

Public Health

Messaging in

Worcestershire

Summer Survey Report 2023

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Acknowledgments

Thank you to everyone who took part in our survey.

Thank you to SpeakEasy NOW, Sight Concern and Malvern Macular Support Group for helping us reach your membership.

Thank you to Worcestershire County Council Public Health Service team for the help and co-operation in making this piece of work possible.

About us

As Healthwatch Worcestershire [HWW] we are the independent champion for people who use publicly funded health and social care services who live or work in Worcestershire. Healthwatch Worcestershire carries out several statutory functions which can be summarised as:

- Gathering peoples’ experiences of health and social care services on which to make recommendations to the NHS or Worcestershire County Council as to how services could or should be improved,
- providing information & advice to people about how or where health & social care services can be accessed, and
- monitoring the quality and safety of those services on behalf of local people.

Summary

The effectiveness of health messaging is key in supporting people to live longer, healthier lives through helping them to make healthier lifestyle choices and treating avoidable illness early on. It is especially important for health messaging to reach and be heard by those sectors of the population experiencing health inequalities.

During the summer each year Healthwatch Worcestershire go out and about around the county visiting local events talking to people about their experiences of health & social care services. Every year we develop a survey around a universal service (such as access to GPs, dentistry, vaccinations etc). This year we decided to look at Public Health messaging: how people find out about public health messages and what factors affect whether those messages are heard.

Methodology and Key Findings:

We consulted with Public Health at Worcestershire County Council, and they suggested public health campaigns that we could focus on to develop the survey: **Worcestershire Health Walks** and **WOO Mental Health Support Service**. Both services are available in the county and have been the subject of local Public Health Campaigns.

The survey also asked about people's more general awareness of Public Health messaging and where they looked for information about health and wellbeing both online and in person.

We talked to a total of 567 people including 54 members of Speakeasy NOW (a Learning Disability Support Charity), and 55 people with visual impairments from Sight Concern Connections Groups and Malvern Macular Support Group. As our engagement with people with learning disabilities or visual impairments used shortened versions of our survey, (and so would have skewed our data), they were not entered on Survey Monkey. Instead, they have been analysed separately and are included here as spotlight reports.

Worcestershire Health Walks and WOO campaigns

We found that the Worcestershire Health Walks and WOO campaigns suffered from a lack of reach. About 70% of respondents had not seen information about either campaign.

However, both campaigns were generally well received by people when we showed them, and they indicated a willingness to engage with the activity and service on offer. It was noticeable that people were willing to share information about the WOO service to people they thought might need it, even if they did not think the service was right for them.

Respondents were sensitive to the images used and ‘look and feel’ of the campaigns, deciding whether it was appropriate to or inclusive of them as individuals based on this, rather than any text featured. In particular people told us that they felt that the WOO service was for younger people, based on the images that we showed them.

This suggests that there is scope to review the imaging and extend the messaging about these campaigns, to widen their appeal.

Our respondents with Learning Disabilities were interested in seeing the Public Health campaigns messaging and, depending on the topic, would be likely to engage with the campaigns. However, few had seen the messages. Most people with Learning Disabilities preferred to have information on a leaflet to keep and refer to.

There was a general feeling that people with visual impairments often missed out on information and advice. Not all websites work well for people who are visually impaired and use screen readers. It is particularly important that those websites relating to health and social care are fully accessible to visually impaired people.

Awareness of Public Health Messaging

We found that awareness of public health messages varied across different topics. This may be due to differences in the way that campaigns are advertised and promoted, for example whether they have a National / local focus, the length of time they run, or how they are targeted.

When we looked at awareness of Public Health messaging by gender, **women showed consistently greater awareness** of Public Health messaging across all campaigns.

For the first time in a Healthwatch Worcestershire project we have explored how the cost-of-living crisis is impacting health and wellbeing. We included an acknowledged objective financial status question in our survey and so were able to make comparisons between the responses from those in differing financial situations.

We found that financial hardship did have an impact on people’s awareness of Public Health Campaigns.

Those people who **never** struggled to pay at least one of their household bills, or to meet their monthly outgoings, were consistently **more aware** of Public Health Campaigns with around 40% awareness across all topics.

Those with the **greatest financial struggles** were consistently **least aware** of Public Health Campaigns with only 5-10% awareness.

Where people look online for information about Health and Wellbeing:

- Nearly 70% of people asked would use Google.
- 56% would use the NHS England website.
- 29% would use their GP Surgery website or the NHS App
- 56% said they would look for information about Health and Wellbeing on social media including YouTube.
- Facebook is still the most popular social media channel for our respondents.
- We found that **financial status made no difference in where** people looked online for information about Health and Wellbeing.

Where people look in-person for information about Health and Wellbeing:

- 72% of people asked would go to their GP or other healthcare staff at the GP Surgery for in-person information about Health and Wellbeing.
- 35% still found information on leaflets or the surgery noticeboard.
- 46% would look for information at their pharmacy.
- We found that **financial status made no difference in where** people looked in-person for information about Health and Wellbeing.

Introduction

The effectiveness of health messaging is key in supporting people to live longer, healthier lives through helping them to make healthier lifestyle choices and treating avoidable illness early on. It is especially important for health messaging to reach and be heard by those sectors of the population experiencing health inequalities.

Our aim was to understand better how people find out about public health messages and what factors affect whether those messages are heard.

What did we want to find out?

Our Survey was designed with the following objectives:

- To determine the reach and impact of two recent Public Health campaigns:
 - **Worcestershire Health Walks** - run throughout Worcestershire in May 2023 to coincide with National Walking Month, and
 - **WOO - Text-based Mental Health Support Service** - part of the national SHOUT service, run several times throughout Worcestershire in 2023.

(Both campaigns were suggested for this project by the Public Health team as they were both run Worcestershire wide and were about services targeted at a broad range of ages.)

- To understand the wider community awareness of Public Health messaging.
- To understand where people look for information about Health and Wellbeing usually.
- To assess how demographic variables, including financial status, affected the reach and impact of Public Health Campaigns.

What did we do?

We developed a survey asking people about their knowledge of Public Health campaigns.

This survey took place over the summer of 2023. It was launched at the end of June and the survey closed at the beginning of October. A paper version was published to take to public engagement events (Appendix 1a: Main survey). The survey was also available digitally on Survey Monkey, with the link shared on our website, social media, partner organisations through Worcestershire Engagement Network, and to our Reference and Engagement Group via our Bulletin.

An Easy Read version of the survey (Appendix 1b: Easy Read survey) was published and shared with members of the Learning Disability Support Charity, SpeakEasy NOW. These responses are summarised separately, in the 'Spotlight 1: People with Learning Disabilities' section.

We also asked people with visual impairments about their awareness of Public Health campaigns as part of our engagement with Sight Concern Connections Groups and Malvern Macular Support Group. Their responses are summarised in the 'Spotlight 2: People With Sight Loss' section.

Most respondents took part in the survey at face-to-face engagement at a range of events throughout the summer of 2023. These events included The Worcester Show, Kidderminster and Worcestershire Prides, Worcester Mela and various family events throughout the county. A full list of venues is available on request.

When choosing events to attend with our survey, we targeted locations where we hoped to reach people who may be experiencing **health inequalities**. We targeted events in areas in Worcestershire that are within the 10% most deprived areas in the country, as identified in the Worcestershire County Council Joint Strategic Needs Assessment 2022.

Demographics - Who Responded to our Survey?

(Full details are in Appendix 2: Demographics)

We engaged with a total of 567 people.

- **Main survey: 458**
- **Easy Read survey: 54**
- **People with Visual Impairments: 55**

We surveyed people from all 6 Worcestershire districts: Bromsgrove, Malvern Hills, Redditch, Worcester City, Wychavon, and Wyre Forest. A higher number of responses were received from people living in Worcester and Wyre Forest than other Districts.

Gender: 110 (25%) of our respondents identified as men, and 314 (72%) as women.

6 people identified as non-binary and 5 preferred not to say.

10 people told us that their gender identity was not the same as that recorded at birth.

Ethnicity - our respondents were overwhelmingly white (93% of those responding to the ethnicity question). Non-white communities made up the remaining 7%.

5% of respondents identified anything other than English as their first language.

Carer Status - 19% of our respondents identified themselves as a carer.

Age: We had respondents from all age groups ranging from 13 to 85+, but the largest number of respondents (47%) were aged between 25 and 44.

Disability: 34% of all respondents said that they had a disability.

The top three disabilities reported were:

- Mental Health related 51%
- Physical Disability 33%
- Long term condition, e.g. diabetes 26%

Sexuality:

- 86% of our respondents identified as heterosexual or straight.
- 4% as gay or lesbian
- 6% as bisexual.
- Other sexualities (1%) mentioned included pansexual and asexual.
- 3% of respondents preferred not to say.

Notes:

- *Not everyone taking the survey answered every question.*
- *Percentages may not add up to 100%.*
- *Where relevant we have reported on variations in response based on demographic characteristics. Fuller details and data tables are included in Appendix: Data Charts and Tables.*
- *Responses reflect the views of the people we surveyed - they may not be representative of the Worcestershire population as a whole.*

Findings

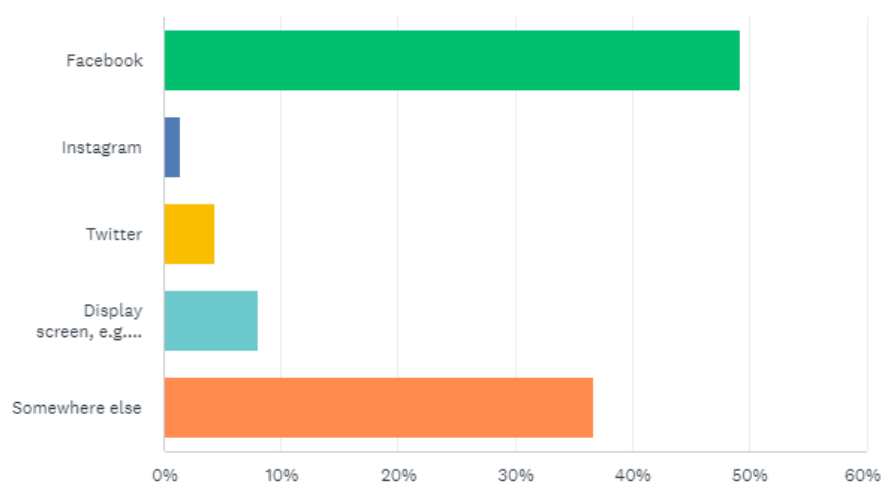
Public Health Campaign 1: Worcestershire Health Walks

We showed people a selection of images, including Facebook posts, from the Worcestershire Health Walks Public Health Campaign (in Appendices).

We asked whether they had seen them. If they had seen them, we asked them where?

32% (147) of the respondents said YES they had seen information about Worcestershire Health Walks.

Where Did You See the ‘Worcestershire Health Walks’ Public Health Campaign?

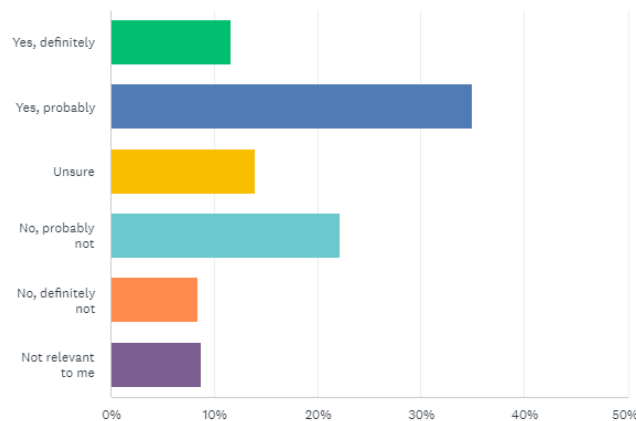


People had seen it mainly on **Facebook (49%)**, or **somewhere else (37%)**, which included:

- Hospital or other healthcare settings
- The Countryside Centre noticeboard
- Libraries
- School or colleges

The largest demographic group to have seen the ‘Worcestershire Health Walks’ campaign were women who had seen it on Facebook.

Does the ‘Worcestershire Health Walks’ Public Health Campaign Inspire You to Go for a Walk?



Then, regardless of whether they had seen them before or not, we asked people if the campaign materials inspired them to join in and go for a walk.

47% answered Yes - either ‘probably’ or ‘definitely’.

14% were unsure.

39% answered No - either ‘probably not’ or ‘definitely not’.

The people finding the campaign most inspiring were in the 65-74 age range where 61% said yes, they were either ‘probably’ or ‘definitely’ inspired to join a health walk.

We invited people to share any further comments about the Worcestershire Health Walks Campaign. We received **175 comments** which we have grouped into themes.

23% of the comments indicated that people were already walking, often with their dogs, and so felt they didn’t need ‘health walks’ as well.

1% of the comments liked the idea of a walking group for the social interactions and encouragement.

“I like the idea of company to walk with”

“I want to lose weight, so appeals to me, also my kids love nature, so they would enjoy walks”

“I like the idea of being outside and active” “like wellbeing, seeing the scenery”

Some people liked the idea of health walks and were sorry to have missed seeing it:

“If I knew there were organised walks I would note it down to go on one, but I hadn't seen this”

9% of the comments related to how accessible they were for people with disabilities, including:

“I would go if I had someone to go with me and give me confidence as I have MS”

“I am disabled, I have osteoarthritis in my left knee and hip and I am still waiting for surgery.”

“I have MS and I don’t think I could do this walk”

“as long as it was wheelchair accessible and child friendly”

“I need mobility scooter. If there was someone in the images using i.e. a scooter, it would suggest inclusion of disabled.”

“Looks like they have to walk in woods/mountains and not everyone is physically able to”

“wanted to be a healthy walker and haven't been able to complete last section as no one available to do the initial walk with me”

8% of the comments related to inclusivity, including:

“Images strike me as white, middle class and able bodied - not sure how inclusive this is”

“No women in Hijab, no one my age, older or younger. I'm in late 40's”

“It is all a bit dull looking, not very bright or inviting to younger people”

“It would be good to see more representation of LGBTQ+ people in the images”

“Not for Asian people”

“As a bloke, it doesn't appeal to me”

“There is no one obese/overweight in any of these photos”

It should be noted that people were only shown a limited number of images from the Worcestershire Health Walks campaign and so this might have been a factor in the degree of diversity represented in the images.

It is noticeable however just how important visual representation in images is for people to perceive that opportunities are inclusive, i.e., open to ‘people like them’.

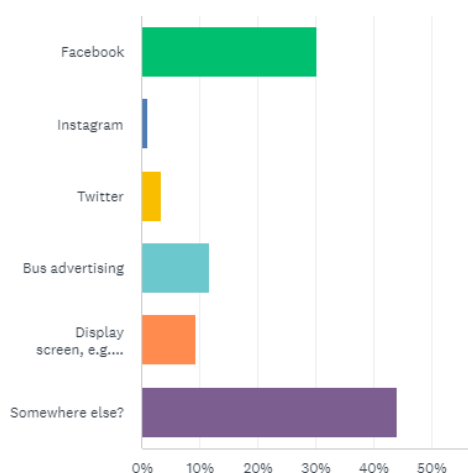
Public Health Campaign 2: WOO Mental Health Support Service

By texting the word 'WOO' to 85258, you can access a free, confidential, 24/7 service and have a text conversation with a volunteer. The volunteers offer real-time support to people who are anxious, stressed, depressed, suicidal, or overwhelmed.

We showed people a selection of images, including bus posters and Facebook posts, from the WOO Mental Health Support Service Public Health Campaign (see Appendix 1a).

We asked whether they had seen them. If they had seen them, we asked them where?

79% of the respondents said NO they had NOT seen information about WOO Mental Health Support Service.



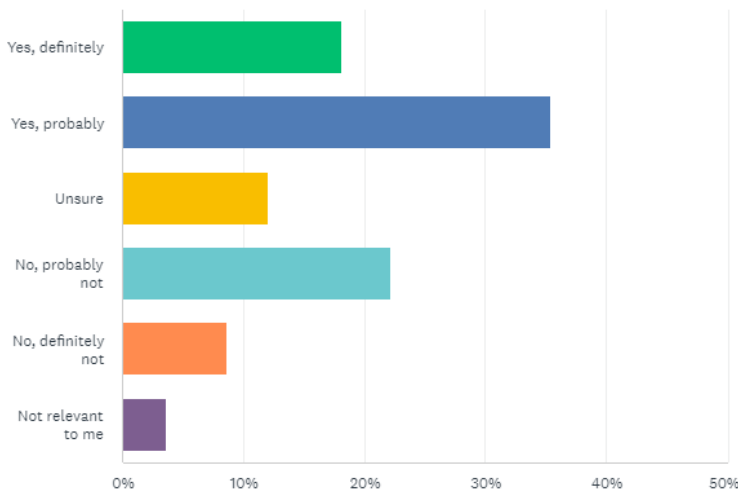
We asked the 21% who had seen the campaign, “Where Did You See The ‘WOO Mental Health Service’ Campaign?”

People had seen it mainly on **Facebook (30%)**, or **somewhere else (44%)**, which included:

- Hospital or other healthcare settings
- Job Centre
- St Martins car park
- Suicide Prevention training
- College

People from all age groups had seen the WOO campaign - there was a slight increase in the proportion having seen it across the 18 - 34 age range. Numbers were too small to show any real significance.

15% of men and 23% of women taking part in the survey had seen the WOO campaign.



Then, regardless of whether people had seen information about WOO before, we asked,

“if YOU needed support would YOU use this service?”

53% answered Yes - either ‘probably’ or ‘definitely’.

12% were unsure.

31% answered No - either ‘probably not’ or ‘definitely not’.

Likelihood of using the WOO Mental Health Service - by Age

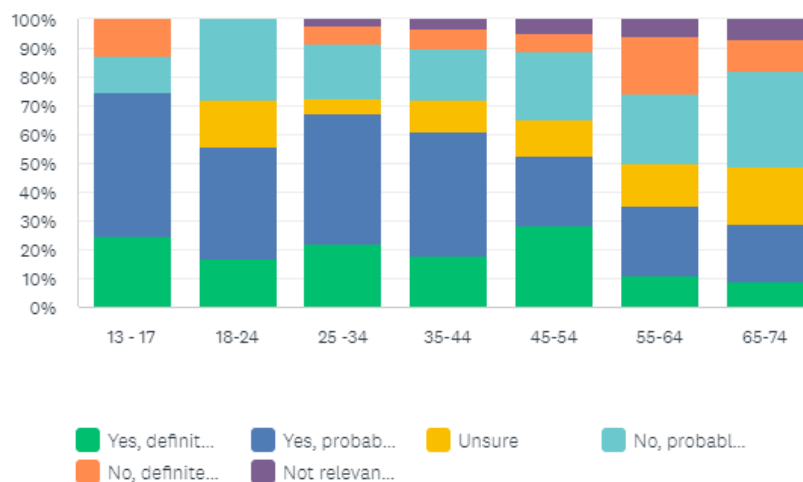
People aged up to 44 were more likely to use WOO themselves than those aged over 44.

People aged over 44 were less likely to use WOO, often commenting that it looked like it was a young person’s service.

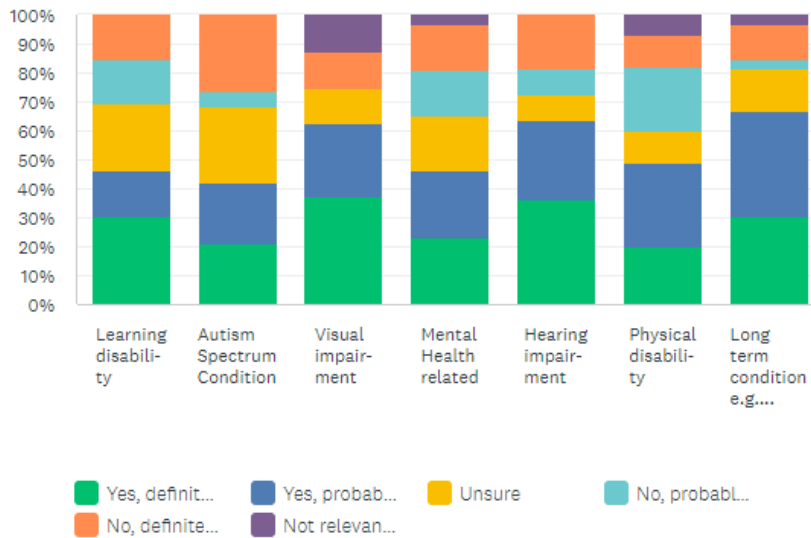
69 (38%) out of 182 comments recorded indicated that people thought the WOO service was just for young people.

“This campaign looks like it is targeted at young people, is this the case?”

“Images do not reflect those in all age groups. Especially those that live alone”



Likelihood of using the WOO Mental Health Service - by MH Related Disability



We noticed that a significant proportion (50%) of those identifying as disabled had indicated that they had a mental health related disability.

We checked to see if people with a mental health disability were any more or less likely to use WOO mental health service.

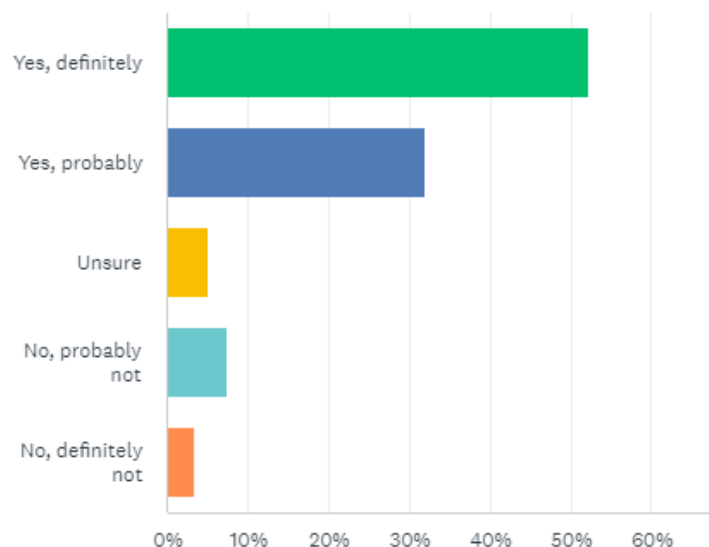
When compared with other types of disability, there was no significant increase in interest in using WOO from those identifying as having a mental health related disability.

Likelihood of Telling Someone Else About the WOO Mental Health Support Service.

We wanted to explore whether people would let others know about the WOO text-based mental Health Support service. We did this because there was a wide perception amongst people we spoke with that WOO was really for young people and younger adults. Even if they might not want to use this type of service themselves, their appreciation of the WOO service and a willingness to share information with others in need is still a useful way of reaching people.

So, whilst acknowledging they might not want to use the service themselves, we asked,

If SOMEONE YOU KNOW needed to access mental health support, would YOU tell THEM about this service?



People were positive about telling others about the WOO Text-Based Mental Health Service.

When we asked, “If SOMEONE YOU KNOW needed to access mental health support, would YOU tell THEM about this service?”

- 84% answered Yes - either ‘probably’ or ‘definitely’.
- 5% were unsure.
- 11% answered No - either ‘probably not’ or ‘definitely not’.

Although not recorded as part of the survey, anecdotally many people mentioned that they might tell their son, daughter, or a younger person they knew about the service.

Comments about the WOO Mental Health Service Campaign

We invited people to share any further comments about the WOO Mental Health Service Campaign. We received 182 comments.

Most (38%) of the comments were querying the age range that the WOO Mental Health Service was targeted at, often mentioning it looked like it was for younger people.

We received **24% positive comments** about the WOO campaign materials, including:

“I like that its not face to face, its more anonymous which I like. Also you havent got to go anywhere, and its instant”

“It is by text, which is good, you are not waiting to get through on a phone and there is no waiting list”

“I am used to tech, not having to speak to someone face to face is good for some people”

“I like that text gives you chance to think.”

“I suffer with anxiety, so any support is helpful, especially for young people”

“appeals to men to ask for help. never too tough to fall apart”

“I would like these posters in doctors. chemists, homeless services . I like the quotes very much, it catches your eye and makes you think, helping you to reach for help”

A smaller number (**16%**) of **negative comments** were received including:

“I have been shown texts from people who have used the service and unless they are able to do what is suggested they get a message to say unable to help you this call is ended. Its like talking to a robot.”

“texts can be misread, misunderstood. Is anyone really there? Lack of human contact. Spoken word says a lot not heard in text”

“I want to speak to a human and not a computer system”

Neutral comments received were mostly around the theme of promoting the WOO Mental Health Service more, including:

“..work for Police and didn't know about campaign in child protection!. Is it in Schools? Put on front counter of police stations”

“we need to do more in Redditch and Evesham”

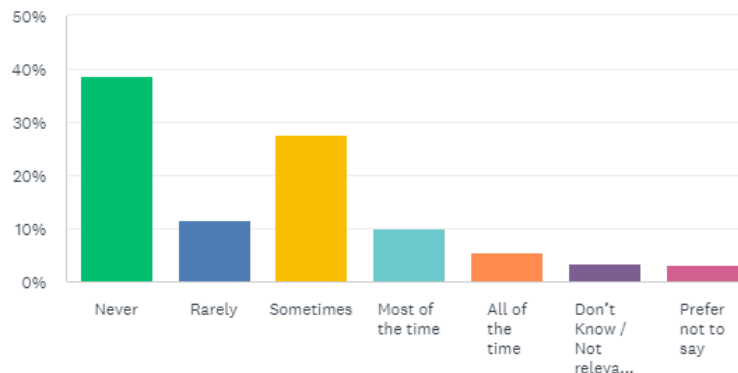
“I would like these posters in doctors. chemists, homeless services . I like the quotes very much, it catches your eye and makes you think, helping you to reach for help”

Financial Status

Financial status is an important factor in determining health inequalities.

We approached this sensitive issue by our question:

“Thinking about your household finances over the last 12 months how often, if at all, have you struggled to pay at least one of your household bills or to meet your monthly outgoings?”



Overall, 44% of the people we spoke to for this survey struggled to meet monthly outgoings either sometimes, most of the time or all the time.

Throughout all six districts of Worcestershire there were people facing financial difficulties.

People living in Bromsgrove and Redditch were more likely to tell us that they sometimes struggled with financial difficulties than elsewhere. People living in Malvern were least likely to report financial difficulties.

Younger people faced greater financial difficulties.

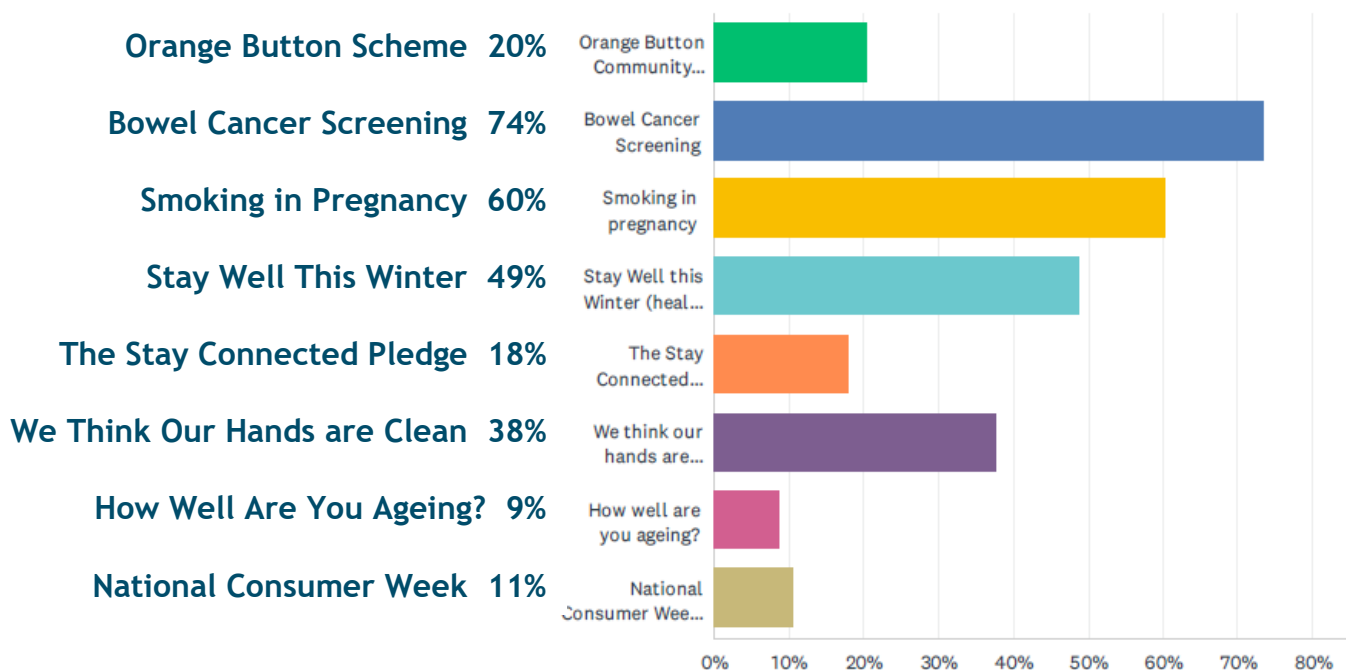
More detailed information is included in Appendix 3.

Public Health Messaging Awareness

We looked at how demographic differences affected awareness of Public Health Messages. We also checked for any differences in where people look for information about health and wellbeing according to their financial status.

To understand the wider community awareness of Public Health messaging we asked people which of 8 recent Public Health Campaigns they were aware of. We were advised by the Public Health team that each of these campaigns had run throughout the county in the past year:

- Orange Button Community Scheme (Suicide awareness / prevention)
- Bowel Cancer Screening
- Smoking in Pregnancy
- Stay Well This Winter (Health Advice and Cost of Living Support)
- The Stay Connected Pledge (Reducing Loneliness)
- We Think Our Hands Are Clean, But Are They?
- How Well Are You Ageing?
- National Consumer Week (Trading Standards Advice for Shopping Online)

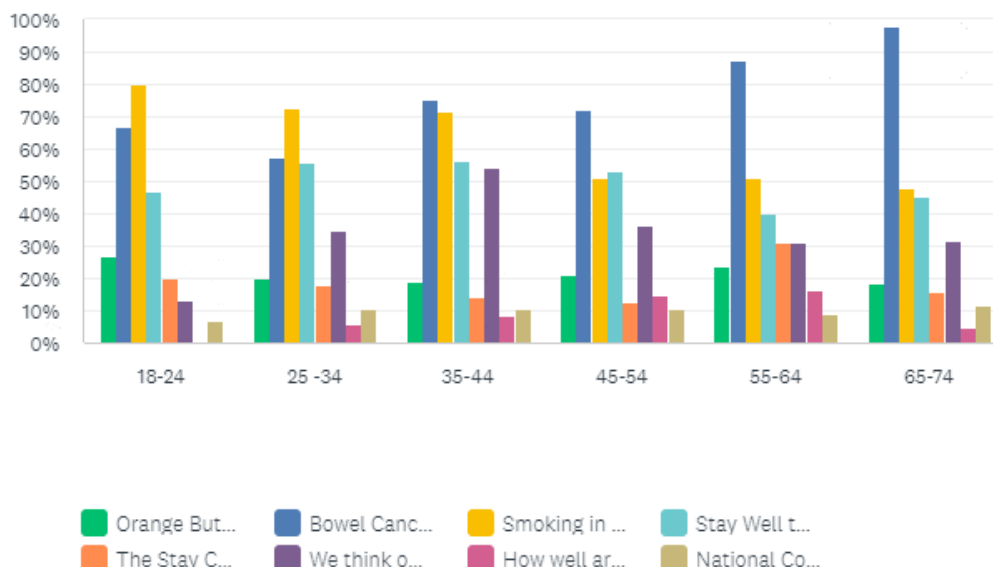


‘Bowel Cancer Screening’ had the greatest awareness with 74% of those answering this question indicating they were aware of it.

‘Smoking in Pregnancy’ was known about by 60%.

We realise that some campaigns have a national profile, whilst others are more locally based. Also, as each of these campaigns may have had different target audiences and may have been running for different lengths of time, we can’t really compare them to each other. However, we can explore differences arising from different demographics.

Are you aware of any of these recent Public Health Campaigns? - Answers by Age



The ‘Orange Button Scheme’ had a similar level of awareness (around 20%) across all ages.

‘Bowel Cancer Screening’ had the highest level of awareness overall (74%). Although this did increase with age, it was striking how it had reached all age groups.

‘Smoking In Pregnancy’ had a high awareness (70-80%) in younger age ranges up to 44. For people over 44 this dropped off to around 50%.

The ‘Stay Well this Winter’ scheme had a similar level of awareness (around 50%) across all ages.

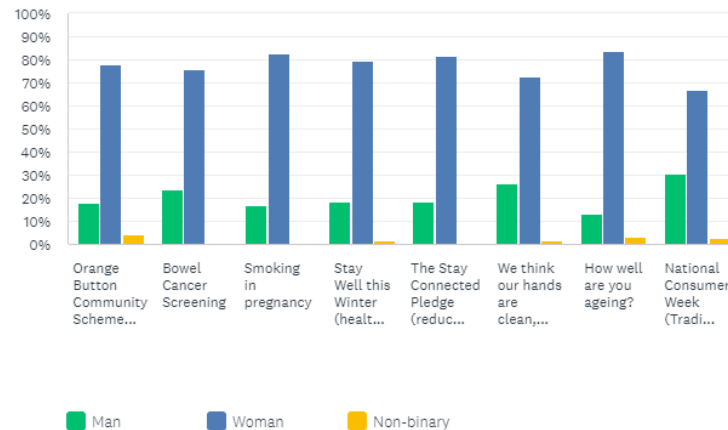
The ‘Stay Connected Pledge’ reached around 10-20% across most age ranges, with a higher 31% awareness for those in the 55-64 age group.

The ‘We Think Our Hands Are Clean’ campaign reached around 30% across most age ranges with a higher 54% for the 35-44 age group.

‘How Well Are You Ageing?’ reached a maximum of 16% in the 55-64 age group.

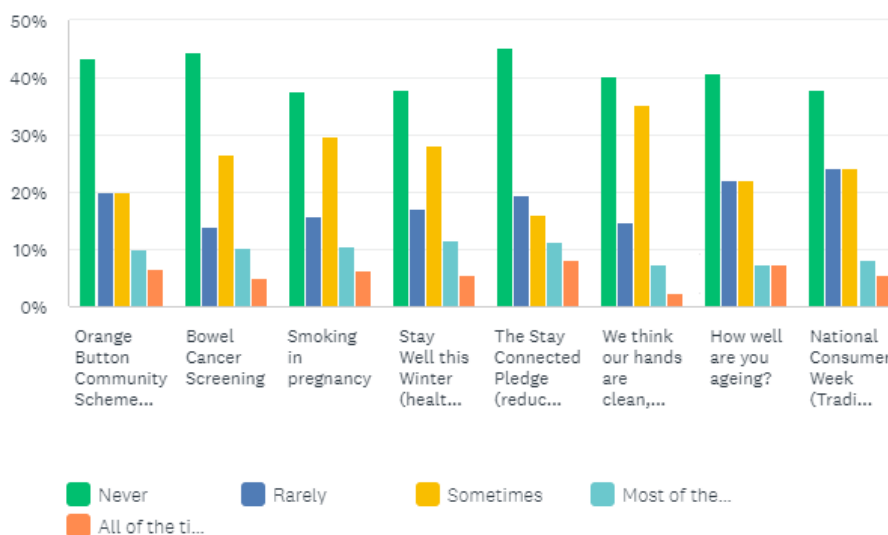
‘National Consumer Week’ awareness was a similar level (10%) across all age groups.

Are you aware of any of these recent Public Health Campaigns? - Answers by Gender



Women showed consistently greater awareness of Public Health messaging across all campaigns.

Are you aware of these recent Public Health Campaigns? Answers by Financial Status.



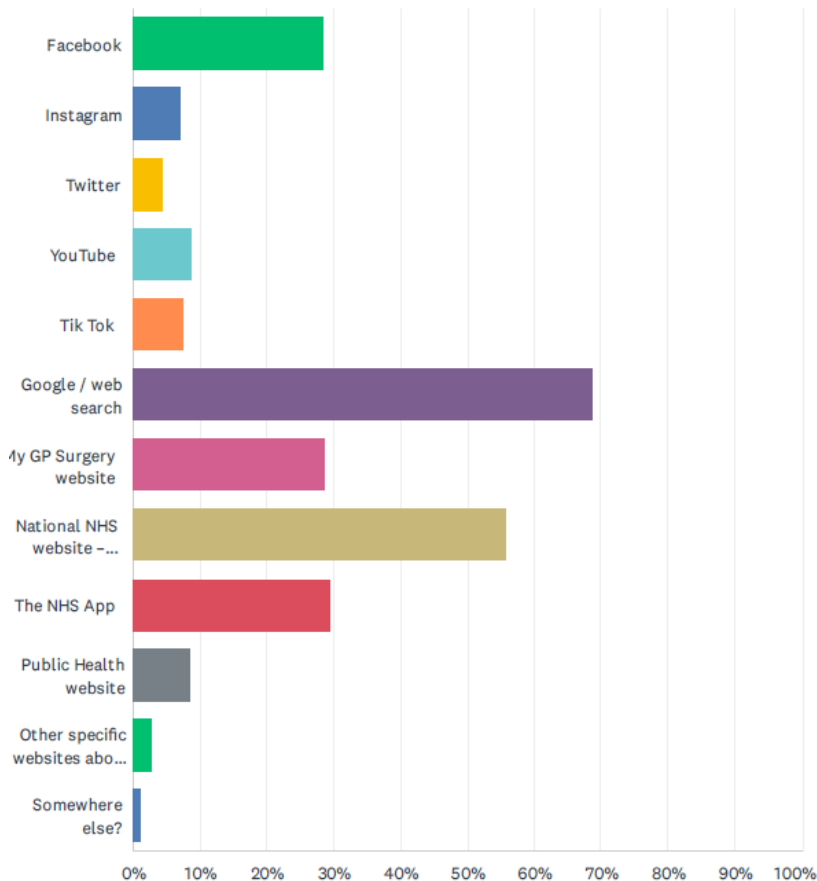
Those people who **never** struggled to pay at least one of their household bills, or to meet their monthly outgoings, were **consistently more aware** of Public Health Messaging with around 40% awareness across all topics.

As soon as any financial uncertainty was a factor, awareness became much more variable depending on the Public Health Campaign topics.

Those with the **greatest financial struggles** were consistently least aware of Public Health Campaigns with only 5-10% awareness.

Where Do People Normally Look Online for Information About Health and Wellbeing?

(Access to the Internet: 96% of respondents had access to the internet, including use in a public amenity, e.g. café or library. 79% were able to access it at home using a broadband connection.)



88% of people we spoke to would look for information about Health and Wellbeing online, of these:

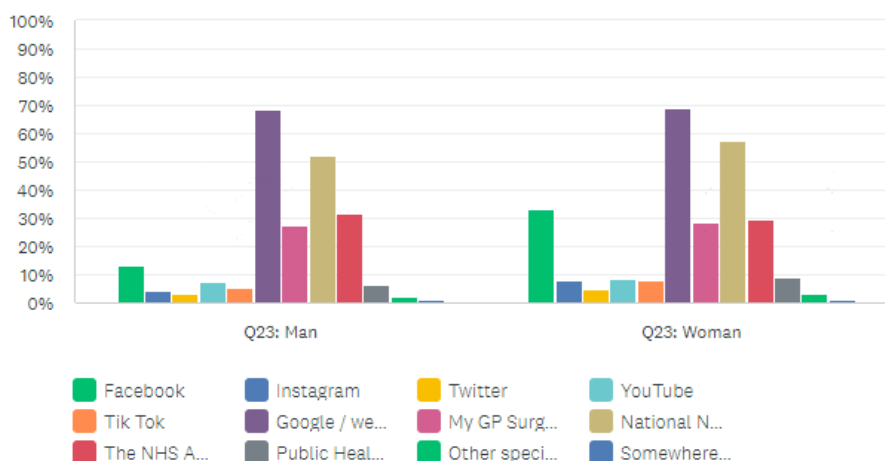
nearly 70% of people we asked would use Google to find out information about Health and Wellbeing.

56% would use the NHS England website.

29% would use their GP Surgery website or the NHS App

56% said they would look for information about Health and Wellbeing on social media including YouTube.

Facebook is still the most popular social media channel for our respondents.

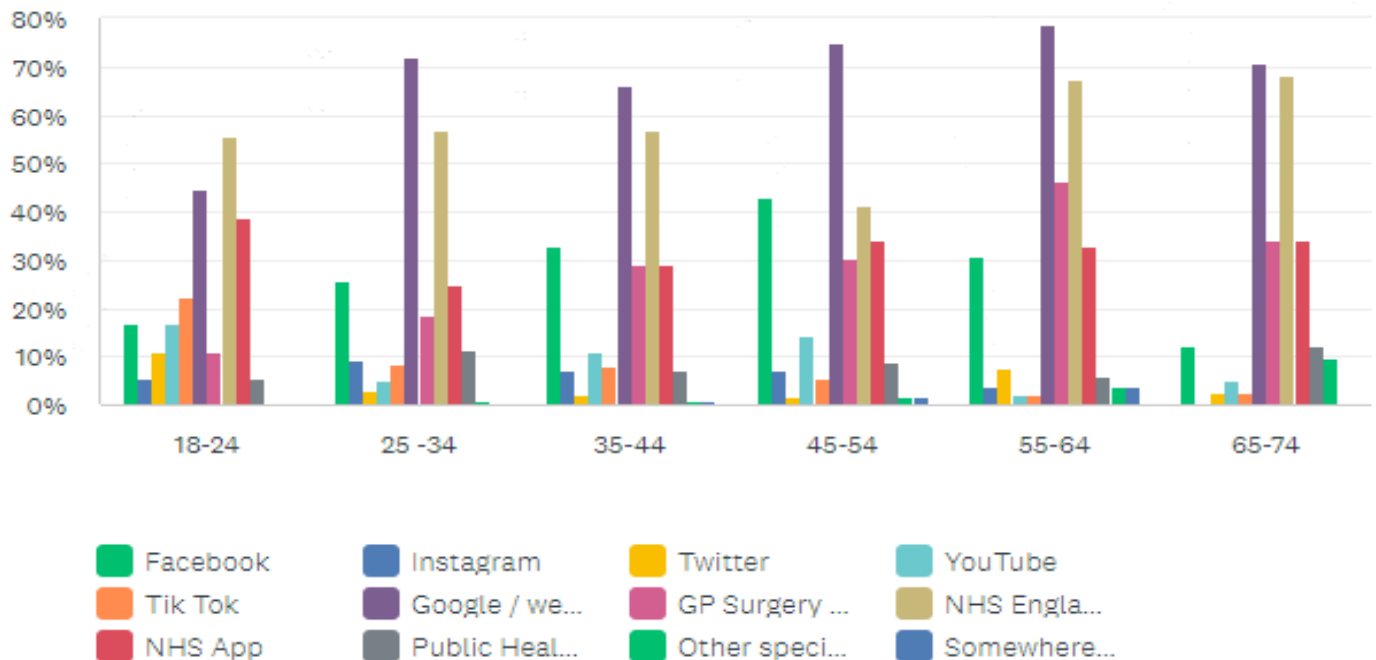


By Gender

Where people looked for information about Health and Wellbeing online was very similar when comparing men and women.

The only real difference was that women were more likely to use Facebook (33%) than men (13%).

Where Do People Look Online for Information About Health and Wellbeing - By Age

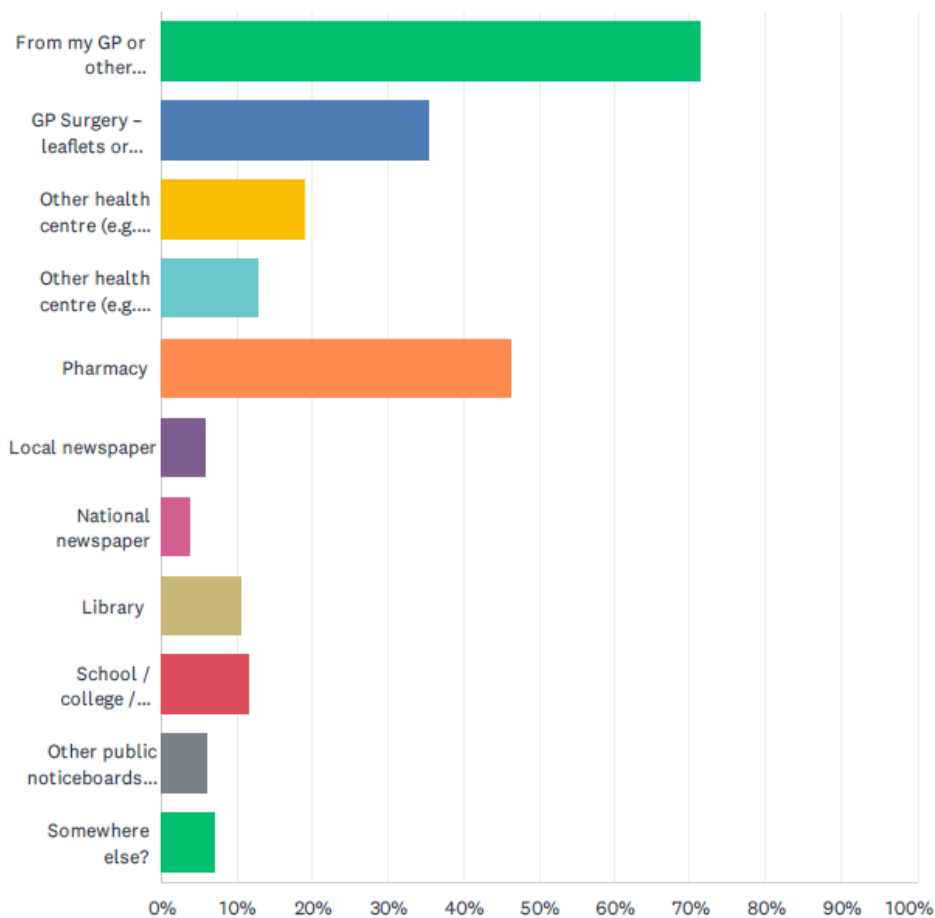


When we asked where people looked **online** for information about Health and Wellbeing **by Age** we found:

- Google / web search was consistently the most popular choice across all ages with around 70% of people saying they would do this.
- The NHS England website was a consistent second place option at around 50% across all age groups.
- Facebook usage peaked in the 45-54 age range at 43%
- Other social media channels peaked at 14% for the 45-54 age range for YouTube, and 22% for TikTok in the 18-24 age range.

When we asked where people looked **online** for information about Health and Wellbeing **by Financial Status** we found no difference of statistical significance in addition to those already highlighted by gender and age.

Where Do People Normally Look In-Person (non-digital options) for Information About Health and Wellbeing?



Of those who looked for in-person options (78%):

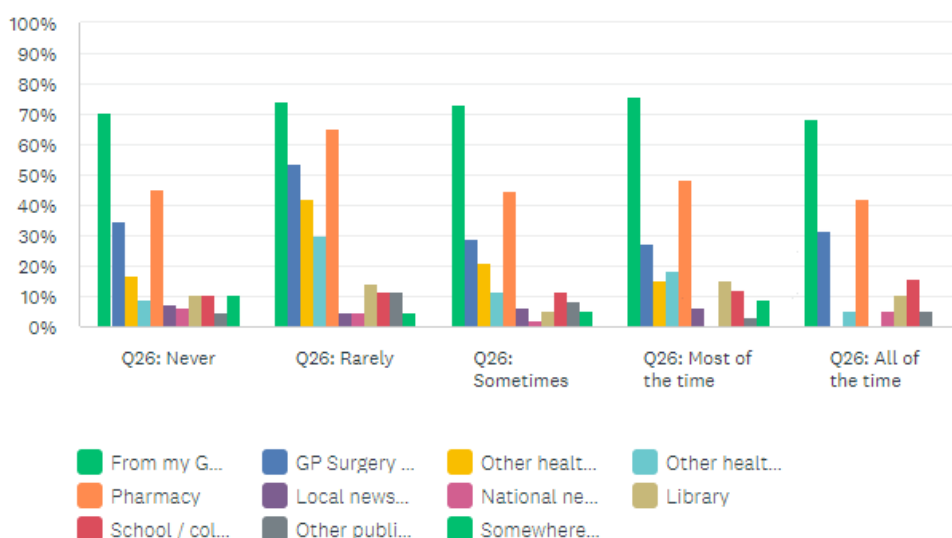
72% would go to their GP or other healthcare staff at the GP Surgery for in-person information about Health and Wellbeing.

35% still found information on leaflets or the surgery noticeboard.

46% would look for information at their pharmacy. This was especially noticeable in the 45-54 age range (66%)

Schools and colleges were an important source of information for those in the younger age groups.

The GP Surgery and Pharmacy are still the top two locations for looking for Health and Wellbeing information in-person for people across all financial situations.



Spotlight 1: People with Learning Disabilities

We worked with local charity SpeakEasy N.O.W. to involve their members in this project. [SpeakEasy N.O.W.](#) is a self-advocacy charity run by people with learning disabilities for people with learning disabilities, across Worcestershire.

We attended a SpeakEasy N.O.W. planning meeting where we shared details about the project and an Easy Read version of the survey. We presented the images from the National Walking Month and the WOO Mental Health Support Texting Service Public Health Campaigns and talked through the survey questions. The whole group engaged in a lively discussion with us, giving us verbal feedback and completing the surveys.

The SpeakEasy N.O.W. group facilitators kindly offered to take our Easy Read surveys to the groups they would be running throughout Worcestershire over the summer of 2023. This has resulted in a total of 54 completed surveys from people with learning disabilities. As the Easy Read surveys were a shortened version (and so would have skewed our data), they were not entered on Survey Monkey. Instead, they have been analysed separately and presented here as a spotlight report.

Our Findings

A total of 54 responses were recorded from adults with learning disabilities from locations across Worcestershire, including: Worcester, Droitwich, Redditch, Evesham and Malvern.

Campaign 1: Worcestershire Health Walks, National Walking Month, May 2023

Out of the 54 people who responded, 10 (19%) had seen the Health Walks campaign images.

4 people had seen them on Facebook and 6 people had seen them at bus stops.

We then asked, regardless of whether they had seen them before or not, looking at the campaign images now, did they feel inspired to go for a walk?

Out of 54 responses, 26 (48%) said yes; 12 (22%) said not sure; 16 (30%) said no.

Almost half of our respondents with learning disabilities would be interested in taking part in a Health Walk.

“I did not know about it. Now I do I think it’s great. Please sign me up I would really like to be part of a walking group for people with LDS”

For those who said no, or were unsure, their main concerns took the themes of:

Needing more details (dates, times, locations)

Needing reassurance that it would be accessible to people with disabilities.

Campaign 2: WOO Mental Health Support Text Service

Out of the 54 people who responded, 11 (20%) had seen the WOO campaign images.

4 people had seen them on social media, 5 people had seen them at bus stops or on a bus and 2 on noticeboards at college.

We then asked, regardless of whether they had seen them before or not, looking at the campaign images now, is the WOO Text service something they would use if they needed support with their mental health?

Out of 54 responses, 20 (37%) said yes; 8 (15%) said not sure; 26 (48%) said no.

Only about a third (37%) of our respondents with learning disabilities would consider using the WOO text service.

For those who said no, or were unsure, their main concerns took the themes of:

Confusion over whether the service was just for young people and not for older or disabled people.

Not having the right sort of phone to be able to text.

A clear preference for speaking to a person for support, either by a phone call or in person.

“I would rather talk to an actual person rather than a text message service. I have done bereavement counselling before and I loved that interaction with an actual person”

“Not everyone has got a smart phone to text. And if I was feeling suicidal I would want to speak to someone not text messages. That feels impersonal you can't express feelings via text message”

“explaining how you feel is hard by text”

When we asked the group where they would normally look for information about health and wellbeing, many people would go to their support worker first, responses included:

“Check with my support worker - they might be able to go on the internet to find the answer.”

Sometimes members did use the internet themselves but found it difficult to know where to search for the information they needed. It was also easy to lose the information if it was on the internet.

“everybody assumes that everybody else can use the internet but not everybody can”

“[You] can use leaflets to point people to the right place to look at a trusted website”

Leaflets were suggested as a good option, *“you can keep it on your noticeboard”*

It was agreed that the type of information on the leaflets doesn't have to be 'Easy Read' - so long as it is *"nice and clear with related pictures that work well for everyone"*.

Overall, our respondents from SpeakEasy N.O.W. were interested in seeing the Public Health campaigns messaging and, depending on the topic, would be likely to engage with the campaigns.

However, only 10% for the Health Walks and 20% for the WOO Mental Health Texting Service campaign had actually seen the messages.

Whilst some people with learning disabilities had seen them on social media, most of the messaging had been seen on posters either at bus stops, on busses or at college.

When we discussed the best place to get information, most people preferred to ask their support worker and liked to have a leaflet to keep and refer to.

Recommendations from people with learning disabilities have been incorporated into the main report recommendations.

Spotlight 2: People with Sight Loss

As part of a piece of wider engagement with people living with sight impairment HWW held focused group discussions with 4 groups for people living with sight loss in Worcestershire - engaging with **55 Visually Impaired people**. Three of these were Sight Concern Connections groups held in Worcester, Kidderminster and Bromsgrove. We also attended the Macular Society Group held in Malvern.

As the engagement with people with visual impairments used shortened versions of our survey, (and so would have skewed our data), they were not entered on Survey Monkey. Instead, they have been analysed separately and presented here as a spotlight report.

We are conscious that we have largely engaged with those people who are connected to existing services. We cannot be sure that their experience is similar to people who are living in the community who are not involved with representative groups and organisations.

Nevertheless, the themes that have emerged illustrate some of the challenges faced by people living with Visual Impairment in Worcestershire.

Health Information and Advice

About half of the people we engaged with went online to look for health information and advice. Most of these said they were comfortable with finding information on the web, however others said they went online only because they had to, and they sometimes struggled to know where to look for trusted information sources.

Not all websites work well for people who are visually impaired and use screen readers. It is particularly important that those websites relating to health and social care are fully accessible to visually impaired people.

For those who did not go online finding information and advice could be a struggle.

Public Health Campaigns

We asked specifically about awareness of public health messaging relating to Worcestershire Health Walks and WOO.

6 of the 55 people had heard of Worcestershire Health Walks

No one had heard of WOO.

When asked where people would look for health information a range of sources were identified including television, libraries, through a group or word of mouth.

GP surgeries were a trusted source of information and advice, but people said they could no longer go into their GP surgery to speak with someone, and they could not always read the information on the notice boards.

There was a general feeling that people with visual impairments often missed out on information and advice.

“You’re not provided with information, if you’re lucky you have someone fighting alongside you for information, or if not you’re just left ... so we miss out”

Recommendations from people with sight loss have been incorporated into the main report recommendations.

Conclusions

We found that the Worcestershire Health Walks and WOO campaigns suffered from a lack of reach. About 70% of respondents had not seen information about either campaign.

However, both campaigns were generally well received by people when we showed them, and they indicated a willingness to engage with the activity and service on offer. It was noticeable that people were willing to share information about the WOO service to people they thought might need it even if they did not think the service was right for them.

Respondents were sensitive to the images used and ‘look and feel’ of the campaigns, deciding whether it was appropriate to or inclusive of them as individuals based on this, rather than any text featured. In particular people told us that they felt that the WOO service was for younger people, based on the images that we showed them.

This suggests that there is scope to review the imaging and extend the messaging about these campaigns, to widen their appeal.

We found that awareness of public health messages varied across different topics. This may be due to differences in the way that campaigns are advertised and promoted, for example whether they have a National / local focus, the length of time they run, or how they are targeted.

However, we also found that awareness is influenced by gender and by people's financial circumstances. More women than men are receiving public health messages and people who are struggling financially are less likely to be receiving public health messages than those who are not. People's financial circumstances were not affecting the places, (digital or non-digital) where they would actively look for information they needed on Health and Wellbeing. Financial difficulties did however seem to be adversely affecting the likelihood of Public Health Campaigns reaching people.

Distribution opportunities for reaching a male audience and for people who are struggling financially should be considered for future public health campaigns.

Considering where people look for online information about health and wellbeing nearly 70% of people asked would use Google rather than going direct to a trusted NHS website. Over half said they would look for information about Health and Wellbeing on social media including YouTube. Facebook is still the most popular social media channel for our respondents with the exception of those aged between 18 and 24. Social media is a useful channel for distribution of public health messages, however given the potential for misinformation through these channels further consideration could be given to how people can be better signposted to reliable information sources.

Despite a reduction of in person visits to GP surgeries since the Covid pandemic, people would still go to their GP or other healthcare staff at the GP Surgery for in-person information about Health and Wellbeing and look for information on leaflets or noticeboards. A significant proportion of those asked would look for information at their pharmacy.

Whilst digital methods including social media is an important way of sharing Public Health messages, there is still a need for printed materials and optimising the use of health settings for in person public health messages. This is particularly relevant when considering those likely to experience health inequalities.

It is also important that public health messages are available in a variety of formats and meet the requirements of the Accessible Information Standard.

Recommendations

WOO and Healthy Walks Campaigns

1. Consider the imaging used in these campaigns to ensure that they are inclusive, and appeal to people from a wide range of ages and circumstances.
2. Consider the scope to widen the channels used to promote these campaigns, given people's willingness to pass on information to others who may need it.

Online Public Health Messaging

3. Consider using increased targeting of social media messaging, including at men and people living in areas of health inequalities.
4. Consider using Facebook groups for each campaign, where people can join to find more details and updates about events and ask questions about the topic.
5. Consider how people can be better signposted to legitimate and reputable sources of advice through online and social media channels.
6. Ensure websites that provide public health information are accessible to people with sensory impairments, and provide translation facilities for people whose first language is not English.

In-Person (non-digital options) Public Health Messaging

7. Consider how GP surgeries and pharmacies can be optimised as a space for public health messaging, both through face-to-face conversations with practice staff and as a location for public information.
8. Explore the potential for expanding use of screens in GP surgeries, and other health settings, for public health messaging.
9. Consider designing printed materials that include QR codes for distribution to schools and colleges to display, as our conversations with young people suggest noticeboards at schools and colleges remain an important information source for them.
10. Distribution opportunities for reaching a male audience and for people who are struggling financially should be considered for future public health campaigns.
11. Consider working with organisers of local food banks or 'warm spaces' so that their service users have access to Public Health posters and leaflets.

Accessible Information

12. Review campaigns against accessible information standards and consider how the campaigns can be made accessible to those with sensory impairments, learning disabilities or other disabilities, including through producing them in alternative formats.
13. For Public Health messaging campaigns, consider creating “Easy Read” printed leaflets with clear messaging and related pictures.
14. Where specific events are mentioned, as much detail as possible should be included on printed materials. As well as a website link and QR code, consider providing a single point of contact and phone number, or creating a Facebook event where people can ask for more details.
15. Leaflets should be distributed throughout the county, e.g. via support services and parent / carer groups, as well as being available on request from the Public Health team.

Appendices

Appendices can be found with this report on our website:

<https://www.healthwatchworcestershire.co.uk/our-work/our-reports-responses-and-feedback/>

1. Survey questionnaires - a) Main survey and b) Easy Read version
2. Full breakdown of demographics
3. Survey data - charts and accompanying data tables
4. Report Responses - these will be published when they are received.