

Health behaviour change among users of NHS Health Trainer Services

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Improving Health:
Changing Behaviour

NHS Health Trainer Handbook



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The Division of Health Psychology
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Reducing health inequalities

- Socially disadvantaged groups engage less in health-promoting behaviours (DH, 2008)
 - Need for behaviour change interventions among disadvantaged groups
- NHS Health Trainer Service
 - Aims to change health and health behaviour among the ‘hard to reach’
 - Seeks to empower patients to make health and lifestyle choices (cf ‘Choosing Health’, DH, 2004)
 - Based on principles of behavioural science: boosting motivation and enhancing skills

The NHS Health Trainer Service

- HTs are (typically) trained lay local community members
 - Shared commitment to improving community health
 - Benefit of local knowledge
- HTs cooperate with client in setting personalised SMART goals & action plans

A brief history of evaluations of NHS Health Trainers

- BPS consultancy to Dept of Health
- Annual reports undertaken in CORE, UCL
- 2007 & 2008: audits of workforce and clients
 - Who are the HTs?
 - Is the workforce growing?
 - Who is using the HT service? (*Wilkinson et al, 2007; D Smith et al, 2008*)
- 2009: **Does behaviour change among users of the HT service?**

Research questions

- 1) Who uses the HT service?
 - Are we reaching ‘hard to reach’ clients?

- 2) Does behaviour change following use of HT service?

- 3) Does behaviour change vary by client deprivation status?

Method: Client pathway

1. Initial HT assessment
 - demographics
2. *Decision on whether to proceed to Personal Health Plans (PHPs)*
3. Full HT assessment (baseline)
 - physiological measures: height, weight
 - health behaviour: exercise, diet, smoking, or alcohol consumption;
 - psychological measures: self-efficacy
4. *Client sets PHPs*
5. Repeat assessment (follow-up)

Method

- Data:
 - Obtained through client self-report, as recorded by HT
 - Logged on national database (National Data Collection Reporting System; DCRS)

- Analysis:
 - Repeated measures pre-post design
 - T-tests (behaviour change)
 - ANOVAs (IVs: time and demographics)

Results

1) Who uses the HT service?

- Final N = 8,251 adult clients
- 75.9% female (*UK population, 2001 = 51% female*)
- Modal age (22.5%) = 36-45 years (*UK 2001 = 19%*)
- 82.3% White (*UK 2001 = 93% White*)
- 47.1% from most deprived quintile (*UK 2001 N/A*)
 - 69.3% from two most deprived quintiles

Results

Which behaviours do clients aim to change – and are they successful?

- Diet: 60.8%
 - Physical activity: 26.7%
 - Smoking: 7.1%
 - *(Alcohol consumption: 1.7%)*
 - *(Other: 3.8%)*
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- 51% clients achieve their PHPs
 - 31% clients part-achieve PHPs
 - **No differences in PHP achievement by deprivation**

Results

Diet change following PHP achievement



Outcome	<i>N</i>	Pre-HTS mean	Post-HTS mean	Cohen's <i>d</i>	<i>p</i>
Daily fruit & veg	2376	3.08	5.23	0.97	<.001
Daily fried snacks	1145	1.99	0.79	-0.85	<.001
BMI	3164	34.33	32.45	-0.30	<.001

Results

Activity change following PHP achievement



Outcome	<i>N</i>	Pre-HTS mean	Post-HTS mean	Cohen's <i>d</i>	<i>p</i>
Weekly moderate sessions	921	3.06	4.77	0.42	<.001
Weekly intensive sessions	637	0.63	1.71	0.46	<.001
BMI	595	32.46	31.24	-0.18	<.001

Results

Smoking change following PHP achievement

Outcome	<i>N</i>	Pre-HTS mean	Post-HTS mean	Cohen's <i>d</i>	<i>p</i>
Cigarettes consumed daily	521	15.58	4.66	-1.10	<.001



Results

Does behaviour change vary by deprivation?

- ANOVAs for all behaviour outcomes (and BMI):
 - Time (pre vs post-attendance): Main effect
 - Deprivation quintile: No effect
 - **Time x deprivation: No effect**

Limitations

- Reliance on self-report measures
 - Extent of behaviour change exaggerated?
 - But significant effects found in BMI
- Lack of control group
 - Caution needed in interpreting ‘effects’ of HT service
- Selection bias?
- Missing behaviour data
 - Importance of behaviour data for service evaluation purposes should be emphasised

Summary and conclusions

- The NHS Health Trainer programme is reaching socially disadvantaged groups
- Most clients achieve Personal Health Plans (PHPs)...
- ... and experience positive behaviour change
- Effects similar across deprivation groups
- Reliance on self-report problematic
 - But effects remain when focusing on BMI
- More rigorous evaluations needed
 - Stepped wedge trials are feasible (cf Craig et al, 2008)

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