

Research and evaluation review

2000-2001



Health
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Foreword

This document contains a review of research and evaluation work carried out by the Health Promotion Agency for Northern Ireland in 2000-2001. It complements the wide range of channels that the Agency already uses to communicate the results of its research and analysis.

Research is fundamental to health promotion. It is essential in allowing us to target our resources to those most in need and in ensuring that our work is effective.

Such information is highlighted here through the research on smoking, drugs and alcohol misuse. The wide range of the Agency's work is also reflected in research into young people's mental health issues and the public's attitudes to and knowledge of the influenza vaccination programme.

By disseminating this information the Agency hopes 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. This information will be of use to those involved in improving the health of the people of Northern Ireland whether they have a professional involvement or a personal interest in health promotion and development.

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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Exploring young people's mental wellbeing

Aim

To gain an overview of some key issues which impact on the mental health and wellbeing of school children in Northern Ireland.

Main objectives

To conduct secondary analysis of the 1997/98 Health Behaviour of School Children survey with a particular emphasis on factors related to mental health. The relevant topics in the data set available were identified as being the perceptions and level of satisfaction that young people expressed in relation to:

- health and body image;
- life circumstances;
- social relationships;
- the school environment;
- experiences of and attitudes towards substance abuse;
- experiences of and attitudes towards physical activity.

Methodology

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, which is based on a self-completion questionnaire filled in in the school setting, began in 1982. Northern Ireland has participated in the studies carried out in 1992, 1993/94 and 1997/98.

Variables related to the relevant issues were selected from the 1997/98 HBSC database.

Sample

The sample of young people involved in the 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.

Response

A total of 6,574 children took part in the 1997/98 study; 3,518 boys and 3,056 girls.

Key findings

Most of the young people regard themselves as healthy, but many, especially girls, have a relatively negative view of their health compared to their peers in other European countries. Perceptions of

feeling healthy decrease as children get older, more so among girls than boys. Moreover, more boys report feeling happy as they get older and boys are less likely to feel lonely. Girls are much more concerned with how they look than boys, with a large majority of girls from the age of 15 wanting to change their appearance in some way.

In general, the changes with increased age are most marked among girls, with older girls having a much more negative assessment of themselves and their situation than the younger girls and all boys. A particular change in attitude can be observed in girls between Years 8 and 9. Among boys, the changes are less marked although older boys have a less positive self-assessment. The youngest boys were more likely to be bullied, experience difficulty sleeping, and to feel pressured by school than the youngest girls.

Family

More children feel able to communicate more easily with their mothers than their fathers, but as they get older more boys and girls report difficulty in communicating with parents, while ability to communicate with siblings improves. The oldest girls' communication with their fathers seems to be most difficult.

Friends

The vast majority of young people have three or more close friends and less than 2% report not having any close friends. Young people report finding it easier to make new friends and to talk with friends as they get older. However experiences of feeling left out of social relations seem to increase with age and are more marked for girls than for boys.

School

Most young people report feeling pressurised by schoolwork; this increases with age and boys seem to feel more pressure to achieve than girls do as they get older. Almost one in five reported having trouble getting to sleep as a result of pressure from schoolwork with greater numbers of older pupils reporting trouble sleeping than younger pupils.

Although most make positive assessments of their schoolmates, almost one quarter report having been bullied in school at some time.

Substance abuse and wellbeing

Some young people report drinking alcohol as a way of coping with pressure from school. Relaxation is, however, the most frequent reason for drinking. This and other psychosocial explanations for substance use were given more frequently by girls than by boys.

Many of those who have tried drugs and solvents had been in trouble with parents or teachers as a consequence. Along with those who have experimented with smoking, they are also more likely to report feeling lonely.

Those who used drugs, solvents or alcohol or who smoke on a regular basis, however, actually reported spending time with friends more often, feeling more confident and finding it easier to form new friendships than other young people. On the other hand, they find communication with parents marginally more difficult than those who do not use any of these substances.

Physical activity

Levels of physical activity seem to be linked with the perceived mental health status of young people, as those who participate most frequently in physical activity are more likely to consider themselves as healthy and happy. This may be connected to gender differences, as boys were more likely than girls to engage in frequent physical activity.

Dissemination

This research was originally published in March 2001 in:

Minds matter. Exploring the mental wellbeing of young people in Northern Ireland. Secondary analysis of the Health Behaviour of School Children survey (1997/98). Belfast: Health Promotion Agency for Northern Ireland, 2001.

This report was launched at the regional Design for Living Conference, April 2001. The report is available from the HPA website:
www.healthpromotionagency.org.uk

Design for living: research to support young people's mental health and wellbeing

This research was commissioned in October 2000 in partnership with Action Mental Health and the Youth Council for Northern Ireland.

Aims

To examine the worries of young people aged from 16-25 and to ascertain the ways in which these young people support themselves through actions to get help, advice or improve their mood.

Main objectives

- to ascertain what young people aged 16-25 years worry most about;
- to assess what young people aged 16-25 years presently do to make themselves feel better or less worried.

Methodology

Questions related to what young people worry about, and what they may do to make themselves feel better, were placed on two waves of an omnibus survey in October and November 2000. Those in the total sample aged between 16-25 were asked to complete the section related to worries and coping.

Sample

The omnibus survey uses a quota-controlled sample representative of the Northern Ireland population, and is controlled by gender, age, social class and region. The two waves of the survey yielded 414 respondents in the target age group.

Key findings

Worries

Young people worry about a range of issues that relate to different aspects of their lives. The most frequently reported worries were the personal ones, such as concerns over money, appearance, academic performance and employment. Social interaction, including relationships with family, partners, girlfriends or boyfriends, was another common source of anxiety. Developments in society were also a concern, with a large proportion worrying about a return of the Troubles and about crime and violence.

It is acknowledged that females are more likely to report their worries than males. The most noticeable gender difference in this research was a much higher proportion of females worrying about appearance, but females were also more likely to worry about family problems, the future and crime

and violence. Whether this higher rate of reported worry reflects that females actually worry more, or have more stressful lives than males, or merely that they are more likely to identify and talk about their worries, cannot be concluded from this study. More males than females reported worrying about 'being single and not being able to find a partner', 'not being able to talk to my parents' and 'my own use of drugs or alcohol'.

Most of the personal worries appeared to decrease among the oldest participants. Worries about appearance, not being able to get a job, school and exam work, problems with a partner and lack of confidence were all reported less frequently by the older participants. Other worries, such as family problems and money, increased slightly with the age of the participants. More of the older participants worry about a return of the Troubles and about crime and violence.

A higher proportion of the ABC1 social class group worried about a return to the Troubles and about schoolwork and exams than other social class groups. Those in the DE category were more likely to worry about having enough money, about crime and violence, and, together with the C2 group, they were most likely to worry about not being able to get a job, and about the future.

Thoughts about the future

Although 79% of respondents reported feeling OK or optimistic about the future, one in five felt worried or felt that the future looked hopeless and filled with problems. Females were more likely than males to have a negative view of the future, and this tendency was more marked among the oldest participants.

Employment and socioeconomic status seem to be linked with the perception that young people have of the future. Those in the DE social class group, together with those who were not working, were less likely than others to feel optimistic about the future.

Ways to make oneself feel better

Listening to music, socialising and talking with friends, family or partners were the most common ways in which the respondents tried to make themselves feel better when worrying or feeling down.

Females were more likely than males to talk to their friends, partner, or parents, to go shopping, to eat and to smoke in order to make themselves feel better. Males, on the other hand, were more likely

than females to listen to music, to engage in physical activities, and to drink.

The 20 to 25 year olds were more likely to say that they would smoke in order to cheer themselves up, and they were also slightly more likely to say they would drink. The younger respondents were more likely to engage in sport, and slightly more likely to listen to music.

Very few young people of either gender would seek the help of a professional, for example, a teacher, lecturer, or youth leader, or go to an advice agency or service.

Dissemination

This research was originally published in April 2001 in:

Design for Living. Research to support young people's mental health and wellbeing. Belfast: Health Promotion Agency, Action Mental Health and Youth Council for Northern Ireland, 2001.

This report was launched at the regional Design for Living Conference, April 2001. The report is available from the HPA website:

www.healthpromotionagency.org.uk

Adults' perceptions of smoking

This research was commissioned in December 2000 to inform the development of a public information campaign aimed at adult smokers.

Aims

To gain a deeper understanding of why people smoke and why so many find it extremely hard to give up through exploring smokers' own rationale for smoking, their positive and negative experiences of smoking and their experiences of trying to quit.

Main objectives

To explore the view that smokers have in relation to:

- smoking and smokers;
- their own smoking habit;
- nicotine addiction.

To gain insight into:

- what being a smoker means for personal identity;
- positive and negative experiences associated with smoking;
- smokers' awareness/knowledge of dangers associated with smoking;
- smokers' and ex-smokers' experiences in relation to trying to quit smoking.

Methodology

A range of qualitative methods were used, including 10 focus groups and depth interviews with 10 individuals and 15 pairs (either partners or friends). In order to facilitate discussion and to help the respondents in expressing their views, projective enabling techniques were applied.

Sample

The respondents were adults (18 years old or over) from all over Northern Ireland belonging to the socioeconomic groupings C2, D and E. There was a slight bias towards females. The sample was divided into categories based on their smoking behaviour (light or heavy smokers). A proportion of ex-smokers was included to gain insight into their successful quitting strategies.

Key findings

Self perception

Smokers have a love-hate relationship with their smoking - it is a source of great personal conflict for them. They perceive themselves to be antisocial and unattractive, and used words such as 'dirty' and 'social leper' to describe themselves, or how they understand others to view them.

Why smoke - the benefits

Relaxation, calming or stress busting were the main reasons or benefits described. Some smoke just for the sheer enjoyment, they also see it as being sociable, and enjoy the camaraderie they get from being with other smokers. Some (mostly women) described it as 'my only pleasure in life'. More men say they use it to give confidence and ease boredom.

Disadvantages

Participants were asked about the disadvantages of smoking, these were more easily and readily discussed than the advantages. Participants listed long-term health effects, general lack of wellbeing, poor self-image and being viewed as antisocial, the cost, effect on home environment, lack of energy and sluggishness and a bad example to children.

Knowledge of health effects

Participants were readily able to talk about lung cancer, emphysema and bronchitis. They were aware of a strong link with lung cancer but had limited knowledge of the risk of other cancers. They also had limited knowledge of the risk of heart disease and this was thought to be more related to diet and exercise rather than smoking. A proportion believed that if their diet was good and they exercised frequently, they could smoke without risk. Participants seemed unaware of the increased risk of strokes.

Parents discouraged their children from smoking but considered other 'drugs' to be a greater danger. There was a general lack of acceptance or lack of awareness of the dangers to an unborn baby - some believed that the baby was in a protective shell in the womb and only needed to be protected from a smoky environment once born.

Weighing up the risk

The participants discussed how many cigarettes or for how long they thought someone could smoke before it does damage. Most believed they did not smoke enough to do themselves damage. Others thought that other lifestyle factors are more important, such as good diet and physical activity. Some had decided to ignore the evidence, citing the usual examples of relatives who smoked all their lives and lived to a 'ripe old age'.

Addiction

Few people acknowledged the physical addiction - most who did were very heavy smokers or ex-smokers who had experienced the effects of withdrawal while quitting. To the majority of

participants, it's not an addiction, it's 'just a habit'. Most did not focus on the need to overcome the addiction, but on having the willpower to stop what they see as a habit.

Pressure to quit

Pressure to quit came from non-smoking members of the family, but for some this encouraged them to 'dig their heels in'. For a lot of participants there was no pressure to quit because smoking was normative behaviour in their family or social circle.

Reasons for previous quit attempts were discussed with participants; these included health and fitness, followed by cost, benefits to children, image and attractiveness. The main factor that most said would encourage quitting was the death of a close friend or relative from a smoking-related disease.

For those ex-smokers that had succeeded in quitting the main motivation was getting pregnant or concern over children, a significant health scare or a noticeable decline in fitness, or experiencing the death of a close friend or relative.

Perceived barriers to quitting

The barriers to quitting included lack of willpower, partners or friends continuing to smoke, socialising, the idea that the craving never goes away, weight gain (actual or fear of), the idea that it's too late, 'the damage is already done', and previous experience of the quitting process. For those that had been through the process, their previous experience of quitting was so unpleasant they could not face the thought of going through it again.

For those who had tried quitting willpower was deemed to be the vital ingredient. However where those that succeeded differed from those who failed was in their understanding of willpower. Ex-smokers acknowledged that willpower was not a separate requirement but something that developed through good motivation to give up.

Attitudes to cessation

Participants believed that the most effective method of quitting was 'cold turkey' - going to the GP was not felt to be a good idea. This was more to do with their own negative self-perception of being a drain on the health service and economy. They had the notion that the doctor would have little sympathy.

Participants were well aware of Nicotine Replacement Therapy (NRT). A large proportion of those who had tried quitting had tried NRT; however, their attitude towards it was cynical and they were irritated by the cost and perceived lack of effectiveness. Most had picked a particular form of NRT off the shelf without getting advice on which was the best option for them, or on how to use it.

Recommendations

There is still a serious lack of knowledge about the effects of smoking on health. This needs to be addressed, particularly in relation to effects other than lung cancer, eg heart disease, stroke and other cancers. Those who had the knowledge were reluctant to accept it, they wanted more hard evidence. Any campaign should therefore present hard facts backed up with firm evidence.

There was a lack of awareness of the addictive nature of smoking and thus little acknowledgement of the difficulty and side effects of giving up. Quitting is therefore not perceived as something smokers should need help or support to do. Smokers need to be informed that the quitting process is difficult and that formal help and advice for quitting are available. Any campaign needs to be well supported with cessation services and a good information service, possibly a helpline.

There is a need to change people's attitudes to NRT by providing better advice on how to use it. It will also be necessary to emphasise the message that it's never too late to quit, and that giving up smoking is the single most important thing you can do to improve your health. In addition, it has to be made clear to smokers that even if they eat a sensible diet and exercise five days a week, it will not counteract the damaging effects of smoking.

Those working in primary care must be well informed about any campaign and should be encouraged to adopt an encouraging attitude and use opportunism during routine consultations. This would help reduce the perception that seeking help from the GP is 'not a good idea'.

Dissemination

Findings from this study were presented at the public information campaign briefing and to the Ulster Cancer Foundation's ASH Committee in October 2001.

A summary of the research will be available on the HPA website in summer 2002.

Evaluation of No Smoking Day 2001

This research was commissioned in March 2001.

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 is targeted at all smokers and aims to help and support smokers who want to stop smoking. The media campaign is based on news and feature stories, advertising and local events and activities using the campaign materials. In 2001 the day was held on 14 March. The HPA provided funding so that the quantitative research carried out in Great Britain could be extended to Northern Ireland.

Aim

To track awareness of and reported participation in No Smoking Day 2001 in Northern Ireland.

Main objectives

These were:

- to establish smoking prevalence;
- to establish how smokers feel about stopping smoking;
- to assess awareness of No Smoking Day 2001;
- to assess participation in No Smoking Day 2001;
- to assess awareness of No Smoking Day 2001 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 5-10 April 2001. A total of 1,121 interviews were achieved in Northern Ireland.

Key findings

Just under one third (32%) of the sample currently smoke cigarettes. Only 1% smoked either a pipe or cigars. Twenty one percent said they were ex-smokers.

Just over half (53%) of cigarette smokers smoke between 11 and 20 cigarettes in a typical day.

Less than one fifth (18%) smoke 21 or more cigarettes per day. Male smokers tend to smoke more heavily, with 26% of male smokers smoking 21+ cigarettes per day compared to 10% of female smokers. Also more smokers in the DE class grouping smoke 21+ cigarettes per day (23%), than in C1 (14%) and C2 (13%) groups.

The majority of respondents who smoked (80%) expressed an interest in stopping or had tried to stop already. Seventeen percent said they had no intention of stopping. In Northern Ireland older males (aged 55+) were most content with their smoking; 40% of them expressed no willingness to stop. Young females (16-24 years) were the least happy with their smoking: none of the females in this age group said they liked smoking. Young males (16-24 years) were more likely to say they were trying to stop at the moment (14%).

Analysis by class grouping shows that those in the DE group are least likely to have thought about giving up smoking (14%). This represents a decrease of six percentage points on the 2000 study when 20% of DEs said they never thought about stopping.

The majority of respondents (86%) in Northern Ireland were aware that Wednesday 14 March 2001 was No Smoking Day. Awareness was higher among smokers (92%) than non-smokers (84%), slightly higher among women (88%) than men (85%), and higher again among those who smoked more than 20 cigarettes a day (95%). Awareness in Northern Ireland increased from 81% in 2000 to 86% this year and remains higher than awareness for GB as a whole.

Overall, 40% of smokers who responded to the survey in Northern Ireland participated in the day by quitting for a time, cutting down, accessing information or taking part in events or competitions.

Dissemination

This information was published in: *No Smoking Day 2001 Evaluation Report*. Belfast: Health Promotion Agency for Northern Ireland, 2001; and *Inform*. Issue 17 June/July 2001.

A full NSD 2001 Evaluation Report including comparisons with GB findings from previous years can be obtained from the HPA and is also available from the HPA website:

www.healthpromotionagency.org.uk

Dealing with volatile substance abuse

This research was commissioned in February 2001.

Aims

To gather up-to-date information on perceptions of volatile substance abuse (VSA) among a range of target groups (parents, retailers, environmental health officers and professionals working with young people).

Main objectives

- to examine the knowledge and attitudes of people in the target groups with regard to VSA;
- to identify personal experiences with regard to VSA;
- to assess awareness and opinions of the current legislation relating to the sale of volatile substances;
- to evaluate the amount and type of current information available on this subject and to identify what further information is required to inform parents, retailers, environmental health officers and other professionals working with young people about VSA.

Methodology

The research had four different target groups and used a range of methods to meet the research objectives.

- Parents of children aged 8-14 years were interviewed through focus groups and depth interviews. Four focus groups and 20 depth interviews were conducted.
- The views of retailers were sought through 30 structured face-to-face interviews.
- Twenty five environmental health officers (from 25 different local councils) were interviewed by telephone survey.
- The views of professionals who work with young people were sought through 26 telephone interviews and eight face-to-face depth interviews.

Sample

Parents

Parents of children from 8 to 14 years old, from different socioeconomic groups were selected from across each of the four health boards for focus group or depth interviews.

Retailers

Thirty retailers from a range of different stores throughout Northern Ireland were interviewed: stores included supermarkets, convenience stores/newsagents, garages, DIY and hardware stores, pharmacists and 'pound shops'.

Environmental health officers (EHOs)

Interviews were conducted with EHOs in 25 of the 26 local councils. In one council the EHO was not contacted successfully.

Professionals

Thirty four professionals who work with young people were interviewed. This sample included professionals within the Youth Service, Police, Probation Board, Health and Social Services and voluntary agencies.

Key findings

Parents

Parents were more concerned about drug misuse than volatile substance abuse, although, when prompted, they could name a variety of sniffable substances. They were generally aware of the serious consequences of VSA, and could list some of the symptoms. They tended not to distinguish between the harmfulness of different drugs, although, on average, they rated 'solvents' as more dangerous than most illegal drugs, with the exception of cocaine/crack and heroin.

Parents generally felt that their own children would not be foolish enough to experiment with volatile substances, and they differentiated between the perceived characteristics of sniffers and those of their own children.

They acknowledged the difficulties that they experienced in talking about drugs, alcohol and volatile substances with their children - very few parents had discussed VSA specifically. They also, however, acknowledged their role in addressing these issues with their children and would welcome information and advice to help them do this.

Retailers

Retailers generally showed a lack of awareness of the problem of VSA and a lack of knowledge relating to the sale of such substances. They felt limited in what they could do to prevent VSA, as older children could purchase products for younger children. However, many expressed an interest in receiving more information on this issue - possibly in leaflet format - this should raise awareness of VSA, and provide advice on how retailers should address the issue.

Environmental health officers

Environmental health officers also displayed poor awareness of the problem of VSA and of the details of the legislation relating to the sale of volatile substances. The legislation was generally

considered to be 'too vague' and difficult to prove, therefore it was rarely enforced. There was also considered to be a lack of resources available and other issues tended to have priority. In addition, EHOs felt that there was a lack of clarity regarding their responsibilities on this issue. They recognised that there was a need for information that they could provide to retailers and suggested leaflets and posters.

Professionals

VSA is recognised as a problem among the professionals, although it is thought not to be as much of a problem as it was in the past. Some interviewees suggested, however, that while the VSA problem was not as bad as, say, ten years ago, it was perhaps worse than five years ago.

It was generally recognised that VSA is a part of the wider problem of drug misuse, but most interviewees were aware of its special characteristics. Thus, while many wanted the issue handled alongside the misuse of drugs (for example in school-based drug education), some worried about the danger of creating awareness of the possibilities for the misuse of certain products.

Interviewees also saw that particular actions could not be taken because of the different legal status of VSA. There was considerable understanding of the difficult situation that the police were in, being 'on the front line' in dealing with VSA-related incidents, yet unable to act in the way that they would with regard to illegal drugs. On the other hand, many respondents saw possibilities for tightening up on sales controls. Retailers were expected to take responsibility for this, but it was recognised that they needed information, advice and support to fulfil this role.

There were some worries expressed about campaigns that focused on VSA and raised its profile 'too much'. There was quite a widespread

view that the context of any campaign was crucial, ie that it should be included alongside other drugs, and that the focus should be on skills that would help young people to live in a world where intoxicating substances of all kinds were readily available. Campaigns also needed to support local workers in their day-to-day work by producing supporting material with a local flavour, providing training and enabling diversionary activities to flourish.

Recommendations

VSA is a continuing and serious problem in Northern Ireland. There was general agreement that more action on VSA would be welcome and there were some useful suggestions for the form that such action should take.

Other parts of the UK have conducted successful VSA campaigns. It is recommended that similar campaigns in Northern Ireland aim to raise awareness of the problem, to tackle supply issues, and increase people's capacity to address the problem - in particular to:

- help parents and their children to talk with each other about the issues;
- raise professionals' skills in tackling the issue;
- increase retailers' abilities to recognise unlawful sales and how to deny them;
- improve the response of environmental health officers and the police in enforcing the law.

Dissemination

A summary report on this research will be published in March 2002. More information will also be available on the HPA website in summer 2002.

Binge drinking: the knowledge, attitudes and drinking behaviour of young adults in Northern Ireland

This research was commissioned in January 2001.

Research carried out by the HPA in 1999 established that the pattern of drinking for young adults in Northern Ireland is that of occasional but heavy drinking sessions, sometimes referred to as binge drinking. To gain a better understanding of this drinking pattern, qualitative research was commissioned.

Aims

The study aimed to gain an in-depth picture of:

- the experiences, views and perceptions of young adults (aged 18-35) in Northern Ireland in relation to their own alcohol consumption;
- their positive and negative experiences of drinking and being drunk;
- the perceived social and psychological dimensions to drinking;
- their knowledge of and attitudes towards the risks associated with drinking.

It also explored the information needs of this group with regard to drinking.

The results from this research will inform future campaigns targeting binge drinking among adult regular drinkers.

Main objectives

To explore:

1. Drinking and socialising:
 - with whom, where and when alcohol is consumed;
 - impact on consumption of round buying and happy hours;
 - importance of drinking for maintaining social relations;
 - impacts of drinking on family life;
 - role of being drunk.
2. Perceived risks/negative effects of drinking:
 - short and long-term effects, risks;
 - negative social and personal consequences.
3. Perceived benefits of drinking:
 - social interaction, belonging;
 - physiological pleasure and psychological benefits.

4. Attitudes and habits in relation to drinking:
 - what constitutes reasonable, responsible consumption;
 - binge drinking;
 - drinking and driving;
 - what constitutes a drink problem as opposed to a normal drinking pattern.

5. Information needs.

Methodology

A range of qualitative methods were used, including observation in a small number of public houses to help with the design of further approaches, which involved semi-structured interviews (n=20) and focus groups (n=12). A small number of participants were also asked to keep a two week drinking diary (n=5).

Sample

The respondents were regular drinkers, aged 18-35 from all over Northern Ireland belonging to the socioeconomic groupings C2, D and E.

Key findings

When

Most drinking for both men and women occurred at the weekend. For women, Saturday night was the most popular time, while for men the weekend would also include Friday and Sunday nights as well as Saturday and Sunday afternoons, after playing or while watching, sport. More men than women would have a drink during the week and again this appeared to be related to watching sport.

The evening was the most common time for drinking. Some women mentioned daytime drinking on summer holidays, or days out in the summer. A very small number of women but a substantial number of men mentioned a Saturday afternoon drink. Some men also talked about lunchtime drinking, but none of the women mentioned this as a regular time for a drink.

Where

Where participants drank varied with which day it was, the time of day, and the company. For most people, the main night out (Saturday night) would involve drinking in at least two locations. For a large

proportion drinking would begin at home. This was to 'save money' and 'get in the mood' and specifically to get drunk. For some this can start at 5pm on a Saturday afternoon. Later they go out to a pub or club, and after that maybe back to their own or a friend's house. This location was chosen depending on who had the most drink, or some participants in or near Belfast would move on to a club that stays open all night.

For a large proportion of this group, home is not the main location for drinking, apart from for some of the older women (aged 28-35) for whom drinking at home was a regular occurrence because of children and the cost of going out. Younger participants rarely drink at home for a whole evening, believing that drinking at home regularly is a sign of a problem.

What

Neither men nor women keep to the same drink throughout the night. For women the drink of choice at the beginning of the evening when still at home getting ready is likely to be one that is 'easy to drink' such as alcopops and mixers (eg Bacardi Breezer). It was explained that these drinks are chosen because you can 'drink faster', 'drink more' and 'get drunk quicker'. A particular drink may also be chosen if participants are aware that it makes them drunk.

Once out at the pub or club, women moved on to beer and later to spirits. The men in the older groups (aged 25-35) drank beer, wine and spirits. Younger men (aged 18-25) drank cider or alcopops. All men progressed onto spirits if their cider or beer was 'filling them up' or not having enough effect.

If out for the night with a large group, both males and females end with shots, eg Aftershock or Goldschläger.

How much

Women were reluctant to talk about how much they drank, while men found it difficult to quantify the amount they drank. For the younger age groups of both sexes and for all men, consumption on a normal night out was well in excess of the recommended sensible daily limit and even well in excess of quantities used to define binge drinking (eg 10 units for males, 7 units for females).

Buying systems and social rules

One of the main factors contributing to binge drinking is the buying system used. Generally, men buy in rounds and women use kitties. These buying systems imposed social pressure, which contributed greatly to the amount of alcohol consumed in a short period of time. Participants discussed always having to order a drink for fear of

being seen as someone who can't keep up, or being afraid to opt out of round buying for fear of being judged 'tight'.

Also the reverse occurred where participants admitted to being greedy because they were spending someone else's money, or ordering drinks they really did not want in order to get back what they had spent: 'if there was a big round you would drink fast to get the drinks back'.

A number of participants said that when they were out with their partner they would be likely to drink a lot less.

The impact of drinks promotions or 'happy hours' on the amount of alcohol consumed for women was minimal because, as they explained, promotions occurred early in the evenings when they could not go out due to family commitments. Promotions may impact on women more during holidays when they take the opportunity to try different drinks, such as cocktails.

Drinks promotions seemed to have a greater impact on younger men (18-25 year olds). They admitted that they take the opportunity to drink double the amount they would normally have in an evening and acknowledged that they would drink more quickly so they could drink more. Older men mainly stayed with their usual drink of choice, no matter what was on promotion.

Perceived benefits

The benefits gained from drinking alcohol were discussed. Maintaining relationships, strengthening friendships through more open conversations, confiding more, help in meeting new people, increased confidence, relaxation, loss of inhibitions, flirting more, de-stressing were all factors mentioned. For men, drinking is more important in maintaining relationships with friends than for women.

Negative effects

Discussion of the negative effects of alcohol centred around mostly short-term impacts, such as hangovers. Men also mentioned vomiting, falling over and getting into fights. A high proportion of the men had come to physical harm when drinking; some acknowledged that spirits made them 'nasty' and more likely to get into trouble. For some, a fight was seen to be an essential ingredient for a good night out.

Other negative aspects mentioned included more likely to row with partners, always spent more than anticipated, lending money to others and forgetting, walking home through the 'wrong place', being more likely to step out in front of a car or to take drugs or to take risks with sexual behaviour,

missing work. They discussed the impact on family life by referring to examples of people they knew, but few discussed the issue with reference to themselves.

Long-term health effects

Participants were either not aware of these or said they did not drink enough to cause any long-term damage to their health. They mentioned liver damage but thought that to get it someone would need to be drinking heavily every single day, and they associated negative health effects more with spirits than with beer. Both men and women mentioned the effect of alcohol on their weight. There was no awareness of the effect on mental health. Some women acknowledged often feeling down the next day but never considered that it was the effect of the alcohol. In general, the consensus was that 'Life's too short and we're just social drinkers..!'. They also considered drug taking to be more harmful than alcohol.

On the whole, drinking and being drunk was thought to be more socially acceptable for males than for females. However, younger participants felt there was no difference - that it was acceptable for both men and women to drink and be drunk.

Some saw the distinction between themselves who drink occasionally and those who 'need to drink' as the main definition of someone with a problem. When talking about binge drinkers the participants mainly described the drinking habits of older men who drank for days on end and those drinking alone. No one referred to themselves as being a binge drinker, although a number of participants did recognise that they would binge when on a holiday abroad or if they were going away for the weekend.

When the sensible drinking guidelines were outlined to them, the majority said that they were totally unreasonable and 'not relevant to modern drinking'.

Recommendations

This research has helped pinpoint some of the factors that account for binge drinking among this age group. The evidence from the interviews and groups suggests that episodes of binge drinking are related to the following issues:

- the day of the week;
- the people with whom alcohol is being consumed - the buying system;
- where the alcohol is being consumed;
- for young men 'happy hours' and drinks promotions.

However the most important factor that impacted upon the amount that they drank was being out in a crowd. An aspect of drinking in crowds that contributes to more alcohol being consumed is buying drinks in rounds or forming a kitty to buy alcohol.

There is also a lack of awareness of and a need for information about the health effects of alcohol. There is a clear need to raise awareness about the negative impacts of occasional heavy drinking, both to the individual and to society.

This research would also indicate that heavy occasional drinking is a firm component of the drinking culture of this age group and one that they consider socially acceptable. Harm minimisation approaches should be explored, in recognition of the fact that a change in the culture is a long way off.

Dissemination

A summary of this research will be available on the HPA website in summer 2002.

Evaluation of the 'Get Active in the Community Awards' scheme 2000

This evaluation was conducted in-house between December 2000 and February 2001.

The Northern Ireland Physical Activity Strategy aims to increase participation in physical activity, especially among those who exercise least. One of the strategy objectives is to increase the opportunities for participation in the community.

As part of a public information campaign, the 'Get Active in the Community Awards' scheme was developed by the Health Promotion Agency in collaboration with Disability Action and the Northern Ireland Council for Voluntary Action, and funded by the Department of Health, Social Services and Public Safety. The scheme offered grants of up to £250 to community and voluntary groups to support projects which promote physical activity in the community.

The scheme had the following objectives:

- to help people overcome the main barriers to being physically active, such as no one to exercise with; lack of access to facilities; lack of confidence; and lack of willpower;
- to raise awareness of local leisure facilities and physical activity opportunities;
- to provide opportunities for people to acquire new skills through participating in physical activity;
- to raise awareness of the health benefits of regular, moderate physical activity;
- to encourage, where appropriate, cross-community participation.

Aims

- to assess how the scheme met its aims and objectives;
- to make recommendations for future schemes.

Main objectives

To establish:

- the range of target groups, activities and numbers of participants in the different projects;
- how the award money was spent;
- how the local organisers assessed the success and outcome of their projects.

Methodology

Questionnaires were distributed by post to the contact person named on the application of each project that received a grant.

Sample and response

Out of 97 projects awarded grants, 76 returned questionnaires, a response rate of 78%.

Key findings

Nearly 4,000 people participated in the various projects. The number of people participating in individual projects ranged from 8 to 750. Twice as many females as males participated. More school children and people over the age of 50 participated than other age groups. This was related to the target groups of the projects.

While a number of projects targeted females, only one project specifically targeted men. More projects targeted older people than any other age group but the majority of projects had target groups that were mixed in terms of age and sex.

Fifty five of the projects had walking as the main activity, nine focused on cycling and eight had swimming as the main form of activity. The rest focused on a range of activities such as general exercise, aerobics, yoga or included a mix of different forms of activity.

The majority of projects were new initiatives, suggesting that the scheme allowed community groups to embark on new ventures that might not otherwise have been possible. A range of imaginative projects was developed specifically to demonstrate how to overcome the perceived barriers to physical activity. For example, one of the common barriers to participation is that many people feel they have no one to exercise with. In almost all the projects, organisers reported that their projects had increased social interaction.

The majority of the projects reported an increased awareness among members in relation to knowledge of local facilities. Local community leisure centres were also promoted and used extensively. Conversely, a few of the groups reported that their project served to reinforce the lack of leisure facilities in their community.

Well over half the projects enabled participants to learn new skills. For example, a group of 'grandparents' learnt to swim; another group of teenage girls learnt how to use gym equipment safely. Other skills, not directly related to physical

activity such as group skills, leadership skills and the organisation of events were also acquired.

The participants in most of the projects were reported to have become more aware of the health benefits of physical activity. Many experienced an improvement in their mental health and physical benefits such as increased fitness were also noted.

Recommendations

Respondents gave their recommendations to those organising the award scheme, which were to:

- increase the size of the individual awards;
- extend the timescale of the scheme (launch scheme well before Easter);
- promote the scheme more widely;
- provide more opportunities for contact with the organisers of the award scheme;
- provide community groups with information on local physical activity events and walking routes;
- provide advice on training opportunities for community groups;
- provide community groups with guidelines on how to organise, promote and advertise physical activity projects.

Other issues that should also be considered in future schemes include:

- The lack of projects targeted at males, 17-25 year olds and ethnic minority groups indicates that future schemes should be structured to ensure that all target groups benefit from the grant scheme.

- Walking attracted the most people, was fun, accessible, and inexpensive and had the most potential for sustainability. Projects that promote walking (especially within the locality of the community) should continue to receive special consideration.
- In order to ensure the scheme is launched early in the year, the community grant scheme could be launched independently of the public information campaign.
- The four physical activity coordinators should continue to play a key role in engaging with potential and identified grant recipients and developing opportunities for sustainability of projects.

Dissemination

Findings from this evaluation were presented to the Northern Ireland Physical Activity Strategy Implementation Group in March 2001.

Evaluation of phase II of a public information campaign on physical activity

This evaluation was commissioned in June 2000.

The HPA 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 conducted in June 1999, and phase II took place in June 2000. 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, particularly 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' with a special focus on walking and cycling. 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 population (40-60 year olds);
- to encourage a positive attitude towards physical activity among the target population;
- to increase levels of participation in physical activity, particularly walking and cycling 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 advertisements, posters and leaflets, a community grant scheme, a guide to local walking and cycling events, and a guide to organising your own event, and getting the local press interested.

Aim

To evaluate the effectiveness of phase II of the public information campaign on physical activity aimed at 40-60 year olds, which commenced June 2000.

Main objectives

- 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 benefits of regular, moderate physical activity; and walking and cycling in particular;

- 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 within the period of the campaign;
- to assess what, if any, changes have been made regarding participation in physical activity, and walking and cycling in particular.

Methodology

This quantitative survey involved a total of 1,214 participants over the age of 16 years being interviewed on a face-to-face basis in their own homes. The fieldwork took place in July 2000.

Sample

An initial sample of 1,000 was boosted with an additional 214 respondents in the main target group (those aged 40-60 years). The sampling involved strictly controlled quotas for age, sex, social economic background and area of residence.

Key findings

Level of activity

In July 2000 the proportion who reported being more physically active in the previous four to six weeks (the duration of the campaign) was 23%, a nine percentage point increase on the same time period in the 1999 evaluation. Associated with this were increases in the proportions who reported having had a brisk walk in the seven days before being interviewed and an increase for those who had undertaken a walk of between one and two miles or a longer walk in the previous four week period.

Four out of five people reported having had a brisk walk in the week prior to the interview, with 28% having done so on at least seven occasions. Forty seven percent reported at least one walk of more than two miles. There was no variation by sex or social class but more younger respondents participated in brisk walks or walks of one to two miles than older participants. More of those in social class ABC1 reported a walk of between one and two miles (74%) compared to those in social class C2DE (67%).

There was a variation between social class groups for those taking longer walks of more than two miles, 50% of ABC1 respondents had taken long

walks compared to 44% of those in the C2DE groups. There was little other variation reported except for age where, as might be expected, those over 60 were less likely to go for longer walks.

There was an increase on 1999 in the proportion who had indicated that they had cycled in the previous four weeks. Fourteen percent reported having cycled in the same period. Cycling was most popular for males and for those aged 16-24 years.

Recall of the campaign

Overall, 63% of the sample reported having seen elements of the campaign. The TV advertisement was the element most frequently recalled. When prompted, 80% recalled having seen the TV ads.

More women than men reported that they had seen campaign material (66% compared to 59%). Frequency of recall among the participants decreased with increasing age. More females than males reported awareness of the walking publicity. Recall was poorest for those aged over 60 (beyond the target group). There was no variation in recall between social class groupings.

Knowledge and understanding of health messages

Nine in ten agreed with the statements that regular, moderate physical activity is 'good for your heart', 'improves mobility', 'helps you sleep better', and 'is good for your mind'. More than eight in ten agreed that regular, moderate physical activity reduces the risk of high blood pressure and that it 'makes you feel more energetic'.

There was some uncertainty about the levels of physical activity recommended for health. While 75% agreed that a person needed to exercise for 30 minutes on most days of the week, 65% also agreed with the recommendation of 45 minutes three times a week (the old message). Those who had increased their physical activity over the previous four to six weeks were more likely to agree with the benefits of physical activity and were less likely to agree that 'you need to be sporty to be active' (12% compared with 24%).

Increase in activity

Twenty three percent of the respondents reported having increased their participation in physical activity in the four to six week period following the campaign. Those aged 16-25 years were more likely to give this answer than other age groups. Furthermore, those living in the Eastern Health Board area or in a non-manual socioeconomic group were more likely to have increased their level of physical activity compared with other groups.

A higher proportion of those who had been exposed to the campaign reported having increased their level of activity than of those who had not been exposed.

Recommendations

Phase II of the campaign, which focused on walking and cycling, has been more successful in getting more people active than phase I and there was high awareness of the benefits of physical activity. The emphasis on walking should therefore continue. Television was still the medium achieving highest recall, so future campaigns should continue to use this medium.

The evaluation suggests that there is still some uncertainty about the recommended levels of physical activity for health.

Lack of time is still being cited as the most common reason for not being physically active. A future campaign could perhaps focus on how to incorporate 30 minutes of physical activity into your daily routine.

Dissemination

Findings from this evaluation were presented to the Northern Ireland Physical Activity Strategy Implementation Group in March 2001.

Evaluation of the 'Current Issues: Training for Trainers' programme

This evaluation was commissioned in October 2000.

Aims

- to assess the achievements of the Current Issues training programme;
- to make recommendations for the future;
- to establish a benchmark for good practice with which future development of the programme may be compared.

Main objectives

- to assess the level of satisfaction with the quality of the training for trainers course;
- to assess the level of satisfaction with the tutor's manual;
- to explore the employer's perceived interest in and support for the programme;
- to explore how Current Issues is currently being used by the tutors and its potential for development, particularly highlighting the information needs of tutors and areas which need to be updated;
- to assess, from the point of view of the tutors and course participants, the impact that the training has had in relation to increasing knowledge, influencing attitudes, increasing confidence and motivation in relation to the stated objectives.

Methodology

Both qualitative and quantitative methods were used. The evaluation methodology was based on the Kirkpatrick Framework for training courses. Tutors were surveyed by telephone. Ten depth interviews were also conducted with tutors to assess in more detail the behavioural and results based impacts of the course.

The impact of tutors' training was in turn evaluated with a sample of 51 participants who had attended a course run by tutors. Fieldwork took place between October 2000 and January 2001.

A benchmarking exercise was also carried out against other training for trainers courses.

Sample and response

For the telephone survey, 75 tutors who had participated in the Current Issues course were contacted, and 58 tutors were interviewed. Ten tutors were selected for depth interviews from the 58 surveyed. Fifty one participants were traced

from tutors' records for the participants' interviews.

Key findings

Over two thirds of tutors attended the course of their own accord. The main reasons given for wanting to become a tutor were to update health promotion skills, as part of their personal development and as a pre-requisite of their work.

The majority of the tutors reported being satisfied with the quality of the course and it met with their expectations.

Most of the tutors considered the manual to be a useful reference tool, of a high quality and full of relevant material, especially those that conducted subsequent courses.

Only half of the tutors went on to deliver a course. The other half said they did not deliver courses, as health promotion was not always their main role. This indicated that some tutors are attending a 'training for trainers' course with little or no intention of delivering training.

The level of support from employers for running Current Issues courses was generally reported to be good, but some respondents felt that more support could be given.

About half of the tutors reported that the Current Issues course had a positive impact on their knowledge and motivation to address health promotion issues in the workplace. However only half of the participants to whom they delivered subsequent training felt their expectations had fully been met although they rated the proficiency of tutors highly.

Recommendations

Half of those who attended Current Issues training for trainers did not go on to deliver the course. Many attended the course to get an overview of health promotion issues and to obtain the manual to use as a reference tool. This suggests there is a need for a health promotion resource pack as a separate learning and reference tool. The course itself could then be better targeted at those who seriously intend to train others.

Several issues need to be resolved before commencing the revision or development of the Current Issues manual for training. These are defined criteria for trainers, clarification about who

is the target audience and updating the course for trainers.

The issue of accreditation also needs to be addressed as a means of attracting people to become tutors and as an assurance of quality.

The need for more regular updating and a more adaptable resource could be facilitated via new e-learning environments. This issue could be further explored with potential trainers.

Attitudes towards the influenza vaccine

This research was commissioned in June 2000.

Aims

The overall aim of this research was to inform the development of a public information campaign aimed at encouraging uptake of the influenza vaccine among those aged 65 years and over. In order to meet this aim, the research sought to gain an understanding of the views and perspectives of both the target group and health professionals in relation to the influenza vaccine.

Main objectives

The main objectives of the research were to examine:

From a public perspective:

- general knowledge of, and attitudes to the flu vaccine;
- barriers to uptake of the flu vaccine;
- effective approaches to increasing flu vaccine uptake.

From the professional perspective:

- current information available and support for those involved in administering the flu vaccine;
- promotion of the flu vaccine;
- areas where additional information or support would be useful.

Methodology

This research utilised a mix of qualitative and quantitative methods comprising:

- focus groups with people eligible for getting the influenza vaccine, that is all those over 65 years of age and younger people with chronic health conditions;
- depth interviews with health professionals including GPs, pharmacists, practice managers, district nurses and practice nurses;
- a telephone survey of a random sample of health professionals, based on the findings from the depth interviews.

Sample and response

Eight focus groups were conducted with members of the public who were eligible for the flu vaccine. A total of 20 depth interviews were conducted with health professionals, and a further 443 health professionals were contacted through the telephone survey, including GPs, practice, treatment and district nurses, practice managers, health visitors and pharmacists.

Key findings

Health professionals

In general, health professionals considered influenza to present a serious risk to the community each winter, and they were supportive of the vaccine which they saw as reducing this risk, as well as reducing the pressure on services and hospital beds.

Most of the health professionals were aware that the flu vaccine may have side effects, and a high proportion had experienced side effects in their patients such as slight fever, aching muscles, sore arms and redness at the injection site. Experience of some rarer side effects, such as Guillain-Barré syndrome, allergy to egg products and anaphylaxis were very limited.

Most thought that health professionals had sufficient knowledge of the vaccine and its side effects, but a majority of the health professionals reported they had experienced patients developing flu as a side effect of the vaccine. Since developing flu is not actually a side effect, this indicates a need for information.

The reservations that health professionals had about the vaccine were most often associated with the perceived side effects, including developing flu.

Awareness of eligibility was high. Health professionals envisaged an increase in vaccine uptake compared with 1999, and were in general aware of the financial incentives for practices administering vaccines.

Most of the health professionals belonged to a practice that maintains computerised records of patients eligible for the vaccine. In addition, most of those without computerised systems would keep records of such patients. Eighty three percent of the practices notify eligible patients about the influenza vaccine. Most of these do so by sending out letters.

The target group

Findings from focus groups with those eligible to receive the vaccine (aged 65+ or with a chronic illness) showed that awareness of the vaccine and eligibility was high, particularly among those with chronic illnesses. About half of the participants had received the vaccine in the past. Most were pleased with the results and would continue receiving the injection. In a few instances severe

side effects had put individuals off getting the vaccine again and most people in the focus groups had heard 'scare stories' of severe side effects. Some of those on medication were concerned that the vaccine would react with their other medication.

Many of the target group considered themselves not to need the vaccine as they perceived themselves to be in good health.

Those who had been recommended by their GP to take the vaccine tended to do so, and in general, the views of GPs appeared to be seen as authoritative. It was seen as the GP's duty to alert those eligible and to make recommendations. Some reported that they would be reluctant to ask their GP for the vaccine themselves.

Recommendations

In relation to those eligible to receive the vaccine it was recommended to:

- increase the awareness of eligibility, particularly in relation to those over 65 who perceive themselves to be healthy.

Any campaign should:

- increase awareness of benefits and side effects so that patients can make informed decisions;
- promote the fact that the vaccine does not cause flu;
- address the issue of suitability for those on other medication.

In relation to health professionals it was recommended to:

- promote awareness of eligibility among health professionals;
- inform health professionals of the side effects of the vaccine, and in particular that getting the flu is not a side effect;
- make GPs aware of the importance of their role from the viewpoint of their influence in encouraging their patients to get the vaccine.

Dissemination

A report was presented to the Influenza and Pneumococcal Working Group and the Department of Health, Social Services and Public Safety in December 2000.

'Catch the vaccine not the flu': evaluation of a public information campaign

This research was commissioned in October 2000.

The 'Catch the vaccine not the flu' campaign took place in September and October 2000. The campaign involved a number of elements including television and radio advertisements, posters and leaflets, guidance notes for health professionals, as well as the press and broadcasting media, and was based on the findings from the pre-campaign research. The primary target population for the campaign was everyone over 65 years of age and the secondary target group was those with certain chronic medical conditions.

Aims

To elicit public awareness and recall of different elements of the public information campaign to promote the flu vaccine.

Main objectives

The main objectives were:

- to assess the extent to which the general population and in particular the target group were aware of the campaign and its various elements;
- to ascertain perceptions of the campaign;
- to establish the effect of the campaign in terms of motivating individuals in the target group to get the flu vaccine;
- to establish the effect of the campaign in terms of motivating individuals to encourage people in the target group to get the vaccine.

Methodology

A questionnaire was included in a regular omnibus survey, which took place between 15 November and 31 December 2000. Respondents were interviewed in their own homes.

Sample and response

The survey was designed to yield a representative sample of men and women aged 18 and over living throughout Northern Ireland, using the 2000 register of electors as the sampling frame. A total of 1,570 addresses were issued to obtain 1,000 interviews, a response rate of 64%.

Key findings

Almost three out of four (74%) of the respondents said that they were aware of recent publicity promoting the flu vaccine. Of those who were aware of it, 77% recalled having seen the TV advertisement. Those in the target age group (65 and over) were significantly more likely to report having seen campaign publicity than those in other age groups (82% v 72%).

Forty five percent of the respondents recalled having seen the flu vaccine leaflet. More of those in the target group reported this compared with others. Approximately six out of ten (62%) respondents who reported having a medical condition, could recall seeing the campaign leaflet. GP surgeries and health centres were the most common place in which the leaflet had been seen (73% reported this). Of those who had seen the leaflet, just over half (55%) said that they had read it. Those in the target group were significantly more likely to have read the leaflet compared with other groups.

Of those who were aware of recent publicity, just over a quarter (27%) said that they had learnt something new about the flu vaccine, with little difference between those in the campaign target group and those not.

A total of 27% of the sample were eligible to receive the flu vaccine. Overall, the survey found that 14% of all respondents had received the flu vaccine during the course of the campaign, which amounts to 53% of the campaign's target group.

Among those who had received the vaccine, more than a third (36%) said that the recent publicity/information had been a factor in their decision to get the vaccine. When asked about the single most important factor in deciding to get vaccinated, the most frequently mentioned factor was advice from their GP (34%).

Among those who did not get the vaccine, but were eligible, 14% were of the view that they didn't think they needed it, 10% said that they 'just didn't get round to going for it' and 10% felt that they were healthy enough.

Twenty eight percent of those who could recall recent publicity on the vaccine said that they had encouraged someone else to get the flu vaccine. Moreover, 31% [299] of those surveyed stated that they intended to get the flu vaccine in 2001, which is more than twice the number of those who had obtained the vaccine in 2000 [144]. Eighty four percent of those aged 65 years and over, and 74% of those with chronic illnesses stated that they intended getting the vaccine in 2001.

The target set before the campaign for uptake of the vaccine was 65% of the eligible population. In fact, post-campaign figures showed that 68% of those eligible had been vaccinated.

Dissemination

A report was presented to the Influenza and Pneumococcal Working Group and the Department of Health, Social Services and Public Safety in April 2001.



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