

# Research and evaluation review

1999-2000



**Health**  
Promotion  
Agency

# Research and evaluation review

1999-2000

# Foreword

This document contains a review of research and evaluation work carried out by the Health Promotion Agency for Northern Ireland in 1999-2000. It complements the wide range of channels that the Agency uses to communicate the results of its research and analysis, which currently include *Inform* and *Promoting Health*, and our websites.

Research is a fundamental part of the Agency's work. It is essential in allowing us to target our resources upon those in most need and in ensuring that our practice is based on evidence of effectiveness. Health promotion interventions must also be evaluated in order both to assess effectiveness and to make recommendations for future work.

The sharing of information is part of the Agency's drive to encourage collaboration with all those working to promote the health of the public in Northern Ireland. Wider access to research information can help to ensure more effective use of resources to achieve this end. This information will be of use to those involved in improving the

health of people in Northern Ireland whether they have a professional involvement or a personal interest in health promotion and development. The issues covered and the information collated will be of interest and value to those working in the public, community and private sectors whether within the areas of health, social services, education, community work or beyond.

The research and evaluation initiatives described have been carried out within the priority areas and programmes of work which the Health Promotion Agency has been commissioned to deliver on a regional basis.



**Dr Brian Gaffney**

Chief Executive

The Health Promotion Agency for Northern Ireland

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# The health behaviour of school children in Northern Ireland

The Health Behaviour of School Children (HBSC) Survey is a cross national research study conducted in collaboration with the European Region of the World Health Organization (WHO). The study began in 1982 and Northern Ireland has participated since 1992. The study aims to influence health promotion policy and practice, and to facilitate the networking of research information.

## Aims

The HBSC aims to gain new insight into, and increase understanding of, health behaviours and lifestyles, and their context in young people's lives.

## Main objectives

The 1997/98 Northern Ireland survey (published in 2000) aimed to gather information on health behaviours relating to a number of areas including:

- smoking;
- drinking;
- knowledge and experience of drugs;
- psycho-social aspects of health;
- school;
- sexual behaviour (only asked of children in Years 9-12).

## Methodology

The surveys are conducted in the school setting and involve the children self-completing a questionnaire, which comprises three parts: core questions included in every study and in every country; focus questions on particular topics unique to that year's study; and national questions, which can be added to the survey in individual countries to explore issues of particular interest to that country.

## Sample

The sample of young people involved in the 1997/98 study was selected as being representative of the general school population in Northern Ireland from Primary 7 to Year 12. Schools were randomly selected from a stratified sample (stratified by Education and Library Board Area, school type and school management type).

From each school, classes of pupils within the required age range were again randomly selected for inclusion.

The target population for the WHO study is children within 6 months of three ages: 11 years 6 months, 13 years 6 months and 15 years 6 months. Eligible children are selected out of the full sample to be added to the international WHO dataset.

## Response

A total of 6,574 children took part in the 1997/98 study; 3,518 boys and 3,056 girls. Of these, 3,346 were within the WHO's target age range and were included in the international study. A separate HPA report provided analysis of the full sample for Northern Ireland, from which the findings below have been taken.

## Key findings

### Smoking

- Forty two percent of the survey group had tried smoking at least once.
- Nineteen percent of the sample are currently smokers. This figure varies by gender with more girls (21%) than boys (17%) smoking.
- Smoking increases with age, by Year 12 the findings show that 18% of boys and 34% of girls smoke regularly (at least weekly).

### Alcohol

- Almost three quarters (74%) of the survey group had tasted alcohol. Of those that had tasted alcohol, 83% of boys and 80% of girls had tasted alcohol by the time they were 13.
- Almost half (47%) of those who have tasted alcohol are currently regular drinkers (ie drink at least monthly).
- The proportion of boys who drink on a weekly basis increases with age. For girls there is a significant increase between Years 8 and 9 and again between Years 11 and 12. By Year 12 there is little difference in the prevalence of drinking between boys and girls with 44% of boys and 40% of girls drinking weekly.

- Thirty two percent of boys and 23% of girls who drink at least monthly have been drunk more than ten times.

#### Drugs (not including solvents)

- Just under a quarter (23%) of the survey group reported that they had been offered illicit drugs. One third of children reported that it would be easy for them to get illicit drugs if they wanted to.
- Twelve percent of the total sample said that they had tried drugs.
- Seven percent of the total sample admitted to currently using drugs.
- Three percent of the total sample could be described as regular drug users, ie take drugs at least a few times a month or more frequently. Boys form the majority of regular drug users (60%) and most are in Years 10-12 (90%).

#### Sexual behaviour

- Fifteen percent of those in Years 9-12 reported that they had experienced sexual intercourse.
- The average reported age of first sexual intercourse was 13 for boys and 14 for girls.
- Most of those (80%) who had experienced sexual intercourse reported using some form of contraception. Condoms were the most widely used form of contraception.
- Two thirds of those in Years 9-12 thought that obtaining contraceptives if they needed them would be easy. Over one quarter of boys and almost 40% of girls thought it would be difficult.
- Few young people of this age group reported that they would go to a family planning clinic for birth control (11% of girls and 2% of boys).

### Dissemination

The information in this survey has been published in the following documents:

- Health Promotion Agency for Northern Ireland. The Health Behaviour of School Children in Northern Ireland: A report on the 1997/98 survey. Belfast: The Health Promotion Agency for Northern Ireland, 2000.
- World Health Organization. Gender and Health in Adolescence. WHO Policy Series: Health policy for children and adolescents. Issue 2. Copenhagen: WHO, 1999.
- World Health Organization. Health and Health Behaviour among young people. WHO Policy Series: Health policy for children and adolescents. Issue 1. Copenhagen: WHO, 2000.

# Survey of attitudes of 18-30 year olds in Northern Ireland to illicit drugs

This survey was commissioned in January 2000.

## Aims

To examine the views and perceptions of 18-30 year olds in Northern Ireland with respect to illicit drug use.

This research was commissioned further to a qualitative study conducted in 1998/1999 which recruited people who were 'open minded' about drugs. That research found that drug taking was perceived as normal behaviour among this group with cannabis being the most widely used drug and perceived as least harmful. This group (98/99) also expressed a need for further information about drugs. The research commissioned in 2000 was to ascertain how far the attitudes expressed in the 98/99 research were representative of the population of 18-30 year olds in Northern Ireland as a whole.

## Main objectives

- to assess the views of the target group in relation to illicit drugs and illicit drug taking;
- to assess their knowledge of illicit drugs;
- to assess availability of illicit drugs to this group;
- to assess where the target group currently access information on drugs and what their current information needs are;
- to find out how and where the target group socialise.

## Methodology

This was a quantitative survey of 990 18-30 year olds across Northern Ireland representative of the social, demographic and geographical patterns of this age group.

## Sample

The sample was not based on a strict random probability sample due to the acknowledged difficulties of finding this age group using an address approach. Instead a selection of 30 randomly selected starting points in residential areas of Northern Ireland, five in Belfast City

Council area and one in each remaining council area was chosen. Beginning at the randomly selected starting point interviewers called at every fifth house in urban areas and every second in rural areas. If there was someone at the relevant house who fulfilled the sampling criterion (ie aged 18-30) they were chosen to fill in the self-completion questionnaire. The interviewer later collected the questionnaire in a sealed envelope to ensure confidentiality.

## Response

The survey achieved a sample of 990 individuals aged 18-30.

## Key findings

Topics included: social and recreational activity; awareness and perceived harmfulness of drugs; attitudes to drugs; sources of and use of drugs; impact of drugs on respondents' lives; current drug use; ideas around future drug use; drugs and driving; information needs; awareness of drugs helpline.

Sixty five percent of those surveyed had never taken drugs, 9% had taken drugs once and a further 25% had taken drugs more than once. Those who had used drugs were more likely to be males, aged between 18-25, single and in the C2DE social class.

One third of the sample expressed the view that drug taking is normal for someone their age and 50% believe that drug taking is completely socially acceptable.

Initial analysis revealed a strong split in attitudes between those who had tried/taken drugs and those who had not. Two thirds of drug users smoke cigarettes compared to one third of non-users. Non-users consistently rated each drug as more harmful than drug users. Both drug users and non-users rated heroin the most harmful drug.



Over twice the proportion of drug users as opposed to non-users believed that taking drugs made people more relaxed, confident and happy, and helped them to enjoy themselves.

Cannabis and Ecstasy were the drugs most frequently taken by respondents. Just over three quarters of drug users felt that it was very easy or easy to get hold of drugs. Two fifths of drug users believe that drugs will cause long term damage to their health.

Word of mouth/friends was the most frequent source of drug information for those who take drugs. For non-users the news or television documentaries was the most frequent source. Awareness of the drugs helpline was low with only 12% of drug users and 6% of non-users claiming to have heard of one.

The majority of respondents felt there was a need to target a public information campaign on drugs at this group. The information requirements of drug users and non-users differed, with the former most often requesting information on the long-term dangers of drugs and the latter most often requesting information on how to help someone in trouble because of taking drugs.

## Recommendations

- The lack of knowledge displayed on the effects of drugs would suggest a need for information.
- This age group supports the idea of an information campaign but it would be best targeted at those who already take drugs, rather than the 18-30 population as a whole.
- Information dissemination should focus on pubs and clubs, as over three-quarters of drug users attend pubs and clubs at least once a fortnight.
- Drug users have high levels of access to the Internet and this medium may be worth using as a source of information.
- Information provided should focus on the long-term dangers of drug use and on how drug use affects health.

## Dissemination

The information in this survey has been disseminated in presentations to:

- Central Co-ordinating Group for Action Against Drugs (CCGAAD), April 2000.
- Drugs Information Exchange Group, June 2000.
- Regional Seminar for Professionals, September 2000.

# Survey of adult drinking patterns in Northern Ireland

This survey was commissioned in September 1999.

Most public information campaigns addressing alcohol have adopted the population approach, ie targeting all those who choose to drink rather than specific groups such as 'heavy' or 'problem' drinkers. In recent years the 'population approach' and the supportive 'prevention paradox' have been called into question or resolved. Increasingly more attention is placed on examining patterns of consumption rather than levels.

There is little recent statistical evidence in Northern Ireland on patterns of consumption and very little research has focused on the drinking culture of Northern Ireland. Similarly most statistical evidence concerning alcohol use in Northern Ireland relates to weekly consumption levels based on the pre-1995 sensible drinking levels.

## Aims

To examine how adults in Northern Ireland drink, in order to build a picture of Northern Ireland drinking culture in terms of pattern and style of drinking. This should inform more comprehensive and carefully targeted health promotion work.

## Main objectives

The survey was designed to:

- examine what, how much, where, when and with whom people drink;
- ascertain individual's own perceptions of their drinking levels;
- assess negative drinking experiences;
- ask CAGE questions (questions designed to detect whether the respondent may be a problem drinker).

## Methodology

This was a sample survey representative of adults in Northern Ireland aged 18-75 years, carried out using Computer Assisted Personal Interviewing (CAPI). The questions focus on the seven days prior to the day of the interview. The respondent is asked to recount their drinking habits over this time focusing on what, how much, where, when and

with whom they drank, if they did drink.

The survey finishes with questions regarding respondents' perceptions of their own drinking habits, if they consider themselves to be a heavy, moderate or light drinker and several CAGE questions. Background questions are asked on age, gender, socioeconomic group, religion, and marital status.

## Sample

The study was based on a random probability sample of Northern Ireland adults aged 18-75 years. A sample of 2,050 addresses was drawn from the Valuation and Lands Agency database of addresses. People living in institutions were excluded. The complete list of private addresses was stratified into three regions - Belfast, east Northern Ireland and west Northern Ireland and a random sample was drawn from each stratum. Interviewers were instructed to interview all adults in the households aged between 18 and 75 inclusive.

## Response

The fieldwork period was October to November 1999. During this period, 1,769 interviews were achieved from an eligible sample of 1,243 addresses, giving a response rate of 70%.

## Key findings

Three quarters of men in Northern Ireland and 67% of women drink alcohol. Drinking prevalence decreases with age. Eighty percent of 18-34 year olds drink compared to 51% of 55-75 year olds. The most common location for drinking was the respondent's own home (55% of those who drank) followed by pubs (33% of those who drank).

Most drinking occurs at weekends, with Saturday nights being the most popular drinking time. Seventy two percent of those who drink, drank on Saturday night. This compares to 20% drinking on most weekdays. This increase in drinking on a Saturday night is consistent for all age groups and socioeconomic groups.

The most popular drink was beer/lager (49% of drinkers) followed by spirits and liqueurs (36%). For men the most popular choice was beer/lager followed by wine, for women it was wine followed by spirits and liqueurs. Drinking preference also varies by socioeconomic group and age.

The recommended daily drinking limits are 3-4 units a day for males, and 2-3 units a day for women. It is recommended, however, not to drink at or above the upper limit every day, that is 4 or more units for men and 3 or more units for women

Analysis using old weekly drinking limits showed that 32% of males who drink, had drunk above the old recommended weekly level of 21 units in the previous seven days. This figure varied by age and socioeconomic group. Young males (18-34 years) were more likely to drink above the old recommended level with 47% of them doing so, compared to 29% of males aged 55-75 years. Twenty percent of those in the 'professional' socioeconomic group drank above the old weekly limits compared with 39% of those in the semi/unskilled manual group.

The pattern is similar for females. Seventeen percent of females, who drink, had drunk above the old recommended weekly levels (14 units) in the week prior to the survey. Again this varied with age, with 26% of 18-34 year olds exceeding the old weekly limits compared to only 10% of those in the 55-75 year old group. Fourteen percent of those in the professional socioeconomic group drank above the old weekly limit compared to 22% of those in the semi/unskilled manual group.

For the purposes of analysis we classified males who drank 10 or more units in one sitting or females who drank 7 or more units in one sitting as having participated in a 'binge' drinking session. Using this criterion, 39% of male drinkers and 28% of female drinkers had experienced a 'binge' drinking session in the week prior to the survey. Those in the younger age groupings were more likely to 'binge' than older drinkers were.

## **Dissemination**

The results of this survey were presented at a regional seminar for professionals, March 2000.

# Research into 12-13 year olds' attitudes to smoking in Northern Ireland

This research was commissioned in December 1999.

In December 1998 the Government published *Smoking Kills, A White Paper on Tobacco*. The White Paper sets out a comprehensive plan of action for reducing smoking in the UK and the death and illness it can cause. The plan includes a wide range of measures including mass media health promotion campaigns.

The White Paper has three clear objectives:

- to reduce smoking among children and young people, ie those under 16 years;
- to help adults, especially the most disadvantaged, to give up smoking;
- to offer pregnant women help and support to stop smoking.

The Department of Health and Social Services commissioned the Agency to develop and implement a programme of public information to support the Tobacco White Paper in Northern Ireland. The first group to be targeted was children under 16.

## Aims

The study was intended to:

- examine the views and perceptions of 12 and 13 year old pupils in Northern Ireland with regard to smoking attitudes, to inform the nature of a campaign aimed at this age group and to provide a qualitative baseline on which to evaluate the effectiveness of the campaign;
- pre-test a number of shortlisted proposals for a teenage anti-smoking television advertising campaign and magazine.

## Main objectives

The research was intended to establish what young people think about smoking and smokers, in particular:

- What is the image of a smoker, and a non-smoker?

- In what social contexts is smoking adopted, or not adopted?
- What are the early stages of smoking uptake and experimentation?
- What are the views of this age group on the influence of peers, family and youth culture?
- What are their views on the perceived value and function of smoking in their day to day lives?

The research was also designed to explore the views of young people on the proposed television and radio advertisements and other promotional materials.

## Methodology

This research employed a qualitative methodological approach. It consisted of a lifestyle questionnaire to recruit people for focus groups and paired friendship depth interviews.

A self-completion questionnaire was administered to Year 9 pupils in the school setting and 12 and 13 year olds in the youth club setting. The questionnaire identified individuals to be recruited for the qualitative phases on the basis of current smoking behaviour; if non-smokers, attitudes to smoking; and friendship networks.

At each location two mini focus groups and four paired depth interviews were conducted which comprised two teenagers from the same friendship network, where one has tried or commenced smoking and the other has not yet smoked.

Target group: 12 and 13 year olds in Northern Ireland.

## Sample

The research focused on five schools and three voluntary youth clubs. Locations were selected to cover the five Education and Library Boards, a spread of academic ability, all denominations, and single and mixed gender schools.

## Key findings

Research revealed a wide range of factors that can contribute to a young person experimenting with cigarettes and subsequently becoming a committed smoker. In considering pressure to smoke the research identified some key personality types based on likelihood to experiment with smoking (four types were identified).

The research identified the most confident extroverts, socially skilled and socially active, as the group most likely to be experimenters (this group was referred to as 'innovators'). The next group could be described as 'aspirers' in that they aspire to be innovators. They may be most vulnerable to enticement into smoking, not as a result of coercion but rather as a self-perceived need to adopt smoking behaviour in order to fit in with the in-crowd (the 'innovators').

At this age involvement in smoking is generally confined to the social context. Few 12-13 year olds smoke when on their own, rather it is a group activity, which they participated in while socialising outside the home, while at school or on the way to and from school. For those that have already started smoking, the initial experimentation in smoking had started while in the company of older teenagers, typically a cousin, or sibling and their friends.

The perceived prevalence of smoking and the social pressure to increase friendship networks, particularly among girls, appeared to be key features closely connected with young people's experimentation with smoking.

Predictably, young people were well aware of the long-term effects of smoking on their health. But it appeared that young smokers were unconcerned about the risks associated with smoking. These risks were considerably diluted due to a number of factors including:

- the lack of immediacy of damage to their health, with expectations that serious side effects would not occur until old age;
- the inclination not to consider themselves to be 'real smokers'. They had their own definitions of who was a smoker;
- the lack of appreciation of the addictive nature of tobacco/nicotine. Most believed they could stop when they were older.

In addition most young smokers perceived the period of 'experimental' smoking as much longer than that acknowledged by health professionals.

In discussing the negative aspects of smoking the smell of a smoker's breath and clothes provides an immediate disadvantage. Among boys the relationship between smoking and fitness is a strong demotivator.

## Recommendations

The main challenge facing health promoters is to persuade this age group that smoking is an addictive habit.

For this age group smoking is curtailed by restrictions on income and social opportunity, but as they mature both of these factors will be removed.

This research suggests targeting any campaign or education work at the 'innovators' and 'aspirers', ie those children already socially skilled and socially active or those that aspire to be so. The research suggests that the main key is to arm the highly vulnerable 'aspirers' with an armoury of rationales of how smoking might detract from their attractiveness and how the money saved by not smoking might be deployed to enhance their persona and self-esteem.

## Dissemination

This information was disseminated via:

- Campaign briefing for professionals, January 2000.
- Health Promotion Agency for Northern Ireland. Qualitative Research with Young People on Smoking. *Inform* issue 11. June/July 2000.
- Up-2-You. The development of a smoking campaign targeting 12-13 year olds. Poster presented at the 11th World Conference on Tobacco or Health, August 2000.

# Evaluation of Northern Ireland No Smoking Day 2000

No Smoking Day (NSD) is a UK campaign funded and run by an alliance of health promotion bodies and professional and voluntary organisations. The campaign aim is to help and support smokers who want to stop smoking and is targeted at all smokers. It uses a media campaign based on news and feature stories, advertising and local events and activities using the campaign materials. It is held in March each year. The Health Promotion Agency for Northern Ireland provided funding so that the quantitative research carried out in Great Britain in 2000 could be extended to Northern Ireland.

## Aims

To track awareness of, and claimed participation in, No Smoking Day 2000 in Northern Ireland.

## Main objectives

The objectives were:

- to establish smoking prevalence;
- to establish how smokers feel about stopping smoking;
- to assess awareness of No Smoking Day 2000;
- to assess participation in No Smoking Day 2000;
- to assess awareness of No Smoking Day 2000 advertising and publicity.

## Methodology

This was an omnibus survey, representative of adults aged 16 and over in Northern Ireland.

## Sample

The survey used a probability sample stratified by region with demographic quotas set on the basis of age, sex and social class characteristics. Interviews were conducted at 100 sampling points across Northern Ireland.

## Response

Fieldwork took place between 20 March and 27 March 2000. A total of 1,138 interviews were achieved in Northern Ireland.

## Key findings

Just over one third (35%) of the sample smoked cigarettes. Only 1% smoked either a pipe or cigars. Sixteen percent of the sample were ex-smokers.

Just over half (52%) of cigarette smokers smoke between 11 and 20 cigarettes in a typical day. One fifth smoke 21 or more cigarettes per day. Male smokers tend to smoke more heavily, with more male smokers smoking 21+ cigarettes per day (26%) compared to females (16%).

The majority of respondents who smoked (73%) expressed an interest in stopping or had tried stopping already. Eighty one percent of respondents were aware that Wednesday 8 March 2000 was No Smoking Day and 72% of all respondents were aware of No Smoking Day advertising or publicity. Awareness was highest among smokers.

Overall 36% of smokers aware of NSD participated in the day by quitting for a time, cutting down or accessing information or taking part in an event or competition. Female smokers were more active in their participation than males with 19% of female smokers making a quit attempt compared to 12% of males.

## Dissemination

The information was published in:

- Health Promotion Agency for Northern Ireland. No Smoking Day 2000 evaluation. *Inform* issue 11 June/July 2000.

A full NSD 2000 Evaluation Report including comparisons with GB findings and findings from previous years can be obtained from the Health Promotion Agency.

# Evaluation of phase IV of the HPA's public information campaign on drugs

This evaluation was commissioned in January 2000.

In order to change the overall culture and pattern of drug use by young people in Northern Ireland the Central Co-ordinating Group for Action Against Drugs was established in 1995. This group, involving relevant Government departments and agencies, has spearheaded the Northern Ireland Drugs Campaign.

In 1996 a baseline study was carried out to assess knowledge of and attitudes to drugs in the target groups. In early 1997 phase I of the public information campaign on drugs was launched. It was aimed at 10-13 year olds. The aim of this campaign was to delay the onset of experimentation with illicit drugs and to increase the awareness of the dangers among the target group. The campaign was evaluated and awareness of the campaign among 10-13 year olds was high.

In January 2000 phase IV of the public information campaign was launched aimed at 10-13 year olds. This campaign involved a rerun of the original television advertisement supported by leaflets aimed at P6, P7, Year 8 and Year 9 pupils and a parents' leaflet.

## Aims

To evaluate the fourth phase of the public information campaign on drugs aimed at 10-13 year olds.

## Main objectives

The objectives were:

- to assess the extent to which the target group were aware of the campaign and its component parts and materials;
- to ascertain the target group's perception of the basic message;
- to assess the extent to which the target group are aware of the National Drugs Helpline;

- to assess the impact of the campaign in respect of the objectives of raising awareness of the dangers of drugs, and increasing knowledge among the target group of illicit drugs and their effects.

## Methodology

This research employed a combined quantitative and qualitative approach. The evaluation replicated methods used to evaluate phase I of the public information campaign on drugs (1997).

The study consisted of a survey of 2,067 10-13 year olds by means of a self-completion questionnaire in the school setting and four focus groups with boys and girls aged 10-13 years.

## Sample

The sample was randomly selected from within each local council area in Northern Ireland. Sixty three primary and post primary schools were selected. The sample of 2,067 children was representative of the population of 10-13 year olds in Northern Ireland. The sample reflected the age structure of the population as well as the gender, religious and geographical distribution.

Focus groups were structured by Health and Social Services Board, gender and school type.

## Key findings

The survey covered topics such as awareness and use of drugs, positive and negative perceptions about drugs, perceived harmfulness of drugs, knowledge of the appearance and effects of drugs and campaign awareness.

Spontaneous awareness of all drugs is high with nine out of ten children able to name at least one drug. Spontaneous awareness of most individual drugs has risen steadily since the baseline study in 1996. In relation to a couple of drugs, awareness rose markedly between baseline and phase I, but has fallen since. Most notably, the awareness of



Ecstasy fell by 12% between phase I and phase IV. Awareness of cannabis, cocaine and heroin has increased significantly since the baseline study in 1996.

Fifteen percent of respondents have used drugs. This is slightly lower than in phase I (17%). Of these most (57%) use only one drug. The proportion using drugs increases with respondent age. Cannabis and solvents are the most commonly used drugs. Cannabis was used by 7% of respondents and solvents used by 9%. The use of cannabis and solvents increases with age.

Heroin received the overall rating as the most harmful drug. Solvents, poppers and magic mushrooms were rated least harmful. The rating of harmfulness of Ecstasy has fallen slightly since phase I. Younger children gave higher ratings of harmfulness than older children. Between one fifth and one quarter of respondents still believe that drugs are legal.

Awareness of the TV advert remains at the same level as phase I with two thirds aware of having seen an advert about drugs. Prompted recall of the advert was extremely high (96%) and two thirds of those who had seen it recalled seeing it 'lots of times'. Spontaneous awareness of the leaflet was considerably higher than at phase I. Forty percent had read the leaflet compared to 12% in phase I.

The message most commonly taken from the advert remains the same as in phase I - 'don't take drugs'. In contrast the qualitative research found that although some children interpreted the message as 'don't take drugs' the majority considered the advert was saying that it was 'your choice [to take drugs]...but if you did you would suffer the consequences'. This sentiment echoed the campaign strapline 'Your Body, Your Life, Your Choice'.

Fewer children in phase IV compared to phase I report that the campaign 'hasn't changed the way I think about drugs'.

## Dissemination

The evaluation of all four phases of the campaign is summarised in *Evaluating Public Information Campaigns on Drugs: A Summary Report*, published by the Health Promotion Agency in September 2000.



# Health economics model: the benefits of the Physical Activity Strategy for Northern Ireland

This model was developed by the Economics Branch of the Department of Health, Social Services and Public Safety (DHSSPS) to support the Northern Ireland Physical Activity Strategy.

## Modelling excess/avoidable deaths and hospitalisation events in 1998

One of the aims of The Northern Ireland Physical Activity Strategy Action Plan 1998-2002 was to reduce the sedentary population in Northern Ireland from 20% to 15% by 2002. This research sought to model the economic consequence of achieving this target. It is hoped, also, that the model can be adapted to analyse the potential benefits of similar health promotion areas and targets, eg reducing levels of smoking, hypertension, cholesterol and alcohol consumption.

## Aims

To develop a model to establish the extent of avoidable death and as a consequence avoidable economic and healthcare costs for Northern Ireland due to physical inactivity.

## Methodology

Examination of excess/avoidable deaths specifically in relation to the target group due to the most prevalent chronic diseases affecting people in Northern Ireland (ie the difference between actual number of deaths and expected number of deaths if everyone became moderately physically active). Avoidable costs to the health service were estimated using Northern Ireland average costs per case for 1998/99. These are FCE (finished consultants episode) data as supplied by Trusts to the DHSSPS.

The approach adapted a model taken from the USA and made relevant to our own population by use of the latest Northern Ireland health statistics.<sup>1</sup>

## Key findings

If the sedentary population of Northern Ireland is successfully influenced to take up physical activity then deaths related to sedentary lifestyles would fall from 2,062 to 1,697; a reduction of 365 (18%) of deaths per annum across all age groups. However, it is considered that the benefit of physical activity to those over 75 years is much reduced and to include them in analysis is optimistic. Therefore if deaths occurring aged 75 years and above are excluded then:

- 121 lives per annum could be saved;
- this equals the saving of 1,729 avoidable lost life years;
- the value of the associated economic benefit would be £131million;
- the direct cost saving to the Northern Ireland HPSS would be £0.62 million.

## Recommendations

The model can be further refined and is easily modified to encompass targeted reductions in other lifestyle risk behaviours such as smoking, obesity and alcohol consumption.

## Dissemination

The paper *The benefits of the Physical Activity Strategy for Northern Ireland* was presented at the European Conference 'Health Enhancing Physical Activity and Active Living for You and Your Community, October 2000'.

## References

1. Han et al. Excess Deaths from Nine Chronic Diseases in the United States 1986. Journal of American Medical Association, November 28, 1990: Vol 264 No.20.

# Evaluation of phase I of the HPA's public information campaign on physical activity

This evaluation was commissioned in May 1999.

The Agency was commissioned by the Ministerial Group on Public Health to develop a programme of public information to promote physical activity in Northern Ireland. Phase I of the Physical Activity Campaign was launched on 2 June 1999. The campaign is a key element in the Northern Ireland Physical Activity Strategy (1996-2002) for promoting regular physical activity as a way of encouraging health gain among the population, and in particular among those who exercise least.

The aim of the campaign was to 'provide the general public with positive and motivational messages about the health benefits that can be obtained from becoming more physically active'. Within this broad aim the following attendant objectives were set:

- To increase knowledge about what constitutes physical activity and how it differs from being generally 'active'.
- To raise awareness of the health benefits of regular moderate physical activity among the target audience (40-60 year olds).
- To encourage a positive attitude towards physical activity among the target population.
- To increase levels of participation in physical activity among the target population.

The slogan 'get a life, get active' was used to brand the campaign and all work associated with it. The campaign utilised various media such as television and radio advertisements, billboard advertising, posters and leaflets, community awards, databases of walking and cycling events and local press.

## Aim

To evaluate the public information campaign on physical activity aimed at 40-60 year olds, which commenced June 1999.

## Main objectives

The objectives were:

- to assess awareness of the campaign and its component parts and material;
- to ascertain perceptions of the basic message;
- to assess the level of understanding of the health benefit of regular, moderate physical activity;
- to assess the impact of the campaign in respect of its objectives, focusing particularly on knowledge about what constitutes physical activity and how it differs from being generally 'active';
- to assess if there has been any change in attitude towards physical activity;
- to assess what, if any, changes have been made regarding participation in physical activity.

## Methodology

The quantitative survey was implemented as part of an omnibus survey involving a total of 1,000 people being interviewed in their own homes. The interviews were conducted using Computer Assisted Personal Interviewing (CAPI). Data analysis was assisted by the use of SPSS (Windows). Each variable was broken down in terms of age, gender, income and level of educational attainment.

## Sample

A probability based random sample was identified utilising probability proportionate to size (PPS) to secure representation from each of the 26 council areas. In total, 1,500 names and addresses were issued.

## Response

One thousand interviews were conducted from the sample drawn, which yielded an effective response rate of 66.6%.

## Key findings

Two thirds of the respondents had engaged in at least 10 minutes of moderate activity in the seven

days prior to the interviews, with 40% having engaged in vigorous activity.

Age and socioeconomic status was associated with the likelihood of engagement in both moderate and vigorous physical activity. Those from the youngest age groups and those from the higher social classes were more likely to be physically active.

Men were more likely than women to have been vigorously active for at least five of the days in the week prior to the interview, whereas women were more likely to have been moderately active.

The respondents were prompted with visuals and soundtracks from each element of the campaign, and it emerged that television advertisement had the highest recall (29%), followed by billboards (18%) and radio advertisement (14%).

Almost half of the respondents (46%) were able to recall at least one element of the campaign with older respondents (65+) less likely to recall any element than the younger ones.

Recall was higher among respondents in the Northern and the Eastern Health and Social Services Board areas than in the Southern and Western Board areas.

Fourteen percent of the total sample said that their physical activity had increased over the campaign period.

Those who had been exposed to the campaign were more likely to have used swimming facilities in the seven days prior to the interviews than those who had not (24% compared to 15%). Likewise they were twice as likely to say that their level of activity had increased in the 4-6 weeks prior to being surveyed than those who had not been exposed to the campaign (20% compared to 9%).

One third (33%) had not undertaken any of 53 listed activities (including heavy housework, heavy manual work and exercises). Females were more likely to report this than males (37% compared to 28%), although females were more likely to engage in a greater number of activities. Those in the socioeconomic groupings of C2, D and E were more likely to report not having been active than

those in A, B and C1 (38% compared to 27%) nor did they engage in as many different activities.

Eighty four percent agreed with the statement that 'for health benefits the recommendation is 30 minutes of moderate activity on most days of the week'. Ninety four percent agreed that 'regular activity improves mobility', and 95% agreed that 'regular moderate physical activity makes you feel more energetic'. Eighty nine per cent agreed that 'regular moderate physical activity makes you feel tired'.

One third were unsure about the relationship between moderate physical activity and osteoporosis and 16% were unsure about the effect of moderate exercise on blood pressure. One in five believed that 'you need to be sporty to be physically active'.

## Recommendations

Those from lower socioeconomic groups seem to be more unsure than others about the specific benefits and risks related to physical activity. The information needs of this group should be taken into consideration in future campaigns.

Population based surveys should be complemented with qualitative methods which will enable elements of the campaign to be tailored to specific subgroups of the population.

Alternative approaches to information dissemination such as partnership with private, voluntary and community groups should be considered.

Key activities should be measured over time in order to detect possible change.

## Dissemination

Findings from this research were presented at a meeting of the Northern Ireland Physical Activity Strategy Implementation Group, June 2000.

# Survey of adult eating habits in Northern Ireland

This survey was commissioned in September 1999.

What we eat plays a critical role in determining our state of health. Research indicates that many of the major causes of ill-health and death in Northern Ireland are influenced by diet.

*Eating and Health: A Food and Nutrition Strategy for Northern Ireland* outlines the first cross-sectoral framework for coordinating action to promote health and prevent disease through encouraging and enabling changes in eating patterns. It outlines dietary and nutritional targets and recommends actions and approaches that should be undertaken to achieve the necessary changes.

Prior to publication and dissemination of the Strategy's Implementation Plan, the Agency wished to commission research to establish benchmark data that would facilitate the monitoring of progress in the key areas of the Strategy. It is also anticipated that the research findings will guide development of public information campaigns over the next 2-3 years.

## Aims

To establish a current baseline of adult eating patterns and to collect information on knowledge of and attitudes to, healthy eating in Northern Ireland in order to facilitate monitoring of progress of the Food and Nutrition Strategy and to guide targeting and development of public information campaigns.

## Main objectives

To investigate:

- knowledge of healthy eating;
- knowledge of the four key messages of healthy eating;
- public attitudes and barriers to healthy eating;
- shopping information including who does the household shopping and factors that influence purchasing decisions;
- eating patterns and habits including food frequency information, typical eating patterns,

eating out information and self assessment of current eating habits;

- reported recent behaviour changes and motivation to change.

## Methodology

This was a sample survey representative of adults in Northern Ireland aged 18-75 years, carried out using Computer Assisted Personal Interviewing (CAPI).

## Sample

The sample is a random probability sample of Northern Ireland adults aged 18-75 years. A sample of 2,050 addresses was drawn from the Valuation and Lands Agency database of addresses. People living in institutions were excluded. The complete list of private addresses was stratified into three regions - Belfast, east Northern Ireland and west Northern Ireland and a random sample was drawn from each stratum. Interviewers were instructed to interview all adults in the household aged between 18 and 75 inclusive.

## Response

The fieldwork period was October to November 1999. From an eligible sample of 1,769 addresses 1,243 interviews were achieved, giving a response rate of 70%.

## Key findings

Issues covered included shopping habits, typical food types used, reported food frequencies, breakfast, household eating habits, eating out, awareness of healthy eating, reported changes to eating patterns and dieting.

The most important issue taken into account when food shopping is cost (53%). Issues vary by socioeconomic group. 'Health' is the most frequently cited issue for the professional and intermediate groups whereas it is seventh position for those in the semi-skilled and unskilled manual groups.

Fifty five percent of respondents knew that the number of portions of fruit and vegetables per day recommended by health professionals was five or more. The awareness varied by gender and socioeconomic group.

Twenty percent of adults are eating the recommended five portions of fruit and vegetables per day. Eleven percent are eating no fruit or vegetables on a daily basis. These figures again varied by gender, socioeconomic group and age group.

Twelve percent of respondents miss out on breakfast on weekdays, and 18-25 year olds are least likely to eat breakfast every day. Eighty percent of families eat the main meal of the day together on most days of the week. Forty one percent of respondents eat out at least once a week, and 35% said they would have takeaway meals at least once a week.

When asked "What does the term healthy eating mean to you?" the top unprompted response was "cut down on fatty foods" (54%), followed by "eat plenty of fruit and vegetables" (51%).

When asked what changes they had tried to make to their eating habits in the last year the most common change reported was eating less fatty or fried foods (37%). One third had made no changes. A considerable proportion had tried to make a combination of changes. The main reason cited for wanting to make changes was to lose weight.

Respondents were asked to select from a list of reasons, which might discourage or prevent them from eating more healthy food. The most common reason chosen was lack of will power (23%) followed by confusion about what is or isn't healthy (16%).

## **Dissemination**

A report on the survey will be published in 2001.

# Children's eating habits in Northern Ireland as reported by their parents

This survey was commissioned in September 1999.

Eating patterns are established early in life and tend to be maintained into adulthood, when they can be more difficult to change. Influencing the eating patterns of children and young people offers the potential to improve the health of the population in both the short and longer term. Collecting information on eating patterns is notoriously difficult and especially so in relation to children. Some information about young people's eating patterns is available from studies such as the Young Hearts Survey, the Health Behaviour of School Children in Northern Ireland and the National Food Survey, but most detailed surveys of young people in Northern Ireland have examined eating patterns of post primary-age children and so less is known about primary-age children. The Agency wished to commission research that would provide current data on the eating patterns of children in Northern Ireland.

## Aims

To provide a current baseline of eating patterns among children and young people in Northern Ireland, which will aid monitoring of the Food and Nutrition Strategy.

## Main objectives

The objectives were:

- to assess reported food frequencies for foods such as snack foods and drinks, fried foods, fruit and vegetables, meat and meat products;
- to find out frequency of eating breakfast;
- to gain information on typical lunch time habits.

## Methodology

This survey sought to gain a picture of children's eating habits through a survey of their parents. It used a sample survey representative of adults in Northern Ireland aged 18-75 years, and was carried out using Computer Assisted Personal

Interviewing (CAPI). The age group of interest was five to 17 years. Parents were asked a series of questions about their children's typical eating habits. Areas covered by the questionnaire included food frequencies, breakfast and lunch time habits.

## Sample

The sample was a random probability sample of Northern Ireland adults aged 18-75 years. A sample of 2,050 addresses was drawn from the Valuation and Lands Agency database of addresses. People living in institutions were excluded. The complete list of private addresses was stratified into three regions - Belfast, east Northern Ireland and west Northern Ireland and a random sample was drawn from each stratum. Interviewers were instructed to interview all adults aged between 18 and 75 inclusive. Each eligible adult was then asked if they were responsible for the eating habits of any children in the household aged between five and 17 inclusive. Those who said yes were then asked a series of questions regarding the eating habits of each of their children.

## Response

The fieldwork period was October to November 1999, during which time 1,752 interviews were achieved with adults, yielding a sample of 716 children. When checked against the Family Expenditure survey the proportion of children to adults was consistent.

## Key findings

The children's study focuses on food frequencies, breakfast and lunch habits. The research does not give a quantitative assessment of dietary intake. The data does not include all food consumed away from home, particularly for the older age group, who tend to exercise more independence, including in their choice of food, so the parent may not be aware of all the food that is eaten.

Most children have breakfast at weekends, and 86% of children are reported to eat breakfast on all five weekdays. This varies with age, gender and socioeconomic group. Those with the poorest weekday breakfast habit are 12-17 year old girls of whom only 70% have breakfast on all five weekdays.

Only 10% of children are eating the recommended number of portions of fruit and vegetables per day. This varies with age, gender and socioeconomic group. Those from the unskilled groups were twice as likely to eat no fruit and vegetables on a daily basis (20%) than those in the professional groups (10%).

Almost half (47%) of all children in the sample were reported to eat confectionery at least once a day. The most marked variation in confectionery eating was by socioeconomic group. Children from skilled and unskilled groups were twice as likely to eat confectionery more than once a day compared to those from professional groups.

There is a high consumption of fatty and sugary snacks. Dependence on these foods may displace other more nutritious snacks and meals.

## **Dissemination**

The preliminary results of this research were presented at a conference in June 2000 that was hosted by the Dairy Council for Northern Ireland.

A report on the survey will be published in 2001.



# Evaluation of the *Cook It!* community nutrition programme

This evaluation was carried out by the Health Promotion Agency for Northern Ireland.

*Cook It!* is a community-based nutrition education programme first introduced to Northern Ireland in 1995. The aim of the *Cook It!* programme is to provide information and support to those who are interested in healthier eating, particularly those in lower income groups. The programme was developed within the context of inequalities in health and social wellbeing.

In 1995 the Agency trained 17 facilitators in the delivery of *Cook It!* The facilitators, representing health visiting, health promotion and oral health disciplines as well as NIPPA - The Early Years Organisation, the National Society for the Prevention of Cruelty to Children (NSPCC), the Simon Community, the Probation Board and sheltered accommodation, were trained to use *Cook It!* directly with groups or to train others in its delivery. This evaluation aims to play a developmental or formative role addressing what the programme has achieved initially and identifying areas for future change or improvement.

## Aims

To review the implementation of *Cook It!* by the facilitators first trained in its use.

## Main objectives

The objectives were:

- to identify the extent to which *Cook It!* has been used;
- to assess users' satisfaction with *Cook It!* materials;
- to investigate opportunities for further development of the programme.

## Methodology

A postal questionnaire was sent to each of the facilitators who had attended the Agency's original training workshop on the *Cook It!* programme in 1995.

The questionnaire covered issues such as use of *Cook It!* since training, groups with whom *Cook It!* has been used, ease of delivery of the programme, others trained in the use and delivery of the programme, satisfaction with *Cook It!* materials, and opportunities for future development of the programme.

## Key findings

The *Cook It!* programme was viewed as a valuable approach to community based nutrition education. There is a high level of satisfaction with all parts of the *Cook It!* materials, however respondents made some practical suggestions for improvements.

Most respondents who had used the programme directly with groups found no difficulty in delivering the sessions. One respondent however reported difficulties in finding an interested group, lack of cooking utensils and a lack of safe space for children during the sessions.

The main barriers to greater implementation of *Cook It!* at local level are lack of time and financial resources, and lack of management interest.

The evaluation identified a number of groups that, although trained in the programme, have failed to implement it. There is still potential for expanding its use particularly in the community and voluntary sector.

## Recommendations

The *Cook It!* pack could be improved by:

- providing more sturdy master copies;
- adding a section on food hygiene;
- placing more emphasis on healthy snacks to reflect a change in eating habits;
- expanding background information for facilitators;
- including useful contacts for more health promotion resources to support the programme.



Continued use of *Cook It!* could be encouraged by:

- increasing promotion of *Cook It!* with professionals and other appropriate groups;
- increasing resources for the programme, eg money, time and tutors;
- exploring potential locations at a local level where *Cook It!* sessions could be held;
- introducing or piloting a small grants scheme to enable disadvantaged groups to run the full programme.

## **Dissemination**

A report on the evaluation will be published in 2001.

# Evaluation of the HPA's annual short course training programme 1996-1999

This evaluation was commissioned in October 1999.

The annual short course programme is targeted at people who have a key role in promoting health in Northern Ireland, such as health visitors, social workers, teachers, nurses and health promotion specialists. The programme covers a range of topics: skills based courses; health topics; approaches to health promotion; and the management of health promotion. The programme may change from year to year, and is based on the assessed needs of the target group. Since the programme was launched in 1996, 33 courses have been provided with some 150-200 delegates attending each year. The programme is provided in partnership with other organisations and institutions, such as the Family Planning Association, the Ulster Cancer Foundation, University of Ulster and The Queen's University of Belfast.

## Aims

- To assess the short and long-term achievement of the Agency's annual short course programme as part of the Training and Professional Development Programme.
- To make recommendations for the future.

## Main objectives

In relation to the general programme:

- to provide an assessment of the level of satisfaction with the courses with regard to the quality of the course itself and the training provided;
- to ascertain participants' motivation for attending courses and the importance of training in health promotion practice;
- to assess the impact the training had on working practice;
- to identify the perceived level of employer interest in, and support for health promotion training.

In relation to selected courses:

- to assess the impact that a particular course has had on an individual's knowledge, attitudes, motivation, confidence and abilities in relation to stated course objectives;
- to assess the longer term outcome of training on course participants' practice;
- to establish how far the changes, which the individuals may have reported as a result of attending a course, were sustainable in the work environment;
- to identify the extent to which participants were able to utilise any newly gained knowledge and skills in their day to day practice.

## Methodology

Both qualitative and quantitative methods were used. The evaluation methodology was structured to reflect the best aspects of the Kirkpatrick Framework for training courses. Questionnaires completed through telephone interviews, and face to face depth interviews were applied. Fieldwork took place between October 1999 and January 2000.

## Sample and response

Telephone census: 452 people who had participated in the Agency's courses in 1996/97, 1998/99 and 1999/00 were approached, and 322 interviews conducted.

Depth interviews: 17 courses were selected from which 24 participants in all were interviewed in depth.

## Key findings

Levels of satisfaction with courses were in general high, and participants believed the courses had met the stated objectives.

Participants were motivated to join courses in order to develop or keep up-to-date skills and good practice.

Two thirds of the participants were of the opinion that their organisation showed interest in health promotion training.

The majority expressed the view that they had gained new skills or knowledge or refreshed existing knowledge as a result of the course. Some, however, thought the course was not relevant to their day to day work, and some identified management reluctance, lack of resources and difficulty remembering information as barriers to applying this knowledge.

Changes in practice were identified through depth interviews as improvements to tasks, which they already performed.

Over half of the participants stated that they had attempted to use their acquired skills to influence their colleagues' practice, and a third had noticed a change in their colleagues' practice.

Two thirds of the participants reported that undertaking the course had increased their motivation for their own work, and helped them to adopt new and better working methods which also increased job satisfaction. Sharing of experiences among course participants was pointed out as a motivating factor.

One third of those interviewed over the telephone and a majority of those interviewed in depth stated that they were more confident in dealing with health promotion issues as a result of the course.

Few felt that they had influenced clients' behaviour as a result of attending a course. Very few felt that additional support, either through the course or subsequently, could have assisted them in their interaction with their clients.

## Recommendations

In relation to the pre-course information, respondents requested that more detail should be provided on who a course is aimed at and what will be covered. This would help respondents make better choices on what courses to attend and will avoid participants finding the course content irrelevant to their day to day work.

The provision of follow-up for more courses (as participants seemed to gain a lot from interaction

with fellow course participants) and 'refresher' sessions would give assistance in continuing to apply what they learned from the course.

The creation of CD ROMs providing 'teach yourself' material would allow participants to review the course when follow up courses are not available. The provision of other resources such as course material, recent publications and useful website addresses on every appropriate course would be beneficial, as these resources proved valuable to participants.

Participants suggested developing a system of sending personalised reminder e-mails or letters about a month after the course finishes to further encourage participants to continue to apply skills and knowledge acquired.

Running courses specifically for participants from similar backgrounds would allow trainers to maximise the relevance of course content to the particular group.

Participants also recommended reviewing demand for all courses provided with a view to running the most desired courses most frequently, and reviewing the content of each course to establish if an increase in length of any of the courses may be appropriate.

## Dissemination

A report on the evaluation will be produced in 2001.

# Evaluation of the HPA's primary care health promotion training programme (GPs)

This evaluation was carried out by the Health Promotion Agency for Northern Ireland.

The training programme for general practitioners (GPs) entitled 'Promoting Health in Primary Care' was developed by the Health Promotion Agency in 1997. In order to assess the achievements of this programme to date and to make recommendations for the future, the programme was evaluated in 1999. Rather than focusing on the long-term outcomes of this programme, this evaluation aims to play a developmental or formative role addressing what the programme has achieved initially and identifying areas for future change or improvement.

## Aims

To assess the achievements of the GP programme entitled 'Promoting Health in Primary Care' developed by the Health Promotion Agency in 1997 and held in 1997 and 1998.

## Main objectives

The objectives were:

- to provide a general assessment of the level of satisfaction with the course with regard to the quality of the course and the training provided;
- to ascertain participants' motivation for attending the course and the usefulness of the course in relation to other health promotion training;
- to assess the impact this course has had on participants' knowledge, perceptions, motivation, and skills in relation to the stated course objectives;
- to ascertain the longer term outcomes of training on the practice of GPs who participated;
- to establish how far the changes which individuals may have reported as a result of

attending the course, were sustained in the work environment and the extent to which participants were able to utilise any newly gained knowledge and skills in their day to day work.

## Methodology

This research employed a qualitative approach. Semi-structured interviews were carried out by telephone.

## Sample

Thirty-three GPs had participated in the training programme. It was proposed that approximately half of those who had attended the course should be interviewed.

The group of 33 included 26 male and seven female GPs. As a difference in attitude towards 'health promotion' may exist, and this may be dependent on gender or age, the sample chosen took into account gender and length of time since qualifying (used as indication of age). Using this criteria 13 male and four female GPs were selected to take part in the study.

## Response

Seventeen interviews were achieved, 13 with male GPs and four with female GPs.

## Key findings

The level of satisfaction with the course with regard to quality and content was very good.

The course's main achievement appears to have been a change in perception or attitude towards health promotion and, for a substantial number of participants, a change in mindset. Another achievement was that it enabled participants to focus on their role in health promotion.

Knowledge of concepts and principles, and models of behaviour change in health promotion has been enhanced. The majority of participants had gained new skills in motivational interviewing techniques. Most considered these skills to be very relevant to their work.

Participants were able to apply the skills learnt to varying degrees and with varying success. The sustained use of motivational interviewing techniques proved difficult for some with 'time' being a major barrier to its use. A number of participants expressed a need for more or follow-up training in this area.

For those that thought they needed it, the session on how to write a health promotion proposal had been successful. Topic sessions were successful to varying degrees. The interest and success of the topic sessions depended on the information needs of the individual GP.

Participants were able to provide examples of how they utilised skills and knowledge gained when they returned to their practices.

Motivation and confidence in the area of health promotion has been greatly enhanced, and a number of GPs interviewed expressed pleasant surprise at this course.

## Recommendations

Future courses should offer a mix of fixed and optional sessions. A menu of topics (eg sexual health, drugs etc.) rather than a fixed list would allow participants to make a choice depending on their own needs.

The course went some way in convincing GPs that health promotion can be incorporated into their day to day work, but for some, what was required was more of a 'how to' approach. The course did meet its stated aim of 'increasing knowledge of the theoretical framework underpinning health promotion' but for some the stated aim should be revised to incorporate the 'putting of theory into practice'.

Motivational interviewing was viewed as a very useful and relevant technique. However, for some, the experience of applying the technique was frustrated because this session of the course was

not extensive enough. This would suggest a need for follow-up or additional training in motivational interviewing for those who are interested.

Several practical suggestions were made around future training. Some of these focused on the accessibility of this course in terms of location, duration and when it could be held. The idea of Board based training has been suggested.

Some participants have suggested a need for a course of similar content for other primary care staff, particularly nurses. In the light of changes to primary care and the PGEA system there appears to be a need for liaison with other GP training providers in the development of future courses.