aim of segmentation is to organise the audience into clusters of people who behave in similar ways, share similar beliefs and have similar needs. Geodemographic information and epidemiological data are used as a basis for this grouping (Abbas, Carlin, Cunningham, Dedmam, & McVey, 2009). The resulting clusters are called segments. Segmentation is a more sophisticated process of grouping people, compared to the traditional approach of public health that often targeted groups on the basis of much more limited information (French, 2009).

A further key characteristic of social marketing is the way it advocates the use of a systematic approach to planning and reviewing an intervention. This five stage process – referred to as the Total Process Planning model – is shown in Figure 2.2.1 This model was used to underpin the development, implementation and review of the NHS Health Check and Wind Down initiative that was the focus of this evaluation. Of particular note was the scoping work that was undertaken to understand the audience and guide the development of the initiative, as detailed in the report produced by Carlin et al. (2008) – *Using Geodemographics to Segment the Market for Hazardous and Harmful Drinkers in Cheshire and Merseyside*.

Figure 2.2.1 The Total Process Planning model used in social marketing

![Total Process Planning model](http://www.nsmcentre.org.uk/component/remository/func-startdown/32)

Social marketing has recently been applied to the issue of alcohol-related harms and in May 2007 the Department of Health launched its Alcohol Social Marketing Strategy
The purpose of the Strategy is to support progress towards the PSA 25 indicator 2 target relating to the reduction in the number of alcohol-related hospital admissions each year, as well as de-normalise high risk drinking, using social marketing approaches. The intention is that, through this Strategy, social marketing will become embedded into health promotion and health improvement work directed at alcohol (Griffiths, Blair-Stevens, & Parish, 2009).

2.3 Social marketing and evaluation
In recent years, social marketing has been applied to a number of public health issues, including alcohol. Several social marketing interventions have been shown to be effective, at least in the short term and to some degree, in relation to healthy eating, increased physical exercise, smoking cessation and reducing substance misuse (Robertson, 2008). One recent development that has sought to bring together evidence from the UK of the impact of social marketing initiatives is the National Social Marketing Centre’s ShowCase resource (Reynolds, 2009). This online resource has been developed in order to bring together examples of ‘best practice’ in social marketing. To be included in the resource, projects must meet the National Social Marketing Centre’s eight benchmark criteria – outlined above – and, importantly, must demonstrate that they have been subject to evaluation and can demonstrate that behavioural outcomes have been achieved. However, one limitation of this collection of case studies is the variation in the robustness of evaluation carried out (Christopoulos & Reynolds, 2009).

The importance of strong evaluation in an environment where commissioning is emphasised has recently been highlighted, given that evidence from good evaluation has a potential role in informing decisions about the commissioning and de-commissioning of projects (Boyce, Robertson, & Dixon, 2008; Shircore, & Ladbury, 2009). However, as Christopoulos and Reynolds (2009) point out, there are many reasons why good evaluation does not take place: for example, difficulty in accessing appropriate knowledge and skills; restrictive timelines in which to show evidence of impact; and, inadequate budgets for evaluation. This means that, to date, there is a limited evidence base on which to draw. A brief review of the literature indicates that most of the emphasis to date has been on developing tools to support those who carry out or commission evaluation. Where evaluation has been carried out and reported on, there are limited findings, most of which refer to outputs (number of people seen, for example) rather than outcomes. This suggests that the reasons robust evaluation has rarely been carried out that were outlined above continue to prevail (Christopoulos & Reynolds, 2009). However, the requirement for evidence of impact is unlikely to go away given the prominence of social marketing within public health and health promotion in recent years, but the evidence base is only now beginning to emerge (see for example, Winters, 2009).

2.4 The ChaMPs alcohol social marketing campaign
As indicated above, a key stage in planning any social marketing initiative is the scoping phase, which seeks to understand the audience and what would work in practice. A key strand of the scoping work that was carried out for the ChaMPs
alcohol social marketing campaign was the commissioning of research to develop insight into the lives of hazardous and harmful drinkers in Cheshire and Merseyside, in order to segment the population by producing a series of profiles. These profiles were developed using geodemographic information from the Experian system\(^3\), combined with other consumer and regional public health data (Carlin et al., 2008).

Mosaic UK is a consumer classification system for the UK produced by Experian. It uses over 400 data variables to segment the UK population into 61 types aggregated into 11 groups. Because two of the groups represented very small proportions of the population in Cheshire and Merseyside (≤ 3.1%) they were excluded; a series of nine profiles were subsequently developed. The largest of the Mosaic groups in the Cheshire and Merseyside sub-region is Ties of Community. Across Cheshire and Merseyside, the largest estimated number of harmful drinkers – 15,680 – and hazardous drinkers – 51,791 – are found in this group (Carlin et al., 2008). Figure 2.4.1 gives an overview of the features of this group.

**Figure 2.4.1 Overview of Ties of Community**

The drinking pattern for this group is one of drinking outside the home, particularly for men. There are a significant number of households who have young children and a number of these may be single parent households given the higher than average number of divorced and separated women. This may have an impact on their ability to drink alcohol outside the home because of family commitments. Similar to the Happy Families group the importance of relationship management, and how it affects and is affected by alcohol needs to be unpicked further here. Men and women may have very different reasons for drinking and there is clearly a marked difference between men and women’s attitudes, particularly in relation to boredom. Men may also have less strong social networks and, therefore, pubs may be important in providing this given that most drinking is done outside the home. Care needs to be taken in exploring the role of pubs here and their value in people’s lives. In comparison, women may have stronger relationships with friends but their relationship with food (in terms of their lack of pleasure) warrants further exploration.

Adapted from Carlin et al., 2008.

The ChaMPs social marketing campaign was targeted at a sub-group of the Ties of Community cluster, namely men between the ages of 35-55 years – see Figure 2.4.2. For men in this group drinking tends to take place outside of the home – predominantly in pubs – and this setting was the specific focus for the intervention.

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\(^3\) Experian is a leading global information services company providing data and analytical tools to a number of companies. (http://www.experian.co.uk/about-us/index.html)
There has been a small, but steady increase in alcohol consumption in middle and older age groups in recent years (Smith & Foxcroft, 2009). Furthermore, men are more likely to drink than women, and drink more than women, although there has been a narrowing of the gap, with the drinking behaviour of women approaching that of men (Smith & Foxcroft, 2009). Whilst men in this age group may be more likely to be drinking above sensible levels compared to women, evidence suggests that they are less likely to seek help about their health in general, and this is particularly the case with single men. However, men have been found to value their health although they do not readily seek help, particularly from formal sources (Men’s Health Forum, 2010; White, Cash, Conrad, & Branney, 2008; Our Life, NHS North West & Pfizer, 2010). This suggests that there may be a number of unmet health-related needs in men in this age group who drink in pubs.

**Figure 2.4.2 The target group for the intervention**

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<td>Social grades C2/D*</td>
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<td>Mostly drinking beer in pubs and social clubs</td>
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<td>Reasonable levels of motivation to change their lives</td>
</tr>
<tr>
<td>Majority at pre-contemplation stage</td>
</tr>
</tbody>
</table>

* C2/D: skilled working class (according to the National Readership Survey social grades classification)

Figure 2.4.2 indicates that it had been decided by the ChaMPs social marketing team to target those who were not thinking about changing their behaviour (that is, they were at the pre-contemplation stage). It also indicates that the intervention was based on the transtheoretical model of behaviour change (Prochaska & Diclemente, 1983), which conceptualises behaviour change as a linear process comprising six stages: pre-contemplation; contemplation; preparation; action; maintenance; termination. The model describes those at the pre-contemplation stage as those who are not contemplating change in the foreseeable future, normally taken to be in the next six months (Bunton, Baldwin, Flynn, & Whitelaw, 2000). Given that the initiative had a clear and specific behavioural goal, namely, to reduce the levels of hazardous drinking within the target audience by encouraging them to cut down and drink to more sensible levels, the initiative had the aim of seeking to move those at whom it was targeted from one stage to the next – from pre-contemplation to contemplation and further towards preparation and action.

Social marketing makes use of the concept of the ‘marketing mix’. The 4 Ps model – product (which can be a service), price, place, and promotion – is often referred to in commercial marketing to represent the elements of an intervention. This model has been described as too simplistic to represent the elements that go into a multifaceted social marketing project (National Social Marketing Centre, 2007). However, the model is used here to describe the intervention in a somewhat simplified form and to
also serve as a useful device on which to base the underpinning theory of change (outlined below). Figure 2.4.3 shows the key inputs into the intervention.

**Figure 2.4.3 The marketing mix: NHS Health Check and Wind Down initiative**

<table>
<thead>
<tr>
<th>Elements</th>
<th>Inputs</th>
</tr>
</thead>
</table>
| **Product** | • Health check: a one-to-one 30 minute appointment with a *healthworks* tutor or a pharmacist\(^4\), to include measurement of blood pressure, blood glucose, cholesterol, BMI, waist circumference, and body composition. Advice on heart disease prevention was provided to motivate people to make healthier lifestyle choices. (A health information pack was also provided – *healthworks* only.) Onward referral to appropriate health services was offered where appropriate.  
• The Wind Down was a period, normally towards the end of the evening, when purchasing a low alcohol or soft drink gave entry into a prize draw.  
• For those entering the prize draw emails or text messages were sent that provided health information.  
• Together, these inputs supported the aim of raising awareness about the harms of drinking alcohol and communicated the key message ‘drink a little less, see a better you’.
| **Price** | • The product, as outlined above, was free.  
• Engaging with the initiative in terms of the health check involved giving up 30 minutes of time that would otherwise have been spent in the pub.  
• The intervention was introduced into the setting where those in the target group were present, thus accessing them in a real-life social situation. This meant that beyond the health check, there was minimal time expended in engaging with the intervention. |
| **Place** | • The pub was the setting in which the product was implemented, supported by the creatives\(^5\), placed strategically to maximise their impact and convey subliminal messages to support the health checks and Wind Down. |
| **Promotion** | • Creatives in the form of mirror stickers, pull-up stands, mirror posters, mugs, and prize draw entry postcards were distributed throughout each pub.  
• Creatives communicated the key message ‘drink a little less, see a better you’, and advertised the health checks and Wind Down.  
• The bar manager, encouraged customers to participate in the health checks, the Wind Down and prize draw. |

\(^4\) *Healthworks* carried out the health checks in three of the five case study pubs. In one pub pharmacists were used. In another pub, a company called Optimus carried out the checks.  
\(^5\) ‘Creatives’ is the collective term for all the publicity and marketing materials that were developed to support the initiative: mirror stickers, mirror posters, pull up stands, mugs, and so on.
The NHS Health Check and Wind Down initiative ran for eight weeks in each pub. Health checks were provided by an outside company or pharmacists and were offered through an appointments system. Appointments were offered between 4.00–7.30pm on one or, in some cases, two evenings. The Wind Down was scheduled to run between 10.00–11.00pm Monday – Thursday and was the time when customers were encouraged to drink an alternative soft drink or low alcohol drink, for which they would be entered into a prize draw. The initiative was supported through a range of creatives that were displayed in the pub (see Appendix 1).

2.5 Theory of change
The first stage in the design of the evaluation was to develop a theory of how change might be brought about, using the description of the initiative set out above. The theory of change approach to evaluation was first put forward by Connell and Kubisch (1998), drawing on the work of Weiss (1995). It was one of the first attempts to develop an evaluation framework that was appropriate for complex community initiatives and has been developed and refined since this time. The theory of change approach places an emphasis on understanding how interventions are supposed to work, challenging the validity of assumptions about the causes of the problem and the perceived solutions. It provides an explanation for why the intervention might work by describing a pathway of change. As Weiss (1995) has pointed out, if the intervention is shown not to work, then the assumptions about the causes and solutions must be wrong.

The theory of change approach is based on a relatively simple and straightforward three-stage process:
- surfacing and articulating a theory of change;
- capturing data on the initiative’s activities and intended outcomes;
- analysing and interpreting the results of an evaluation.

The key aspect of this approach to evaluation is stage 1 – surfacing and articulating a theory of change. This stage seeks to explain how the intervention might lead to changes by linking activities, outcomes and contexts of the initiative. It therefore helps to identify key contributors to change, sensitises researchers to the interplay of factors that might operate at different levels, and focuses attention on the possibilities for change and what can be worked on. This suggests that developing a theory of change can be of use to those who are at the design stage of initiative development because it gives emphasis to providing a theoretical explanation to account for what works for whom and under what circumstances (Pawson & Tilley, 1997). Chen (1990) advocates a process through which evaluators and other stakeholders ‘co-construct’ the theory, although Connell & Kubisch (1998) argue that in reality this is unlikely to happen.

Central to theory development is a commitment to considering the links between outcomes and the internal features of the programme, such as interactions between staff and participants, which makes making attribution easier. This approach to evaluation also views contextual factors not as confounding variables but as part of understanding project implementation and success because initiatives take place in a
changing social world. Pawson & Tilley (2007) draw attention to the fact that “Interventions are always inserted into existing social systems that are thought to underpin and account for present problems”. The theory of change approach should take this into account in seeking to describe and explain how change might come about through the work of the initiative.

One way of developing a theory of change that has become quite commonplace in recent years has been to draw up a model based on inputs, outputs and outcomes. Figure 2.5.1 shows a simplified example of such a model that has been developed to understand how the NHS Health Check and Wind Down initiative might reach its identified behavioural goals. It has been based on the description of the marketing mix presented in Figure 2.4.3.

**Figure 2.5.1 Theory of change: NHS Health Check and Wind Down initiative**

![Diagram of the theory of change showing the steps of the initiative](image)

2.6 Conclusion
Chapter 2 has set out the approach used in the ChaMPs alcohol social marketing NHS Health Check and Wind Down initiative and located it within the broader context
of the nature and purposes of social marketing as an approach to facilitating behaviour change. This understanding, particularly of the marketing mix, was used as a basis for designing the evaluation, which is described in Chapter 3.
Chapter 3
Evaluation methodology

3.1 Introduction
A number of important considerations informed the design of the evaluation, including the aim and objectives as set out in the tender specification, the resources available, the timescales, and the need to work closely with those organising and delivering the intervention. Moreover, the evaluation had to take place in ‘real time’ – in other words, it had to align itself with the planned schedule for the roll out of the NHS Health Check and Wind Down initiative across the Cheshire and Merseyside sub-region. This Chapter describes the overarching study design, the sampling strategy and the data collection methods used in the evaluation.

3.2 Study design
The overall study design comprised a series of case studies, each ‘case’ being the pub in which the intervention was delivered. Case studies typically use multiple methods of data collection for two important reasons. First, using multiple methods means that emerging findings can be corroborated from different data sources through a process of triangulation, which in turn increases the validity of findings (Denzin & Lincoln, 1994). Secondly, using multiple methods allows a more complete picture of the organisational setting and the implementation of the initiative to be established (Dopson, 2003). In keeping with case study design, a number of different methods of data collection were used to understand the way in which the intervention had been implemented in each pub. In addition, a pre- and post-intervention study was integrated into each case study. The aim of this was to explore outcomes in the target group, following the intervention. In consultation with the project steering group an evaluation framework comprising a list of outcomes against which to measure the effectiveness of the intervention was compiled and can be found in Appendix 2. In addition to these outcomes, a number of process indicators that had been identified for the pilot phase of the evaluation were adapted and used (see Appendix 3). The aim of using process indicators was to explore the acceptability of the intervention with those at whom it was targeted and, in so doing, explore the extent to which men in the target group (in particular) engaged with it.

Fieldwork took place from January 2010 to April 2010.

3.3 Recruitment of pubs
In December 2009 the ChaMPs social marketing team recruited a number of pubs to take part in the intervention. Those pubs that agreed to take part were also asked if they would participate in the evaluation. This resulted in five pubs being involved in the evaluation, as shown in Table 3.4.1.
Table 3.3.1 Pubs participating in the evaluation

<table>
<thead>
<tr>
<th>Pub</th>
<th>PCT area (with partner)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pub 1</td>
<td>Sefton</td>
</tr>
<tr>
<td>Pub 2</td>
<td>Liverpool PCT with Trading Standards</td>
</tr>
<tr>
<td>Pub 3</td>
<td>Knowsley</td>
</tr>
<tr>
<td>Pub 4</td>
<td>Central and Eastern Cheshire</td>
</tr>
<tr>
<td>Pub 5</td>
<td>Sefton</td>
</tr>
</tbody>
</table>

3.4 Recruitment of individuals
Approximately three weeks prior to the field work taking place, posters displaying information about the evaluation were placed prominently in each of the pubs (Appendix 4). One to two weeks prior to the intervention starting, researchers visited each pub between 4.00-8.00pm to recruit men in the target group to participate in the evaluation. Two visits were made to the Caradoc and the Mons prior to the intervention and one visit to each of the other pubs. Potential recruits were given a participant information sheet (see Appendix 5) and asked for their consent to participate in the evaluation. The baseline questionnaire was completed at this point with those who gave their consent. They were, in particular, asked for their consent to be contacted in approximately 10 weeks time (once the intervention was over) in order to carry out a telephone interview. This required them to give their preferred contact details to the researcher. In order to follow up all those who consented to be contacted six attempts were made, at different times of the day, including the evening, to carry out the telephone interview, after which time no further attempts were made.

In addition, men and women from outside the target group were recruited in order to explore their views of the intervention. Again, potential recruits were given a participant information sheet (see Appendix 5) and asked for their consent.

Bar staff, specifically the bar manager, were also recruited to the study, using the same process (Appendix 5) and consent was sought (Appendix 6).

3.5 Data collection
At each case study site the following data collection activities took place:
- baseline questionnaires (one to two weeks prior to the intervention) and follow-up telephone interviews (approximately 10 weeks later) with men from the target group;
- site visits to conduct observation of the intervention, particularly the Wind Down element of the intervention;
- semi-structured interviews with the bar manager.

In addition, data that were collected as part of the intervention were requested from relevant parties. The aim of this was to make use of this data in order to build up a picture of how people were engaging with the intervention:
- summarised group-level data from the health checks;
- data on numbers entering the prize draw;
• data on numbers of text messages sent and opened.

3.6 Data collection instruments

In consultation with the project steering group, two structured questionnaires were developed to capture data at baseline (Appendix 7) and at follow-up (Appendix 8) from those in the target group. The baseline questionnaire was adapted to incorporate a section that could also be used with those outside of the target group whose views were sought in relation to the acceptability of the intervention.

Semi-structured face-to-face interviews were carried out with each bar manager (one interview was carried out by telephone). A copy of the interview schedule can be found at Appendix 9.

Observation was carried out during visits to each pub in order to capture qualitative data on implementation processes, such as interaction between deliverers and men in the target group, contribution of staff, pub context, positioning of creatives, and responses to the Wind Down. One visit was made to each pub between 9.30-11.00pm to observe the Wind Down and interact informally with bar staff and customers. An observation schedule can be found at Appendix 10.

3.7 Data analysis

Qualitative data from the interviews with bar managers and from the baseline and follow-up questionnaires were digitally recorded and transcribed verbatim. A thematic analysis was carried out and a coding frame developed. The codes were progressively collapsed and grouped by the emerging themes and sub-themes. The main focus of the analysis was guided by the research aims and objectives in terms of specifying the areas to explore. In the presentation of findings anonymous quotations are used to illustrate the themes and sub-themes.

Quantitative data from the baseline and follow-up questionnaires were analysed using SPSS.

3.8 Research ethics

Ethical approval for the study was received from the Faculty of Applied and Health Sciences Research Ethics Committee at the University of Chester in November 2009. (The research team was advised that NHS approval was not required.)
Chapter 4
The impact of the NHS Health Check and Wind Down initiative

4.1 Introduction
This Chapter presents the findings from the evaluation and explores the extent to which the NHS Health Check and Wind Down initiative was a catalyst for change. In order to explore this question, the findings are organised and presented in relation to three inter-related aspects of the intervention. First, the extent to which people engaged with the intervention is explored. Second, as part of this exploration, the elements of the initiative which were effective in engaging people will be identified and discussed. Third, the outcomes from the intervention are explored at two levels: the individual pub user level and the level of the pub setting. In exploring the outcomes, attention will be given to seeking to understand which elements of the intervention might have been effective in bringing about change. Qualitative and quantitative data are combined in order to shed light on each of these issues.

The findings presented in this Chapter are based on the following:
- seven visits to the five pubs to recruit participants and carry out the baseline data collection;
- five observations, one carried out in each pub;
- five interviews with bar managers, one from each pub;
- responses from 27 baseline questionnaires with those in the target group;
- 13 follow-up telephone interviews carried out 1-2 weeks after the intervention with those in the target group;
- 21 baseline questionnaires with those outside the target group;
- analysis of health check data;
- compilation of data on the prize draw.

4.2 People's engagement with the initiative
How successful an initiative is in bringing about change is, in part, a reflection of the extent to which people have engaged with it, particularly those who are in the target group. Because the intervention was delivered in a pub, all those who visited the pub during the intervention period would, to a greater or lesser extent depending on the frequency and duration of their visits, as well as their behaviour once in the pub, have been exposed to the intervention in some shape or form. However, the term ‘engagement’ is used here to convey a more active form of behaviour. Thus, key indicators of engagement used are: the uptake of health check appointments; participation in the Wind Down; and, knowledge and awareness of the key messages of the initiative. The concept of ‘engagement’ is also used here to convey a dynamic process of interaction between members of different stakeholder groups, as well as interaction between the customers and the different intervention elements. Thus, how customers interacted with bar managers, those delivering the health checks, and other customers are important to study, as well as how ChaMPs staff interacted with pub staff. These aspects of engagement are explored further here.
4.2.1 Overall engagement with the initiative
The first stage in recruiting pubs to participate in the social marketing initiative involved members of the ChaMPs social marketing team working with bar managers to explain the purpose of the intervention, their role in it, and how it would be implemented in the pub setting. Comments from the bar managers indicated that there was some initial anxiety about participating, as the following quotation indicates:

‘At first I was a bit … because we were a pub and they were asking people not to drink. That was my first impression but when they did explain that that was not what they were here for then I did think we could have a go.’ (104.4.sa).

The support provided by the ChaMPs team was thought to be good, in terms of the provision of materials, including all the creatives and responses to questions. Overall, the view was that the bar managers had little to do themselves in terms of organising and implementing the initiative, as the following quotation illustrates:

‘They were absolutely brilliant, really good … in that they come in and explained everything, what they want to do and why they wanted to do it and I just thought it was a good campaign.’ (104.c.sa).

These quotations reflect how access was negotiated by the ChaMPs team, a process that led to the intervention being implemented in these pub settings. This can be viewed as a successful outcome in its own right.

4.2.2 Engagement with the initiative’s key messages
The creatives were the primary vehicle through which the initiative’s key messages were conveyed, as well as promoting the health checks and Wind Down. At follow-up, 11 (85%) men said that they were aware that there had been a health initiative in the pub and 9 of these (69%) said that they had seen the materials. However, observation carried out during the intervention indicated that the creatives were not always prominently and extensively displayed. Some bar managers said that they did not have enough space to put them up or accommodate the large pull-up stand. However, overall the bar managers were positive about the materials describing them as ‘brilliant’ and ‘good quality’. One customer suggested putting them in the toilet cubicles, which would, he thought, get them noticed.

Overall, the view was that the creatives were eye-catching and helped to make people aware of the initiative. There were different views about the messages and composition of the materials. Mostly people had positive things to say, commenting that they thought people looked at the posters and mirrors because they talked and joked about the messages such as those about the grumpy old dad. However, there was some questioning of whether or not people actually ‘took things in’. In terms of the tone of the messages one bar manager said:

‘I think the message was loud and clear and I think the way they did it as “see a better you”, and they added a bit of fun to it rather than just a preaching notice … it was a bit of
humour. I think how they’ve looked at it has been quite realistic in that they’re not dictating, not preaching, keeping the humour … I think it was well thought out.’ (104.tch.sa).

A few customers were more critical of the messages, one person describing them as ‘a bit cheesy’ saying:

‘I think it should be more hard hitting that it can damage your health, more towards the health side of it than just seeing a better you.’ (104.hh12.sa).

At the follow up, 6 people (60%) said that they thought the materials had been very effective or somewhat effective.

4.2.3 Engagement with the health checks
One of the main elements of the initiative was a free 30 minute health check. The number of health check appointments available in each pub varied. Table 4.2.3.1 shows the number of health checks offered, the number delivered and the percentage uptake. (It should be noted that because of the way the data were compiled it is not possible to work out the uptake in the target group.)

<table>
<thead>
<tr>
<th>Pub</th>
<th>Number of health check appointments</th>
<th>Number of health checks delivered</th>
<th>Percentage uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pub 1</td>
<td>28</td>
<td>16</td>
<td>57</td>
</tr>
<tr>
<td>Pub 2</td>
<td>28</td>
<td>20</td>
<td>71</td>
</tr>
<tr>
<td>Pub 3</td>
<td>7</td>
<td>6</td>
<td>86</td>
</tr>
<tr>
<td>Pub 4</td>
<td>14</td>
<td>12</td>
<td>86</td>
</tr>
<tr>
<td>Pub 5*</td>
<td>14</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>91</td>
<td>55</td>
<td>60</td>
</tr>
</tbody>
</table>

* This pub was included at relatively short notice as a replacement for a pub that withdrew from involvement in the campaign. This meant that there was a shorter lead in time to the launch of the initiative. It was also perceived by the alcohol social marketing team that there was less engagement with the initiative in this pub, in part because of the type of pub that it was that had a strong focus on families and the provision of family meals.

Of the 55 health checks carried out in the five pubs, 87% (49 people) were delivered to men. The majority of people were White British (98%, 48 people out of 49 people) and 70% (23 out of 33 people) were in full-time employment. Figure 4.2.3.2 shows the age break down for those having a health check. Overall, 60% (33 people) were between the ages of 36-55 years. There were no other sociodemographic data collected about those who opted into the health checks.
Although the health checks were targeted at men between the ages of 35-55 years, if interest was expressed by people outside of this group and appointments were available, these criteria were relaxed. Overall, customers (both those inside and outside the target group) and bar managers thought the idea of offering a free health check in a pub was a good one. Several people made the point that for men in particular, offering health checks in a pub was a good idea. For example, one man who had had a health check said:

‘I thought it was a good idea myself, personally. It was very unusual to have it in a pub but I thought it was a good idea, especially when you’ve got lads that are finishing work and they’re not going to go to the doctors anyway. If the opportunity is there to have that health check then yeah, it’s a good idea.’ (104.c15.sa).

An additional idea that was expressed by those who thought it a good idea was that it was a way of accessing those people who might think they were well and therefore were unlikely to go and see their doctor, but who did have health needs. For example, one of the bar managers said:

‘There was one guy, his blood pressure was through the roof and he didn’t feel ill. He said, “I’m glad I’ve had that done; I’d have never just gone and had my blood pressure checked because I feel OK” … so there’s been a few surprises.’ (104.04.sa).

A minority of customers thought that it was not a good idea and there were two reasons put forward to explain this view. One reason centred on the idea that a pub was not an appropriate place for a health initiative because it represented an intrusion. For example, one man of 35-44 years of age said:

‘Not overly keen! You’re bombarded with images from all angles and the pub is my escape!’ (12tch.sa).
The second reason expressed the idea that regular health checks could be accessed at work and through the GP. In this case, having the opportunity to access a similar type of health check in other settings reduced the perceived advantages of having it available in the pub.

It was evident that there was some initial anxiety amongst bar managers about the extent to which people would sign up for appointments as well as the impact that they might have on the atmosphere of the pub. It was evident that bar managers thought they had a key role in, and responsibility for, raising awareness of the initiative in general and of the health checks in particular. They talked about the way they offered reassurance and encouragement to customers, some of whom were scared, and found that in spite of initial reservations, the health checks proved to be popular with many customers:

‘In the very beginning I was a bit concerned thinking, oh my God, I hope I can drum up the people to do this and yet when I started asking, a lot of people just jumped forward saying “yeah, we’ll go for that”.’ (104.c.sa).

It was also evident that as the health checks got underway further interest was generated by conversations about the experiences of those who had had a health check. Unlike the normal processes in primary care through which individuals receive results of tests, the pub-based health check fed back results immediately. The social nature of the pub setting meant that as people returned to the bar following their check they talked about their positive experiences of the process, as well as their individual test results. The health check and the results were described as being a rich source of conversation and ‘banter’, with one bar manager observing that it was like a competition as to who could get the best results:

‘… it was probably good banter on the night because they were all having a laugh with each other. They started putting bets on who would be next and all this. It created a good environment on the night, especially between the women who wanted to have a go.’ (104.4.sa).

As this quotation also illustrates, the general perception was that the introduction of the health initiative into the pub setting had not altered the atmosphere – a matter that was thought to be a positive outcome. Some however made the point that the atmosphere had changed – and for the better – precisely because of the ‘buzz’ and ‘banter’ that had been generated by the initiative.

The health check process was talked of very favourably by those who had received a check. People tended to compare it with what was seen to usually happen when they visited the doctor. The main issue that was identified as being different – and therefore better – was the nature of the interaction with the staff conducting the health check. People described it as ‘informal’ and ‘pally’, with the tutors ‘explaining absolutely everything’ and often linked this approach to being less frightened about the results, as the following quotation illustrates:

‘It was fine, very relaxed, no pressure. There was no sense of panic like you might get when going to the doctors.’ (104.HH7.sa).
The offer of a free health check was also attractive to those outside of the target group and this was one of the points of tension for bar staff. Given the range of people in the pub during the period of the intervention and the way in which the health checks became a topic of conversation, women and those men outside the target age group expressed an interest in the health checks, as one bar manager explained:

‘Once they were coming back with reports, that was making it worse; they all wanted a go.’ (104.4.sa).

Bar managers offered qualitative comments on how they thought the health checks could work better. Introducing a degree of flexibility in appointments was thought to be the best way to maximise the use of the slots available. Given the interest shown by those outside of the target group – particularly among women and young men – it was thought that it would be beneficial to allow others to take up the opportunity of a free health check. As one customer said: ‘… there’s lots of unhealthy people in pubs’.

Table 4.2.3.2 shows the results of the tests carried out for the 55 people who had a health check, based on the data that were made available. Because the health checks were not all carried out by the same company some people did not have all the tests; this is particularly evident for those who had a health check in the Hare and Hounds pub. It should also be noted that because the health checks were offered on an opt-in basis, those choosing to have a health check were a self-selected group, who may well not be representative of those who typically drink in the case study pubs, nor representative of those who were in the target group. Furthermore, opt-in health checks might tend to attract those who believed they were healthier rather than those at whom the health checks were directed. However, the results from the tests indicate that individuals with a range of health risks had a health check. Overall, 65% (36 people) were classified as overweight/obese/very obese. This is reflected in the results from the body composition test which revealed that just under half of those who had this test (48%; 16 people) fell into the ‘poor’ category.

In terms of self-reported lifestyle factors, the data indicated that, as a group, a number of risk factors were evident. Overall, 51% (37) said they were physically active for the recommended amount of time each week. Just under half (42%; 14) said they ate the recommended amount of fruit and vegetables each week and 45% (25) said they were smokers. In relation to weekly alcohol consumption, 80% (44) said that they exceeded the recommended units.

Overall, the data therefore indicate that the offer of a free health check had attracted a group of people with a number of health-related needs and risks.
Table 4.2.3.2 Results from the health checks

<table>
<thead>
<tr>
<th>Health check tests</th>
<th>Pub 1</th>
<th>Pub 2</th>
<th>Pub 3</th>
<th>Pub 4</th>
<th>Pub 5</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underweight</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Healthy</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>19</td>
<td>35</td>
</tr>
<tr>
<td>Overweight</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>21</td>
<td>38</td>
</tr>
<tr>
<td>Obese</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>Very obese</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Body Comp</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>No data</td>
<td>3</td>
<td>No data</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Good</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Fair</td>
<td>3</td>
<td></td>
<td></td>
<td>6</td>
<td>0</td>
<td>9</td>
<td>27</td>
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</tr>
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<td>No data</td>
<td>3</td>
<td>1</td>
<td>14</td>
<td>42</td>
</tr>
</tbody>
</table>

* Futrex 5000A uses infra red light to estimate body fat percentage. ** Total cholesterol, non-fasting. *** Cardiovascular disease risk indicated by waist circumference. No data = no test carried out.
4.2.4 The Wind Down: prize draw and texts

The other element of the intervention that was designed to support people 'drink a little less' was the Wind Down. Those people buying a soft drink or low alcohol drink during this period (normally scheduled to run between 10.00-11.00 pm) could enter a prize draw (the prize being high street shopping vouchers) by filling in a postcard. At this time people were also asked to give their mobile telephone number so they could receive two text messages containing information on health issues.

Many pub users were aware of the Wind Down, having seen it publicised on the posters and mirrors, or having been introduced to it and the prize draw by the bar manager. However, some customers said they were not aware of it, probably because they had not been in the pub when it was scheduled to run. Responses from the 13 men in the target group who were followed up after the intervention indicated that most of them (11, 85%) were unaware of the Wind Down promotion, although four of the 10 who answered the question would you consider drinking a non-alcoholic drink during the last hour of the evening (40%) said they would.

Overall, there were mixed feelings about the Wind Down and it was possible to identify three different views. Some people expressed the idea that it was a good idea ‘in theory’ but unlikely to work in practice. Those expressing this view explained that they could see the purpose of the Wind Down, as the following quotation illustrates:

‘… it’s a good idea … it does what it says on the tin … it winds you down.’ (104.hh8.sa)

The main reasons given for why people thought that it would not work in practice was because, in their view, people came to the pub primarily to drink, as one bar manager put it:

‘… they come in to have a pint and they want a pint!’

(104.C.sa).

Others expressed the view that it was not a good idea, and gave similar reasons to those illustrated above: namely, that those who came to a pub did so to drink alcohol. The bar managers in particular expressed the view that this was one of the most challenging aspects about the initiative and said that they had found it hard trying to persuade customers to try a soft drink or low alcohol beer. They explained that even if someone had a soft drink it would not reduce their overall alcohol intake on that occasion because it would be drunk in addition to their normal quota of drinks. Even the prize draw was not perceived to be sufficient incentive to over-ride the drive to carry on drinking. Observations of the Wind Down periods in the case study pubs tended to suggest that bar staff did not routinely offer alternative drinks to their customers by way of actively promoting the Wind Down. An explanation for why this aspect of the initiative floundered can be found in some of the accounts that were put forward by bar staff and customers. In those pubs where the majority of customers were regulars their interaction with bar staff was often based on a mutual understanding of their drink preferences. This meant that the nod of the head or the use of the phrase ‘the usual’ was the way in which drinks were ordered, leaving little...
scope to insert a dialogue that offered an alternative. One bar manager expressed it thus:

‘They know what the customer wants; that’s why they work here; they anticipate everybody’s needs. They’re not going to look silly and offer a soft drink when they know they normally drink Carlsberg. Don’t get me wrong, they did do it; they were saying “do you want to swap your pint for a soft drink and enter a prize draw” and they were like “no”.’

(104.tm.sa).

The third view that was expressed related to the fact that the Wind Down would not work because customers used the pub in a number of different ways that meant that the timing of the Wind Down was wrong. The explanation that was offered was that many customers went to the pub on their way home from work and were gone by 8 o’clock. Some suggested therefore that the Wind Down session should be brought forward to an earlier time. One pub had in fact brought the Wind Down forward to 7.00pm, but reported that they had had only moderate success. Other customers tended to visit the pub at about 10.30pm for a drinking session and, it was perceived, would see the Wind Down as irrelevant to them. A third group that was identified related to those who came to the pub early and stayed for the duration of the evening. Men in this group tended to drink slowly and enjoy socialising with others over the course of the evening. However, as one bar manager commented, customers who fell into this group tended not to be interested in a soft drink. These qualitative comments give additional insight into the pattern of behaviour of customers and indicate that, as a group they are more differentiated than perhaps originally thought.

One of the bar managers suggested that it might be more likely to work with other groups and identified women:

‘I did find it difficult with the men. With women it might have had more … women do think a little bit more, especially in that age bracket.’ (104.c.sa).

Some indication of engagement in the Wind Down is indicated by the number of prize draw entries. Table 4.2.4.1 shows the number of postcard entries to the prize draw in each of the five pubs. There was no limit on how often people could enter the prize draw so these numbers do not equate to individuals.

Table 4.2.4.1 Postcards entries to the prize draw

<table>
<thead>
<tr>
<th>Pub</th>
<th>Number of postcard entries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pub 1</td>
<td>9</td>
</tr>
<tr>
<td>Pub 2</td>
<td>32</td>
</tr>
<tr>
<td>Pub 3</td>
<td>10</td>
</tr>
<tr>
<td>Pub 4</td>
<td>19</td>
</tr>
<tr>
<td>Pub 5</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
</tr>
</tbody>
</table>
Given that the Wind Down was scheduled to happen between 10.00–11.00pm Monday – Thursday for the eight week duration of the initiative, these figures indicate limited success with promoting soft drinks or low alcohol drinks. Some of the explanations for this have been described above. In addition, there was some indication in the comments from the bar managers that the Wind Down was the element of the initiative that they had most anxiety about. Part of this was connected with the current climate within which they had to generate income from the business, and the Wind Down was seen as something else that might threaten this. This was expressed particularly strongly by one bar manager:

‘Myself, personally, I thought it would affect my sales; that put me off. If I sold lots of soft drinks instead of beer I’d lose a pound every time.’ (104.tm.sa).

The bar managers had a pivotal role in supporting the Wind Down and the concerns that were expressed might have limited the extent to which they actively engaged with this aspect of the initiative. There was some suggestion from one bar manager that the prize draw was of limited value in encouraging people to engage in the Wind Down.

Those who entered the prize draw\(^6\) received four text messages. Nine (90\%) of those followed up said they thought this was a good way of receiving information on health issues. Slightly fewer said they would be interested in receiving health information by post (7, 78\%) and fewer still by email (6, 60\%).

### 4.3 Evidencing change

The central message of the initiative was ‘drink a little less, see a better you’ reflecting the key behavioural goal of helping men reduce their alcohol consumption to more sensible levels with subsequent improvements in their health. A secondary objective was to move men along the stages of behavioural change towards action. The extent to which these goals were realised in men in the target group is discussed below with reference to both the qualitative data and quantitative outcome data.

Analysis of the post-intervention follow-up data revealed a number of changes that had been made. These were categorised into: increases in awareness about the harms of drinking; contemplating adjustments in lifestyle; actually changing lifestyle; making contact with health services. As discussed above, the way in which people re-entered the social setting of the bar having participated in a health check and re-joined friendship groups tended to generate conversations about advice given in relation to test results and this was seen as an indication of a heightened awareness. One man said:

‘I think it made people more aware, because the people who I did see go to the health check and come back, they were talking in their groups regarding the health check. So, I think it brought that awareness.’ (104.hh12.sa).

\(^6\) In total, 63 people entered the prize draw. Of these, 7 did not provide a telephone number to receive the follow up message. Therefore, 56 people should have received a text message.
Men who talked about becoming more aware as a result of the health check linked this with contemplating changing certain aspects of their lifestyle or actually having changed certain behaviours, and not just in relation to drinking, but also diet and smoking. The kinds of changes that people identified are illustrated in the following quotations:

‘After, I made a query asking about my LDL cholesterol having to be higher. I thought cholesterol was cholesterol but he explained about good and bad and the low density coming from fish, seafoods and that kind of thing, so I am eating more fish. That’s the only thing that changed but me diet wasn’t bad anyway.’ (104.c9.sa).

‘Yeah, because I used to drink all the time but now I will go in and have soft drinks when it suits. I start on soft drinks, have a couple of pints and finish on soft drinks.’ (104.c15.sa).

The bar managers also gave examples of changes that some of their customers had made. For example, customers had talked to them about going to visit the doctors as a follow up to the health check, as they had been advised, as one bar manager explained:

‘… one was saying he went to the doctors for his cholesterol afterwards and ended up getting a diet sheet off him.’ (104.4.sa).

One bar manager gave an example of how there had been a carry over effect from the Wind Down:

‘There wasn’t a big uptake on that to be honest with you. There wasn’t, but we did get a few which was good and we still have a few doing the same thing at the end of the night. May be only three or four, but it’s made a bit of a difference.’ (104.c.sa).

All interventions will have a differential impact on people. Thus, as the previous discussion indicates, whilst there were many examples offered of the changes people were making as a result of the initiative, there was also evidence that the health checks might have an unintended consequence. If the test results were within the range of what was acceptable, this might confirm that people’s lifestyles were nothing to worry about, as one customer explained:

‘I drink in here almost every day and my facts and figures came out almost spot on so what do I think? I’m going to stay as I am, I’m not going to drink less.’ (104.1HS.sa).

The bar managers also expressed the view that some customers’ drinking patterns would be very difficult to change because of the established pattern of drinking over a long time scale. For example, one bar manager said:

‘Most of the customers have drunk in here since the day the pub was built so they’re not prepared to give up a pint of lager for a soft drink.’ (104.tm.sa).
There was also some indication that in addition to the changes that individuals said they had made as a result of the intervention, there had been some pub-level changes. For example, one of the bar managers talked about the promotional materials in the form of the posters and mirrors and said she would have liked to have kept them in the pub. These examples illustrate the way in which it might be possible to introduce small modifications into the pub setting, which might, incrementally, lead to a shift in cultural norms over time.

A further way in which the evaluation sought to evidence change was through measurement of a number of outcomes, defined in relation to the initiatives key goals and objectives. These outcomes formed part of the pre- and post-intervention measurement of change in relation to the following:

- increase in the number of men who are drinking a little less;
- increase in the number of men who rate their own health positively;
- increase in the number of men who move towards action;
- increase in the number of men who are in contact with relevant health services.

Overall, 27 men in the target group were recruited at baseline from the five pubs and agreed to be contacted after the intervention. Success with recruitment was determined by the numbers of men in the target group in the pub at the time field visits were carried out from whom consent could be gained. The nature of some pubs made it difficult to recruit. For example, in one pub where there was a large family restaurant, people were preoccupied with eating and organising children and did not want to be recruited at that time.

Of the 27 men who agreed to be contacted after the intervention, 13 were subsequently contacted, a follow-up rate of 48%. It may be the case that those who could not be followed up, were those who were more at risk from their drinking. Therefore, in order to maximise the extent to which the two groups (pre- and post-intervention) were comparable, the following data relates to the 13 men in the target group for whom pre- and post-intervention responses were available. The 13 men in the target group constituted a cross-section from all of the five participating pubs. Of these, five (38%) had had a health check, two (40%) of whom said they thought that the information given during the health check would influence their behaviour. The small numbers involved in this aspect of the study mean that the data have to be treated with caution and can only be presented as frequencies and percentages. However, combining this quantitative data with the qualitative data presented above allows a more comprehensive picture of the impact of the evaluation to emerge.

**How many men reduced their consumption?**

Figure 4.3.1 shows weekly alcohol consumption pre- and post-intervention for the group of 13 men in the target group. Of note, is the decline in the number of men drinking in the highest consumption category – 41+ pints a week. Figure 4.3.1 shows the overall picture for the group as a whole but does not reveal change in weekly consumption at an individual level pre- and post-intervention.
Figure 4.3.1  Weekly alcohol consumption pre- and post-intervention for men in the target group who were followed up

In order to explore changes in weekly alcohol consumption further, the weekly alcohol consumption level at baseline was compared with follow-up for each of the 13 men in order to identify whether or not they had reduced their consumption. Six out of 13 men (46%) had reduced their consumption (that is to say, had moved from a higher category of weekly consumption to a lower category); 2 (15%) had increased their consumption (moved to a higher category) and the remaining 5 (38%) had stayed the same. Three of the five men whose consumption stayed the same were drinking within sensible limits. Of the 6 who had reduced their consumption, 3 (50%) had had a health check.

**How many men rated their health more positively following the intervention?**
For each of the 13 men, their health rating at baseline was compared with follow-up in order to explore if they were more likely to rate their health positively following the intervention. This revealed that:
- 3 (23%) rated their health more positively;
- 7 (54%) rated it the same;
- 3 (23%) rated it more negatively.

Of the 3 who rated their health more positively, 2 had reduced their weekly alcohol consumption, 2 had had a health check, and 1 had had a health check and reduced his weekly alcohol consumption.

**How many men moved towards action following the intervention?**
The initiative was informed by the transtheoretical model of behaviour change, which conceptualises behaviour change as a linear process comprising a number of stages. At baseline and follow-up men were asked how they felt about their drinking and given three options for response: their drinking was OK as it was (pre-contemplation); they should cut down on their drinking (contemplation); they were actually trying to change their drinking habits (action). Six out of the 13 men (46%) gave responses
that revealed no change in feelings towards their drinking behaviour. However, of these, 2 men thought their drinking was OK and 4 thought they should cut down. Four men moved to action – 2 from pre-contemplation and 2 from contemplation to actually trying to cut down. However, 2 men moved from action to pre-contemplation and 1 from action to contemplation.

It was not possible to report on whether or not there was an increase in the number of men who were drinking above sensible levels who were in contact with health services as this was not recorded.

4.4 Conclusion
The findings presented in this Chapter reveal an emerging picture of the possibilities for change through delivering a social marketing initiative in a pub setting. They reveal the importance of considering how a social marking initiative can be made acceptable both to key gatekeepers, such as the bar managers, as well as customers. For those in the target group who engaged with the initiative, there was also qualitative evidence of the changes that people were beginning to consider or adopt, as a result of the initiative. The quantitative evidence reveals the difficulty often associated with interpreting data on outcomes, particularly when the numbers are small. They also reveal the differential impact that an initiative can have on those in the target group. In terms of the latter point, this reflects the differing circumstances and situations in which men in the target group find themselves, the meaning that drinking alcohol in the pub has for them in their daily lives and how this is situated with regard to their health and other priorities at the point the initiative and the evaluation took place. Combining qualitative and quantitative evidence in this way gives the best opportunity for revealing the dynamics of the initiative and its many and varied consequences. These issues are explored in more detail in Chapter 5.
Chapter 5
Discussion

5.1 Introduction
Capturing change in settings is always difficult, particularly where there is the intention of trying to attribute outcomes in individuals to the intervention. This is particularly the case when studying an intervention that has been delivered in a real life setting under uncontrolled conditions. Evaluating interventions that are inserted into complex community settings is therefore a challenge. This Chapter explores what can be concluded from the findings that have been presented in Chapter 4 and considers the implications for future strategy and practice in relation to tackling alcohol-related harm in Cheshire and Merseyside through social marketing initiatives.

5.2 What was the impact of the social marketing intervention?
In seeking to answer this question it is necessary to be realistic about what an eight week intervention can achieve, as well as consider carefully the likelihood of any changes being sustained beyond the period of the intervention. People's patterns of drinking behaviour are embedded in the habits, relationships and routines of their everyday lives. However, although these patterns of behaviour have become established over time, given the right circumstances there is usually some scope for change. The findings from this study suggest that whilst people placed some value on coming to the pub to drink, there were things other than drinking that they liked about the pub: meeting people for a chat, the banter with other customers and bar staff, engaging in other activities, and so on. Thus, the pub was a valued social setting that meant it was unlikely that people would displace the pub from their daily lives. Settings-based approaches (World Health Organisation, 1986) to promoting health focus attention on the settings within which people live their lives and seek to enhance the context in a way which supports healthy activities. Whilst this approach has been applied to settings such as schools, prisons, stadia, hospitals and universities, there is little evidence that it has been applied to pubs, as with the NHS Health Check and Wind Down initiative. By situating the social marketing initiative in the pub, health, which people also valued, could become part of the dynamics of what went on in the pub – through various activities such as the health checks, through the subliminal messages conveyed through the creatives, and through conversations that unfolded as a result of people’s interactions with these elements of the intervention.

A key indicator of success is the fact that the social marketing team were able to negotiate the integration and implementation of the initiative into a number of pub settings. The consequence of this was that the pub setting changed in some important ways: it changed the dynamics of interactions between customers, between customers and bar staff, and between customers and those doing the health checks. The consequence of these interactions meant that health and drinking behaviour became a subject of conversation in ways which it would have been unlikely to have done without the initiative. The findings suggest that some of these conversations contributed to a shift in awareness about healthy lifestyles in general.
and drinking behaviour in particular, an increased desire to do something about aspects of their health they had become aware of, and, for some, actual changes in behaviour, relating to reducing alcohol consumption, improving diet and stopping smoking. Whether or not any of these changes would be sustained into the future can only be answered empirically through a longitudinal study. However, it is reasonable to conclude that the initiative acted as a catalyst for change amongst some people. This conclusion illustrates the importance of considering the relationship between context and behaviour in trying to think about how to promote health.

5.3 What were the key processes and elements that brought about change?

Given the success of the intervention in bringing about these pub-level as well as individual-level changes, it is important to identify what the key processes and elements were that generated these changes. As indicated above, interventions are implemented through people interacting with others who inhabit the same social setting. The NHS Health Check and Wind Down initiative was implemented in a number of pubs each of which differed from the other in a number of important characteristics: the personality and enthusiasm for the initiative of the bar managers; the profile of the customers; the physical arrangement of the bar; the spaces available for the display of creatives; the mix of entertainments that were scheduled during the week, and so on. This meant that the initiative would unfold in different ways in these settings, the consequence of which is a somewhat unique experience in each pub. To maximise the chances of the intervention being a catalyst for change attention needs to be directed at this configuration of factors in order to identify the key processes and elements that were important in all of the pubs studied, which are explored further here.

Overall, there was a high degree of acceptance that a pub was an appropriate setting in which to base the health check. The approach used by the staff who delivered the health check was important in engaging customers in a dialogue about the meaning and implications of their results. The ambience generated was made possible by the duration of the appointment, the relative privacy of the room in which it was carried out and the immediacy of the results. The findings revealed that having the results so quickly was important in generating conversations about the health checks and test results within the wider network of customers in the bar.

There was evidence to suggest that bar managers played a key role in implementation. The extent to which they were committed to the initiative and played an active part in promoting the health checks and the Wind Down with their customers was important. The bar manager, because of who she was, was likely to be an accepted source of information because she was an ‘insider’ – in other words, similar to the customers. Through the normal social interaction processes between bar staff and customers conversations about trying the health checks, participating in the Wind Down, discussing the results of the health checks, and so one, were key to implementation and generated a culture in which customers were more likely to engage. By the same token, bar managers who were less ‘on board’ would limit these generative mechanisms.
The creatives themselves were generally accepted to be eye-catching but not intrusive, and the humour implicit in the messages was appreciated by many. Overall, these were an important source of subliminal messages that supported the other elements of the intervention. The findings revealed that people knew the key message of ‘drink a little less, see a better you.

It is evident from this small-scale study that the pub has potential to act as a gateway to key population groups who have unmet health needs. The role of ChaMPs, and other staff, in successfully negotiating access to pub settings should not be underestimated. However, it should be noted that there was considerable investment of time in developing the initiative, negotiating access to pubs and setting up and initiating the intervention. The main beneficiaries of this were the bar managers and pubs because it meant that they had very little to do.

5.4 How could any future social marketing initiative be improved?
The following are key areas for development, if a similar social marketing initiative were to be delivered in pubs in the future.

- Prime the audience by promoting the initiative through the creatives in advance of the intervention.
- Maximise the impact of the creatives by considering their placement and size within the pub setting.
- Support sustainability of changes through an ongoing relationship with pubs, perhaps through the continued placing of creatives and other materials in the pub.
- Consider the pub as a gateway to people with unmet needs.
- Increase the volume of health checks, perhaps with a widening of the criteria to make them accessible to other target groups with unmet needs.
- Re-consider the Wind Down in the light of the differentiated nature of customers’ patterns of pub usage.
- Reconsider the use of the prize draw as an incentive to engage with the Wind Down.
- Maximise the impact of the bar manager in the implementation of the intervention, perhaps by incentivising the role.

5.5 Conclusion
Alcohol has a long standing place in British culture and the pub, as a social setting, is valued by those who visit it regularly. Its potential to act as a setting for health promotion has, to date, been under-explored. However, the findings from this evaluation suggest that it has considerable potential to act as a focus for initiatives such as the NHS Health Check and Wind Down initiative. To increase the likelihood of small improvements accumulating over time, it would be beneficial to consider how it might be possible to move away from time-limited interventions by establishing a more long-term relationship with pubs and the pub industry more widely. This relationship might also lead to some unintended consequences as was revealed in this study in relation to the addressing of smoking in the bar in one pub.
References


Canada: World Health Organisation.
Appendix 1
Creatives used in the *NHS Health Check and Wind Down* initiative

*Drink a Little Less, See a Better You* logo
Mirrored washroom poster/sticker
Mug design
Postcard
Pub mirrors
Health check poster
Wind down poster
Drink a Little Less, See a Better You logo
WILL YOU STILL BE SMILING AT WORK TOMORROW?

DRINK A LITTLE LESS. SEE A BETTER YOU.
SLOW DOWN AT THE END OF THE NIGHT AND EVERYONE WILL SEE THE DIFFERENCE.

NHS
YOUR HAIR LOOKS FINE
HOW ABOUT THE
BELLY?

DRINK A LITTLE LESS. SEE A BETTER YOU.
SLOW DOWN AT THE END OF THE NIGHT AND EVERYONE WILL SEE THE DIFFERENCE.

NHS
Mug design
DRINK A LITTLE LESS.
SEE A BETTER YOU.

WIN
£200 IN HIGH STREET VOUCHERS

To enter, fill out a postcard whenever you’re winding down and hand it in at the bar.

Name: 
Mobile/Phone Number: 
Postcode: 
House no:

We will contact you from time to time with health tips.

Terms and conditions - Free prize draw 1. The prize draw is open to those eligible for a ChAMPS Wind Down promotion. That is, men, aged 35-55, resident in Cheshire and Merseyside, excluding ChAMPS employees and their families, its agents and anyone professionally connected with the promotion. 2. Eligible entrants must participate in the Wind Down promotion to enter the prize draw. They must swap an alcoholic drink for a lower or non-alcoholic drink, Wednesday - Monday to Thursday. 3. The last date for receipt of entries is 29/01/10. 4. All entries must be made on the official application postcard. 5. Multiple entries to the draw are allowed per person - one per person per night they participate in the Wind Down promotion (minimum of 52 entries per person). Proof of identity may be required. 6. The winner agrees to take part in any publicity in connection with the draw, which may include the winner getting their prize. 7. The winners’ name and county will be available on www.champstechnicalhealth.net/200 28 days of the prize draw taking place. 8. Nature of the prize: 5 prizes - £200 High Street vouchers per prize. 9. prize per PCT area. PCT areas - Wirral, Sefton, Liverpool, Knowsley and Central and Eastern Cheshire. 10. No cash or other alternative prizes will be available unless otherwise agreed in writing by the promoter. The prize will only be awarded directly to the winner. 11. Winners will be selected in a random draw under independent supervision and will be notified by telephone by 14/02/10. 12. If the winner is uncontactable by reasonable means within 28 days or does not respond to notification they will be disqualified and an alternative winner selected as above. 13. ChAMPS’s Public Health Network’s decision in relation to the selection of the prize winner is final and no correspondence will be entered into. 14. Promoter - ChAMPS’s Public Health Network, Suite 1, Marwood, Renside Park, 1 Southwood Road, Froghambridge, Wirral, CH47 5QX. Telephone: 0151 201 4152. Data protection statement: All information obtained by ChAMPS will be held securely and not disclosed to any third party. By completing this entry form you give consent for ChAMPS to use your phone number and postal address to send you information and tips which will help you lead a healthy lifestyle.
WILL YOUR KIDS SEE A
GRUMPY DAD
IN THE MORNING?

DRINK A LITTLE LESS. SEE A BETTER YOU.
SLOW DOWN AT THE END OF THE NIGHT AND EVERYONE WILL SEE THE DIFFERENCE.

Pub mirror
Health check poster

SEE HOW YOUR HEALTH CHECKS OUT
FREE AND CONFIDENTIAL HEALTH CHECK FOR MEN AGED 35-55.

BLOOD PRESSURE • CHOLESTEROL
BLOOD SUGAR • HEIGHT & WEIGHT • LIFESTYLE
PRIVATE ROOM. QUICK AND SIMPLE.
NO NEED TO REMOVE YOUR CLOTHING.

PLEASE ASK BEHIND THE BAR FOR DETAILS.

DRINK A LITTLE LESS. SEE A BETTER YOU.
SLOW DOWN AT THE END OF THE NIGHT AND EVERYONE WILL SEE THE DIFFERENCE.

NHS
Wind down poster

End the night with a shandy, low alcohol beer, soft drink or water.

Please ask behind the bar for details.

Drink a little less. See a better you. Slow down at the end of the night and everyone will see the difference.

NHS
Appendix 2
Evaluation framework
Outcomes
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Who</th>
<th>Indicator</th>
<th>Timing</th>
<th>Data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase the number of men who are drinking a little less</td>
<td>Individuals in target group</td>
<td>Reduction in the number of units consumed in a week at follow up compared to baseline</td>
<td>At baseline (week prior to intervention) and follow up (eight weeks later)</td>
<td>Baseline: structured questionnaire. Follow up: telephone interview</td>
</tr>
<tr>
<td>2. Increase the number of men who rate their own health positively</td>
<td>Individuals in target group</td>
<td>Increase in the number of men who rate their health better at follow up compared to baseline</td>
<td>At baseline (week prior to intervention) and follow up (eight weeks later)</td>
<td>Baseline: structured questionnaire. Follow up: telephone interview</td>
</tr>
<tr>
<td>3. Increase the number of who move towards action</td>
<td>Individuals in target group</td>
<td>• Increase in the number of men who report they are thinking about changing their drinking behaviour (and link to the intervention) • Increase in the number of men who report they have changed their behaviour (and link to the intervention)</td>
<td>At baseline (week prior to intervention) and follow up (eight weeks later)</td>
<td>Baseline: structured questionnaire. Follow up: telephone interview</td>
</tr>
<tr>
<td>4. Increase the number of men who are in contact with relevant health services</td>
<td>Individuals in target group</td>
<td>Increase in the number of men who are drinking above sensible levels who are in contact with relevant support services</td>
<td>At baseline (week prior to intervention) and follow up (eight weeks later)</td>
<td>Baseline: structured questionnaire. Follow up: telephone interview</td>
</tr>
<tr>
<td>5. Improve other health-related behaviours</td>
<td>Individuals in target group</td>
<td>Men qualitatively report improvements in health behaviours (related to alcohol and other aspects of lifestyle) [and link to the intervention]</td>
<td>Eight weeks follow up only</td>
<td>Follow up through telephone interview to ask specific question</td>
</tr>
</tbody>
</table>
Appendix 3
Evaluation framework
Process indicators
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Who</th>
<th>Indicator</th>
<th>Timing</th>
<th>Data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>To explore the acceptability of the intervention: health checks, creatives, messages, emails, prize draw and 'wind down'</td>
<td>• Individuals in target group • Individuals outside the target group</td>
<td>People report positive views of the different intervention elements as delivered in the pub setting and within the context of the particular pub context, clientele and culture</td>
<td>Scheduled for weeks 5 and 6 so that all elements can be reported on</td>
<td>• Face to face structured interview comprising a series of open and closed questions</td>
</tr>
<tr>
<td></td>
<td>• Pub staff</td>
<td>Staff report positive views of the different intervention elements as delivered in the pub setting and within the context of the particular pub context, clientele and culture</td>
<td>During intervention</td>
<td>• Depth interview (different interview schedule used)</td>
</tr>
<tr>
<td>To describe people's engagement with the intervention in general and specific ways: health checks, creatives, messages, emails, prize draw and 'wind down'</td>
<td>• Individuals in target group</td>
<td>• Numbers of health checks carried out (target group)</td>
<td>• Total at end of intervention period</td>
<td>• Aggregate statistics from Healthworks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Numbers signing up for emails/prize draw (target group)</td>
<td>• Total at end of intervention</td>
<td>• Aggregate statistics from email marketing company</td>
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<tr>
<td></td>
<td></td>
<td>• Numbers opening emails</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Number of click-throughs</td>
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<td></td>
<td></td>
<td>• Numbers clicking – on finding it useful</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Numbers reporting acting on information in emails</td>
<td>• Weeks 5 and 6</td>
<td>• Face to face structured interview comprising a series of open and closed questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Qualitative comments on the extent to which people have engaged with the health project</td>
<td>• Weeks 5 and 6</td>
<td>• Face to face structured interview comprising a series of open and closed questions</td>
</tr>
<tr>
<td>To explore people’s views of the extent to which the culture of the pub has changed and its likely impact on drinking behaviour</td>
<td>• All individuals who drink in the pub during the 8 week intervention period – those in the target group and non target group</td>
<td>• Pub staff</td>
<td>• People report positive changes in the pub culture</td>
<td>• Weeks 5 and 6</td>
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</tr>
<tr>
<td></td>
<td>• Pub staff (to include questions on Health works/Health trainers/other health professionals/ChaMPs staff)</td>
<td>• Qualitative comments on the extent to which they think people have engaged with the health project</td>
<td>• Qualitative comments on the extent to which the pub has engaged with the intervention and views on how that was facilitated</td>
<td>• During intervention</td>
</tr>
<tr>
<td></td>
<td>• Individuals outside the target group (‘wind down’ and creatives)</td>
<td>• People report positive views of ‘wind down’/creatives</td>
<td></td>
<td>• Weeks 5 and 6</td>
</tr>
<tr>
<td></td>
<td>• Pub-level data</td>
<td>• Increase in the volume of sales of soft drinks, low alcohol drinks, discounted shandy</td>
<td></td>
<td>• Before, during and after intervention</td>
</tr>
</tbody>
</table>
Appendix 4
Information poster
An evaluation of the NHS Health Check and Wind Down Initiative will be conducted in the [name of pub] during [period when campaign is scheduled to run].

PLEASE BE AWARE that researchers from the University of Chester may approach you to ask if you would participate in the evaluation of the initiative.

We are interested in your opinion

If you would like further information about the research please contact Simon Alford on (01244) 512024 or write to Simon at the Centre for Public Health Research, University of Chester, Parkgate Road, Chester, CH1 4BJ. You can also email Simon at s.alford@chester.ac.uk.
Appendix 5
Participant information sheets for all stakeholders
Participant Information Sheet
Pub users: target group

Evaluation of a pub based Health Initiative

You are being invited to take part in an evaluation of the NHS Health Check and Wind Down Initiative by answering some questions about your views and experiences. Before you decide it is important for you to understand why the evaluation is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of the evaluation?
The evaluation is being done to find out about people's views and experiences of the NHS Health Check and Wind Down Initiative. We want to know what the impact of the initiative is for men between the ages of 35-55 who are the target for the initiative. We are also interested in your views on the way the initiative has been organised, how it is supporting pub users and how the initiative could be improved. The findings from the evaluation may help us improve the initiative for other pubs across Cheshire and Merseyside.

Why have I been chosen?
You have been chosen because you are a member of the public who has been in a pub where the NHS Health Check and Wind Down Initiative is being delivered and are a man between the ages of 35-55, which is the target group for the initiative.

Do I have to take part?
It is up to you whether or not you take part. If you decide to take part you will be given this information sheet to keep and be asked to give your consent, either in writing or verbally. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?
If you decide to take part, a researcher will ask for your permission to audio record the discussion and then ask you some questions about yourself and your views and experiences of the NHS Health Check and Wind Down initiative. This will last about 5 minutes.

You will also be asked to provide contact details to enable the researcher to contact you by telephone in approximately 8 weeks time in order to conduct a follow-up interview. The follow-up will last between 15 and 20 minutes. The follow up interview is voluntary and again you are still free to withdraw at any time.
What are the possible disadvantages and risks of taking part?
There are no disadvantages or risks foreseen in taking part in the evaluation.

What are the benefits to taking part?
By sharing your views and experiences of the NHS Health Check and Wind Down Initiative, it may help to improve the initiative in the future.

Will my taking part in this evaluation be kept confidential?
Yes, everything you tell us will remain confidential and no names or details that could identify you would ever be used in any verbal or written report.

What will happen to the results of the evaluation?
A written report of the evaluation will be produced. If you would like a summary of the report please contact the researcher using the details provided below. As already explained, nobody who takes part in the study will be identified by name or anything else.

Who is organising and funding the evaluation?
The evaluation has been organised and funded by the ChaMPs Public Health Network. Researchers from the Centre for Public Health Research at the University of Chester are carrying out the evaluation.

What if something goes wrong?
If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this evaluation, please contact Professor Sarah Andrew, Dean of the School of Applied and Health Sciences, University of Chester, Parkgate Road, Chester, CH1 4BJ, 01244 513055.

Who may I contact for further information?
If you would like more information about the evaluation before you decide whether or not to take part, please contact Simon Alford on 01244 512024 or write to Simon at the Centre for Public Health Research, University of Chester, Parkgate Road, Chester, CH1 4BJ. You can also email Simon at s.alford@chester.ac.uk.

Thank you for your co-operation with this evaluation. Without your help we would not know what members of the community think about the NHS Health Check and Wind Down Initiative.
Participant Information Sheet
Pub users: non-target group

Evaluation of a pub based Health Initiative

You are being invited to take part in an evaluation of the NHS Health Check and Wind Down Initiative by answering some questions about your views. Before you decide it is important for you to understand why the evaluation is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of the evaluation?
The evaluation is being done to find out about people’s views and experiences of the NHS Health Check and Wind Down Initiative. We are interested in your views on the way this type of initiative can support pub users and how the initiative could be improved. The findings from the evaluation may help us improve the initiative for other pubs across Cheshire and Merseyside.

Why have I been chosen?
You have been chosen because you are a member of the public who has been in a pub where the NHS Health Check and Wind Down Initiative is being delivered.

Do I have to take part?
It is up to you whether or not you take part. If you decide to take part you will be given this information sheet to keep and be asked to give your consent verbally. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?
If you decide to take part, a researcher will ask for your permission to audio record the discussion and then ask you some questions about yourself and your views of the NHS Health Check and Wind Down initiative. This will last about 5 minutes.

What are the possible disadvantages and risks of taking part?
There are no disadvantages or risks foreseen in taking part in the evaluation.

What are the benefits to taking part?
By sharing your views and experiences of the NHS Health Check and Wind Down Initiative, it may help to improve the initiative in the future.

Will my taking part in this evaluation be kept confidential?
Yes, everything you tell us will remain confidential and no names or details that could identify you would ever be used in any verbal or written report.

**What will happen to the results of the evaluation?**
A written report of the evaluation will be produced. If you would like a summary of the report please contact the researcher using the details provided below. As already explained, nobody who takes part in the study will be identified by name or anything else.

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Thank you for your co-operation with this evaluation. Without your help we would not know what members of the community think about the NHS Health Check and Wind Down Initiative.
Participant Information Sheet  
Pub Staff  

Evaluation of the Health Initiative in the Travellers Rest  

You are being invited to take part in an evaluation of the NHS Health Check and Wind Down Initiative by participating in an interview about your experiences and views. Before you decide it is important for you to understand why the evaluation is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.  

Thank you for reading this.  

What is the purpose of the evaluation?  
The evaluation is being done to find out about people’s views and experiences of the NHS Health Check and Wind Down Initiative. We are interested in your views on the way the initiative has been organised, how it is supporting and/or meeting the needs of pub users, and how the initiative could be improved. The findings from the evaluation may help us improve the initiative for other pubs across Cheshire and Merseyside.  

Why have I been chosen?  
You have been chosen because you work in a pub where the NHS Health Check and Wind Down Initiative is being/has been delivered.  

Do I have to take part?  
It is up to you whether or not you take part. If you decide to take part you will be given this information sheet to keep and be asked to give your consent, either in writing or verbally. If you decide to take part you are still free to withdraw at any time and without giving a reason.  

What will happen to me if I take part?  
If you decide to take part a researcher will arrange a time that suits you to conduct the interview. The interview can be conducted at your place of work or by telephone at a later date. The interview will last between 15 and 20 minutes and with your permission will be audio taped. We will ask you to sign a consent form or, for a telephone interview, give verbal consent to take part.  

What are the possible disadvantages and risks of taking part?  
There are no disadvantages or risks foreseen in taking part in the evaluation.  

What are the benefits to taking part?  
By sharing your views and experiences of the NHS Health Check and Wind Down Initiative, it may help to improve the initiative in the future.
Will my taking part in this evaluation be kept confidential?
Yes, everything you tell us will remain confidential and no names or details that could identify you would ever be used in any verbal or written report.

What will happen to the results of the evaluation?
A written report of the evaluation will be produced for ChaMPs. If you would like a summary of the report please contact the researcher using the details provided below. As already explained, nobody who takes part in the study will be identified by name or anything else.

Who is organising and funding the evaluation?
The evaluation has been organised and funded by ChaMPs Public Health Network. Researchers from the Centre for Public Health Research at the University of Chester are carrying out the study.

What if something goes wrong?
If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this evaluation, please contact Professor Sarah Andrew, Dean of the School of Applied and Health Sciences, University of Chester, Parkgate Road, Chester, CH1 4BJ, 01244 513055.

Who may I contact for further information?
If you would like more information about the evaluation before you decide whether or not you would be willing to take part, please contact Simon Alford on 01244 512024 or write to Simon at the Centre for Public Health Research, University of Chester, Parkgate Road, Chester, CH1 4BJ. You can also email Simon at s.alford@chester.ac.uk.

Thank you for your co-operation in this evaluation. Without your help we would not know what pub staff who have experience of the NHS Health Check and Wind Down Initiative think about it.
Appendix 6
Consent form for bar managers
Interview Consent form

Title of project: Evaluation of the NHS Health Check and Wind Down Initiative

Name of Researcher: Simon Alford

Please tick box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I understand that the interview will be audio-recorded with my permission.

4. I understand that my name and personal details will not appear in any report.

5. I agree to take part in the above study.

________________________________________________________________________
Name of Interviewee Date Signature

________________________________________________________________________
Researcher Date Signature
Questionnaire Number: ..........

**Introduction to participant**
Hello, my name is Simon/Deanna and I work for the University of Chester. Over the next 8 weeks there is going to be a health initiative carried out in this pub involving NHS Health Checks and a Wind Down initiative aimed at encouraging people to drink a little less. We’ve been asked to evaluate the initiative by finding out people’s views and experiences of the NHS Health Check and Wind Down Initiative. This will involve answering some questions now, which will take about 5 minutes. If you’re in the target group (male aged 35-55) and a regular at this pub we are also asking you to give your consent to be contacted after the initiative for a further 15 minute telephone interview.

- Give PIS if appropriate and emphasise participation is voluntary, and that all answers will be treated confidentially.
- Check that verbal consent has been given before proceeding. Also check consent to record conversation.
- Record age group and sex.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
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<td>25-34</td>
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<tr>
<td>75+</td>
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</tbody>
</table>

**TARGET and NON-TARGET Group**

1. Can I ask you what do you think about the idea of having a health initiative based in a pub? Explore reasons for their answer. Explore in relation to ‘any’ pub as well as this pub (ie might it ‘fit’ with some pubs but not others).
2. Do you think that receiving health information in the following ways might be a way of informing people about health issues

- Text
- Post
- E-mail

Probe reasons for their answers including exploring the extent to which they might find the kind of information that was sent useful, and if they thought it might make them act on such information.

---

**NON-TARGET only**

3. What do you think about the idea of drinking low alcohol/alcohol free drinks/tea/coffee in a pub?

Probe: Why good idea/bad idea

4. Is there anything else you think could encourage people to drink less?

Probe: In pub setting and generally

---

Thank non-target group for taking part in evaluation

---

Questions about the participant - Make sure participant knows that this data is being collected only for the evaluation and they will remain anonymous.

5. Would you say you were a ‘regular’ at this pub?

- Yes

6. How many times a week do you usually drink here?

- Times per week (clarify lunchtime/afternoon/evening)

7. And, on which days of the week do you usually drink here?
**8. Do you regularly drink somewhere else?**
- Yes [ ]
- No [ ]

**9. Status**
- Single [ ]
- Married/Living with Partner [ ]

**10. Occupation**

**11. Postcode**

**ABOUT YOUR OWN DRINKING**

**12. Can I ask you about your own drinking? About how many pints (or equivalent drinks) do you drink a week? Prompt – In the last week/in a typical week**

*Also ask if they drink in the home, if so probe level of home drinking*

**13. And how do you feel about your drinking? Would you say …**
- Your drinking is okay as it is [ ]
- You should cut down on your drinking [ ]
- You are actually trying to change your drinking habits [ ]

**14. Do you currently get any support/advice about your drinking?**
- YES [ ]
- NO [ ]

**15. And in general what would you say you health is like? Is it:**
- Poor [ ]
- Fair [ ]
- Good [ ]
- Very Good [ ]
- Excellent [ ]
Consent to be contacted

This sheet to be detached and stored separately

Name ...........................................................................................................

Telephone number ....................................................................................

Preferred days to contact ...........................................................................

Preferred time of contact ...........................................................................

Participants Signature ..............................................................................

Date .........................................................................................................
Appendix 8
Follow-up questionnaire
Follow up Questionnaire:

Introduction to participant
Hello, my name is Simon/Deanna and I work for the University of Chester. You might remember we spoke a couple of months ago in the …….., we asked a few questions with regards to the NHS Health Checks and Wind down initiative and we agreed to contact you again as part of the evaluation. Are you free to do the follow up now? If it's not appropriate now when is a good time to call back? I'm going to ask you some questions about the project, the pub and yourself. It should take about 15 minutes.

Remind participant that participation is voluntary, and that all answers will be treated confidentially.

Re-check that verbal consent has been given before proceeding. Also check consent to record conversation.

Questions about the health initiative

1. Were you aware that there's been a health initiative running in the pub over the last 8 weeks? (Prompt: drink a little less, see a better you)
   
   Yes □   →   If Yes, explore how they had become aware, eg in relation to posters, mirrors, stickers on mirrors, word of mouth (bar staff/friend)

   No □

2. Can I ask you what do you think about having a health initiative like this based in a pub? Explore reasons for their answer. Explore in relation to ‘any’ pub as well as this pub (ie might it ‘fit’ with some pubs but not others).
3. Did you see any of the posters, mirrors or stickers on the bathroom mirrors in the pub?
   No □ Go to Q.5
   Yes □ What did you think of them?

4. Overall, how effective do you think the materials were at getting the ‘drink a little less, see a better you’ message across?
   Very effective □ Somewhat effective □ Neither □ Not very effective □ Not effective at all □

   Probe: explore reasons for their answers to encompass ways in which they think it could be made more effective.

Questions about the Wind Down promotion
5. Were you aware of the Wind Down promotion which was held in the pub?
   Yes □ If YES, Probe how they had become aware, eg poster, staff etc.
6. Have you been in the pub when the Wind Down promotion was going on?
   No  
   If NO explain Wind Down (including prize draw)

7. Would you consider drinking a soft/low alcohol drink during the last hour of the evening?
   Yes  
   No  
   Probe: explore reasons for response 
   Go to Q. 10

8. Did you buy a soft/low alcohol drink?
   Yes  
   No  
   If NO go to Q. 10 
   If YES explore how many times, which one.

9. What encouraged you to buy a soft/low alcohol drink?
   Probe: entry into the prize draw; thought you’d give it a try; you wanted to stay in the pub and try to drink less.

10. What do you think of the idea of the Wind Down session?
    Probe: is it a ‘good’ idea and why or do they think it’s a ‘bad’ idea and why.
    Explore in relation to the likely impact it might have on helping them ‘drink a little less’
    Explore their ideas on the acceptability of soft drinks/lower strength drinks/tea/coffee in the pub environment …

10a. What else would encourage you to drink less in the pub?
Questions about the prize draw

Participants who didn’t buy a soft drink go to Q15.
Participants who bought a soft drink go to Q11.

11. Did you enter the prize draw?
Yes □    →    If YES. Explore reasons for entering as well as their thoughts on the process of entering and how many times they have entered.
No □    →    If NO. Explore reasons in relation to: not interested in the prize, don’t want to receive ongoing communications about health, didn’t think I could win. Also explore what would encourage them to participate. **Now go to Q 15**

12. … have you received a text from the health initiative?
Yes □  No □    →    Go to Q15.

13. Did you read the text
Yes □    →    If Yes, explore the content with participants
Probe: explore what they thought of the text, whether they read it, acted on it, discussed it with others, thought it was a good idea, thought other forms of communication would be better, the extent to which it was useful and/or interesting in relation to the health messages contained therein.
14. What do you think about receiving this kind of information by text?

15. Do you think that receiving health information by text might be a way of informing people about health issues?

   YES □  NO □

   Probe reasons for their answers including exploring the extent to which they might find the kind of information that was sent useful, and if they thought it might make them act on such information

16. Would you be interested in receiving health information by any of the following:

   E-mail □  Post □

Comment:

Some questions about health checks in the pub

17. In general, what do you think of the idea of offering health checks in a pub?

   Probe: explore answer in relation to ‘good’ idea/’bad’ idea and reasons why.
18. Have you had a health check here in the pub?

No  □  Go to Q. 22

Yes □  19. How did your health check go?
Probe: explore the interaction between the tutor and the person, the tests, the advice received, and other information any element that they did not like, was there any action from the check (e.g. referral to a service) Pharmacist emphasis in Sefton, (In Caradock particularly, probe about the interaction between tutor and person).

20. What encouraged you to have the health check?

21. Do you think any of the information or advice you got during the health check will influence your lifestyle/behaviour in any way?

YES □  If YES, Probe answer in relation to what advice or test result might influence any change in lifestyle behaviour, and what particular changes might be initiated.
NO  □  → If NO, explore why not and whether this was because there was nothing to worry about/changes too difficult.

Questions reflecting on changes over the duration of the initiative

Since the introduction of the Health Initiative here at………….. (over the last eight weeks) would you say …

22. … the health initiative has changed the atmosphere of the pub
   Strongly agree  Agree  Neither  Disagree  Strongly disagree
   □  □  □  □  □

   Probe: (explore if this is in a positive way or a negative way if they agree and identify reasons for their answer. Explore in relation to acceptability issues)

23. … your awareness of the benefits of drinking a little less has increased
   Strongly agree  Agree  Neither  Disagree  Strongly disagree
   □  □  □  □  □

   Probe:

24. … you are more ready to try and drink a bit less
<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

Probe:

25. **... you have actually cut down on your drinking**

<table>
<thead>
<tr>
<th>Agree</th>
<th>Probe: What has changed to help this?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Probe:

26. **... your health has improved**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

Probe: (Explore in what ways and why they say this, including if it is linked to cutting down on drinking; what would help them improve their health if this is what they would like to do; if they have looked for and received any support because of this initiative)
27. Are there any other comments you would like to make about the health initiative

Questions about the participant

Can I just ask you a few questions about yourself?

Make sure participant knows that this data is being collected only so that we know who has participated in the evaluation.

ABOUT YOUR OWN DRINKING

29. Can I ask you about your own drinking? About how many pints (or equivalent drinks) do you drink in a typical week? (Thinking about the last couple of weeks)

Also ask if they have drunk in the home in last couple of week, if so probe level of home drinking

30. And how do you feel about your drinking? Would you say …

Your drinking is okay as it is

You should cut down on your drinking  (see prompt)

You are actually trying to change your drinking habits  (see prompt)

Prompt: What would help you to change?
31. Do you currently get any support/advice about your drinking?

YES □ [ ] Where from? (informal/formal/health/non health)

NO □

32. And in general what would you say your health is like? Is it:

Poor □ Fair □ Good □ Very Good □ Excellent □

Comments:

Thank participants for taking part in the evaluation
Appendix 9
Interview schedule for bar managers
Licensee questions only
- How well do you think the ChaMPs staff negotiated your involvement in the initiative?
- How well do you think the initiative has been organised generally?

Implementation and service delivery
- How have you found working with the ChaMPs social marketing team, the health check staff, other health professionals and community staff that you’ve came into contact with?
- Could you tell me a little about your role in the delivery of the Alcohol Social Marketing Initiative?
  - In terms of the wind down promotion,
  - Encouraging people to book on to health checks,
  - Encouraging people to enter the prize draw and the launch evening (if applicable)
  - Anything else?
- Overall, what are your views of the initiative (and the individual elements: creatives, messages, health checks, wind down, prize draw and email programme)?
  - Did you think it would work when you were first approached? (Generally and in the Travellers Rest)?
  - What about now?

Recruitment
- Do you think that the initiative is well publicised within the pub?
- What do you think has prompted or enabled people to participate in the wind down?
- What do you think has prompted or enabled people to participate in the health checks?
- What do you think has prompted people to participate in the prize draw/email programme?
- Have you any suggestions for encouraging a greater number of individuals to participate?
  - Health checks
  - Wind down
  - Prize draw/email programme

Customers
- How do you think customers have responded to the idea of:
  - health checks in the pub?
  - wind down?
- Have you received any feedback from customers about any aspect of the initiative?
  - Target group and non-target group
- Do you have any comments or suggestions about developing or improving the initiative?
Outcomes

- Do you think there are potential benefits for the customers from the initiative overall?
- And specifically from:
  - health checks (such as ...)?
  - wind down (such as ...)?
  - prize draw/email programme (such as ...)?
- Do you think customers have become aware of the key messages?
  - If yes how? (i.e. word of mouth)
  - If no why not?
- Do you think that the initiative is likely to lead to people changing their behaviour?
  - Drinking a little less by changing to shandy drinks?
  - Other health behaviours (such as ...)?
  - Anything else?
- Would you say that the initiative has changed the atmosphere in the pub?
  - If so, in what ways (positive/negative; more acceptance of low alcohol drink or soft drinks)?

Would you like to make any other comments about the health initiative before it is rolled out to other pubs in Cheshire and Merseyside?

Thank you for sparing the time to talk to me
Appendix 10
Observation schedule for pub visits and
Wind Down
OBSERVATION SCHEDULE – NHS Health Check and Wind Down Initiative

**Aim:** To evaluate the NHS Health Check and Wind Down Initiative aimed at male hazardous drinkers aged 35-55 years of age.

**Objectives:**
- the acceptability of the intervention, specifically in relation to key aspects of the campaign messages
- the extent to which men and women outside the target group engage with the intervention.

**Observation of:** Travellers Rest public house

- Lay out of promotion material relevant to the campaign (availability and access to facilities)
- Interaction – staff/pub users; pub user/pub user;
- Wind Down dynamic – staff led or pub users led, formal/informal;
- Appropriately pitched to meet stated objectives for the intervention.