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Hull

City Council

# Health and Wellbeing Survey

Reflector Groups

2014

## HEALTH AND LIFESTYLE SURVEY

### REFLECTOR GROUPS

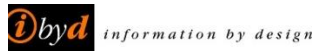
HULL CITY COUNCIL 2014

### QUALITATIVE REPORT

#### FINAL DRAFT

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Our thanks are given to the Public Health Intelligence team in Hull City Council for their support in this research, and to the members of the community who participated in the reflector groups, giving their time to help to improve health in the City of Hull.



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## EXECUTIVE SUMMARY

This report presents the findings from the qualitative element of the Health and Wellbeing Survey conducted in 2011 by the then NHS Hull, who commissioned the original health and wellbeing survey. Following the survey analysis, ten reflector groups were conducted between January and March 2014 to consider some of the issues arising in the survey, in particular, relating to the key aspects of lifestyle – exercise, diet, smoking, and alcohol.

### Methodology

The participants in the groups were selected using dimensions of the Healthy Foundations segmentation. This segmentation of the adult population of England is intended to provide a tool to understand sub-groups of the population and to support commissioners to focus resources where they are most needed. The segmentation model includes three dimensions that, it is argued, have the most significant influence on health behaviours: Lifestage (age and household composition); Motivation (attitudes and beliefs about health); Environment (Social, physical, and economic, based on the Index of Multiple Deprivation). The national study suggested that the various segments require different interventions and services, with some segments having higher levels of service utilisation. There is therefore an opportunity in Hull to reduce the burden on services by understanding more about the groups. In this local research, reflector group participants were selected from those who had consented when they completed the Health and Wellbeing Survey, according to key aspects of the Healthy Foundations model and their area of residence. This included:

- Five groups recruited on the basis of their motivation segment (live for today's; unconfident fatalists; hedonistic immortals; balanced compensators; and health conscious realists).
- Three groups on the basis of their lifestage – for which a proxy variable of age was used – young (16-34), middle (35-54) and older (55+).
- Two groups based upon their environment, which was defined by Index of Multiple Deprivation (more and less deprived) as prescribed by the model.

The focus group discussion suggested that there were a number of aspects of the Healthy Foundations segmentation which may have value in providing insight into the community in Hull. The participants displayed at least some, or all, of the characteristics of their segment. For the groups which were lifestage or affluence related, there were some clearer differences, for example between those in different lifestages in relation to their attitudes towards exercise, with middle aged and older participants having lower levels of exercise. For affluence there were clear constraints on the ability of those who were poorer to afford a healthy diet. These differences may be expected and would be supported by the analysis conducted in the quantitative stage.

There are some commonalities across all of the different groups which were included in this research, which point to a number of potential interventions for consideration by Hull City Council. These are wide-ranging and connect together through the determinants of health model, so include aspects such as worklessness, transport and travel, and access to food. Chapter 5 of this report explains these in more detail, and below the key points are given in summary form.

### Concept of Healthy Lifestyles in Hull

The concept of a healthy lifestyle to most in the groups related to the key public health initiatives, in particular, there is a general understanding of the role of diet, exercise, smoking, and alcohol in health. Each aspect was not perceived separately, but rather within a holistic view of their lifestyle, with many 'compensating' for their different behaviours in these different aspects, balancing healthy and unhealthy choices. As an example, some smokers did not wish to give up smoking because they thought they would put on weight. Services need to reflect this by being more connected and better

co-ordinated ('joined up') to tackle the wider aspects of lifestyle choices and the impacts of the wider determinants of health.

## **Income**

Income is crucial in determining and controlling residents' lifestyles, and unemployment, alongside a low wage economy has an important impact on lifestyle in Hull, with the minimum wage having a high impact on those who are less affluent, and unable to afford a healthy lifestyle, and healthy food. Supporting and working with employers and conducting further research on the barriers to paying above the minimum wage would lead to a greater understanding of how this might be improved in Hull. However, encouraging higher pay through commissioned services would need to be balanced with a lower emphasis on price in the selection of suppliers. Promoting better work-life balance, by responding to the Faculty of Public Health's 'four day week' call, and promoting flexible working with employers could improve the Hull economy by creating jobs and enhancing mental wellbeing. It would also support the development of 'Big Society' in Hull, by linking in with the needs of the voluntary and community sector and the City of Culture.

## **Hull and a Healthy Lifestyle**

There were opposing views on whether Hull is a good place to lead a healthy lifestyle. Many felt that the perceptions and the aspirations of Hull residents about themselves and their city was led by negative press about the City, with a 'self-fulfilling prophecy' that lifestyles *should* be poor in Hull. Ways in which positive messages can be transmitted about Hull, for example using a positive social norms approach (7/10 don't smoke) could be connected to more positive activities such as the City of Culture, Freedom Festival and East Park events.

## **Public Transport and Cycling**

In relation to physical activity in particular, but also to the culture of worklessness in the City and the ability for residents to find and access work, there was an indication that some Hull residents were reluctant or would not go outside the City for work, but also were not prepared to travel even around the local area. Some residents need to be encouraged to commute for the purpose of work; and this needs to be supported by reductions in cost and improvements in the services provided by different forms of public transport. This would also support travel to healthy lifestyle activities provided across the City and the ability for residents to use 'active travel' to reach their destinations for work and leisure.

Connected to public transport issues, were those for cyclists in a city which was 'made for it'. Cycle tracks were not perceived as safe or sufficient and there is a need to extend and develop the cycle network in the City and across the region. This needs to address the coherence, directness, attractiveness, safety and comfort of the cycle network. This would support active travel for work and leisure, and for physical activity, as well as improving safety for cyclists. Local networks should also be encouraged to support cycling initiatives around the City.

## **Food and Diet**

In relation to diet, there was concern, and 'disgust' about the sizeable number of takeaways in the City from many. However, some found that takeaway meals formed a major part of their diet and often gave in to the 'temptation' of takeaways. Others found takeaway food a cheap way to feed their families, even if only occasionally. Some schoolchildren were known to leave the school site to go to the takeaway for lunch. As such the takeaways provided a service which is welcomed by many. There is a need for a multi-faceted and holistic approach which works across a number of aspects of food and diet, including alcohol. A clear food strategy which works with takeaway businesses to offer healthy choices and uses regulation where necessary is recommended. Supporting healthy choices through the 'just eat' app could be considered. A review of all of the food provided in Council run

venues is recommended alongside marketing activities to support residents to choose healthy food in these venues. It is suggested that the Council ensure that all of the food provided in Council-run venues, through commissioned services, and in community-led organisations provide and encourage healthy choices.

Supermarkets and the food industry were felt to discourage a healthy diet in a number of ways, including promotions and temptations, but also the expense of buying a healthy diet. It is suggested that the Hull Local Plan to 2030 includes a sustainable local food strategy, and supports and encourages local food initiatives such as extending the availability and use of allotments; landsharing in gardens; developing local food co-operatives and vegetable box schemes; and growing local food in a range of venues. Because income was also a crucial factor in driving residents' dietary choices, supporting and encouraging the supply availability of low priced, healthy food would support residents to be able to make healthy choices.

### **Physical Activity**

There was awareness of the different facilities which were available to exercise, perhaps particularly in the older age groups but there were many barriers to utilising these. In some areas, Hull was seen to have a great deal of green space, such as parks and informal green spaces and fields, which were seen as having great value for exercise in many different forms. However, in others there were limited opportunities for natural exercise and green space, which is recognised in the Hull local Plan to 2030. Residents had particular concerns about green spaces being lost to housing developments, which need to be addressed in the Local Plan. The amenities available not just in parks but also in other community assets such as community centres, outdoor and indoor gyms, running and walking routes need to be promoted with residents using geo-demographic targeted social marketing. This needs to consider the ways in which the NEF 'five ways to wellbeing' might be promoted. Models such as the Integrated Wellness Model developed by Sunderland City Council which utilise community assets to promote health and wellbeing, could be used as a framework – this model has a central hub which Health Central could simply provide.

### **Promoting Events**

It is also clear that residents felt that events such as the Freedom Festival and East Park events should be better promoted, as they clearly enhance mental wellbeing in the City. Supporting and extending these events could therefore form a valuable public health initiative.

### **Smoking**

In relation to smoking it was clear that there were some entrenched smokers, who had made multiple quitting attempts and displayed cognitive dissonance, for example denying the link between smoking and cancer. For some, however, there was also a clear connection with other lifestyle choices, such as alcohol and weight management. Whilst there is a clear demand for the smoking cessation services provided, there is a need for further research to identify the way in which these services can meet the needs of smokers who are entrenched, de-motivated and dissonant.

### **Alcohol**

There is a clear, and possibly growing issue with alcohol in the City. Some admitted that they drank more than the government guidelines, most drank at home and there was a clear trend towards drinking wine rather than beer, not just in women but also in men. The absence of the 'pub' in people's lives was generally considered to have a negative impact on companionship and mental wellbeing, and on the mechanisms for controlling alcohol consumption by peer review. Perhaps as a result, the relationship with alcohol had changed for some – alcohol consumption had become the primary goal, rather than the value of the social occasion. There were particular issues which were not specific to Hull, with young people including pre-loading and binge drinking. The likelihood of

residents using services to support alcohol reduction is low, and the decommissioning of such services should be considered. Alternatives could include a social marketing campaign which tackles alcohol using a wide lens, and is inclusive of residents young and old, the licensed trade, and the drinks industry. This could include supporting residents to understand more about units, guidelines and calorific values; encouraging the licenced trade to provide well-priced non-alcoholic drinks; encouraging the drinks industry to promote non-alcoholic drinks in the same way as they promote alcoholic drinks; engaging young people in the alcohol agenda; persuading residents to consider other options to 'relax'.

### **Information and Advice**

The need for information to be given to residents is paramount – there were complaints that advice was inconsistent, changing all the time. It is clear that the public find this confusing and that there may be benefits to having a simple guide or directory which clearly explains the evidence base for each aspect of lifestyle. This may be by using existing resources such as the Change 4 Life materials. Relying on online resources may not be suitable, and there was a call for more leaflets and printed materials, and information being sent to their homes, for example with the Council Tax bill. There were also community noticeboards and the digital noticeboards on the routes into the City, and local TV such as Calendar and Look North. Further research on communication preferences would support effective engagement with residents, and campaigns need to be evaluated.

### **Improving Awareness and Driving Service Use**

The key conclusion from these focus groups is that there are many facilities and services available in Hull to support people to have a healthy lifestyle – and that some had used the services provided. However, it was clear that there was limited awareness of the services – in some cases, almost none, even in the core target markets. Many people want to change and would access the services if they were aware of them. As such there is strong evidence from this work that there is a need for wide-ranging marketing and publicity - not just to increase awareness, but to drive service use. This needs to be clearly targeted, and evaluated to ensure that the communities who need to become more involved in their health are driven to have real engagement with the opportunities to improve their health and wellbeing.

### **Information by Design**

**July 2014**

**Final Report**



# 1 INTRODUCTION

This report contains the findings from the reflector groups held in Hull following the Health and Wellbeing Survey 2011. The survey makes a crucial contribution to public health intelligence in the City, providing detailed information on key aspects of health, lifestyle, and social capital. Crucially, the survey has been conducted using a rigorous methodology over a number of years, and therefore allow trends to be monitored. Information by Design (IbyD) conducted the fieldwork element of the survey, which is analysed by the Public Health department and is reported separately by Hull City Council. Following this analysis, IbyD were briefed to undertake reflector groups by the Council to support them to interpret, and provide greater insight into the results.

## THE HEALTHY FOUNDATIONS MODEL

The Hull Health and Wellbeing Survey included the 19 ‘golden questions’ of the ‘healthy foundations’ segmentation tool. This segmentation of the adult population of England is intended to provide a tool to understand subgroups of the population and to support commissioners to focus resources where they are most needed. The segmentation model includes three dimensions that, it is argued, have the most significant influence on health behaviours:

- Lifestage – age and household composition
- Motivation – attitudes and beliefs about health and their ability to take control of their life
- Environment - social, physical, and economic – the circumstances in which people live.

The model suggests that these three dimensions work together to determine people’s ability to live healthily and their likelihood of doing so, and can be used individually or together. The model is based upon a random sample of 4,928 people across the ages of 16-74 in England, along with 52 focus groups and 45 in-depth immersion interviews.

## LIFESTAGE

In the segmentation, lifestage is defined using nine adult groups. As a person travels through the different lifestages, there are numerous events and opportunities which can precipitate healthy or unhealthy behaviours. The lifestages are shown below. Within each group the distribution of the segments can be calculated. For example, the ‘Freedom years’ lifestage will have its own distribution of Balanced Compensators, Unconfident Fatalists, and so on.

			Younger settlers (No dependents)	Older settlers (No dependents)		Retirement with partner
Discovery Teens	Freedom Years <25	Freedom Years 25+	Aged <45	Aged 45+	Alone again	
			Younger jugglers (dependents)	Older jugglers (dependents)		Retirement no partner

## ENVIRONMENT

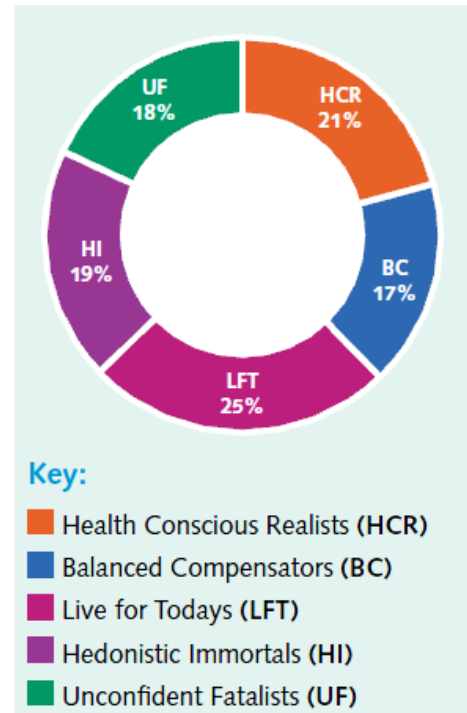
For the purposes of the segmentation, IMD is used as a proxy variable for Environment.

## MOTIVATION

The core of the segmentation is the ‘*motivation*’ dimension – which incorporates a range of different attitudes – such as whether they value and have control over their health, whether they find a healthy lifestyle easy/enjoyable, self-esteem, locus of control, fatalism, short termism, goal setting and self-efficacy. The five segment types are:

- Health Conscious Realists
- Balanced Compensators
- Live for Todays
- Hedonistic Immortals
- Unconfident Fatalists.

The percentage of the national population who fall into each of the groups are shown in the chart opposite. However, it should be noted that local areas such as Hull have different proportions fitting into each segment. The Department of Health qualitative study, which supported the development of the Healthy Foundations model noted that the different segments have different levels of motivation for each of the different aspects of the model (see table below<sup>1</sup>).



The descriptions of the segments which are used in this report are taken from the Healthy Foundations Model Toolkit<sup>2</sup>.

	HCR	BC	LFT	HI	UF
Value Health	High	High	Medium	Low	Medium
Control over health	High	High	Medium	Medium	Low
Healthy lifestyle easy/enjoyable	High	High	Low	Medium	Low
Health fatalism	Low	Medium	High	Low	High
Risk-taking	Low	High	Medium	High	Medium
Short-termism	Low	Medium	High	Low	High
Self-esteem	High	High	Medium	High	Low

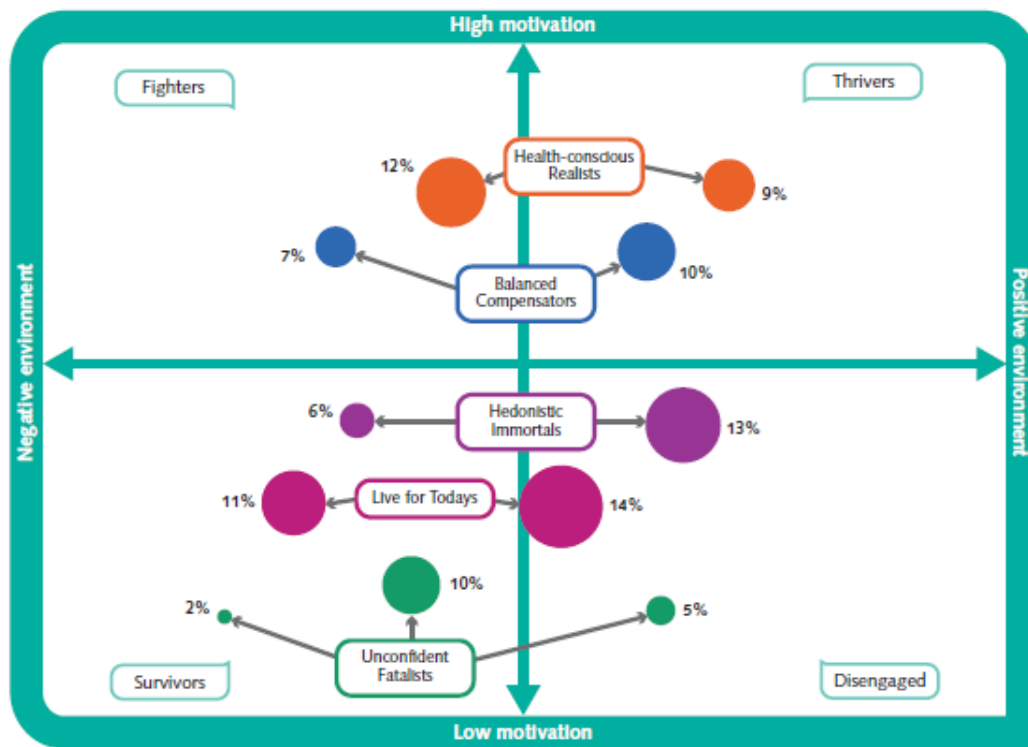
The five motivational segments are present in all areas of England, including the most affluent and the most deprived areas. The segmentation connects an individual’s personal motivation to live healthily (the motivation dimension of the segmentation) and how these motivations vary as a result of their social and material circumstances (the environment dimension of the segmentation). The segmentation also captures the variation in these measures by lifestage, leading to quadrant names of ‘fighters’, ‘survivors’, ‘thrivers’ and ‘disengaged’ to summarise the general state of the segments within each quadrant. The following diagram is taken from the Healthy Foundations Research Report No. 1<sup>3</sup> (see over).

<sup>1</sup> Smith, A. Et al. 2012. Healthy Foundations Life-stage Segmentation Report. *Research Report No. 2: The qualitative analysis of the motivation segments, (Department of Health)*

<sup>2</sup> Healthy Foundations Model Toolkit. (2010). Department of Health.

<sup>3</sup> Williams, V, McVesey, D et al. The Healthy Foundations Lifestages Segmentation. *Research Report No. 1: Creating the segmentation using a quantitative survey of the General Population of England.*

Figure 1.4: Dividing the motivation segments by Indices of Multiple Deprivation



## USING HEALTHY FOUNDATIONS FOR SERVICE DEVELOPMENT

The qualitative stage of the national study suggested that the various segment profiles require different interventions and services, according to their specific needs, suggesting that any redesign of interventions and services should meet these needs, and help inform workforce planning in the public health sector. For example, the Healthy Foundations dataset identifies the segment Unconfident Fatalists as:

- living in deprived environments;
- experiencing the lowest confidence to engage in health-seeking behaviours; and
- experiencing the highest incidence of chronic disease.

The service utilisation data from the survey highlights Unconfident Fatalists as significantly greater users of health services. Their uptake of primary and secondary care services also exceeds that of other groups. As such there is an opportunity to reduce the burden on services, by understanding more about the groups within the segmentation.

## 2 METHODOLOGY AND SAMPLING

The reflector group participants were selected from those who had completed the survey, according to key aspects of the Healthy Foundations model. This included:

- Five groups recruited on the basis of their motivation segment (live for today; unconfident fatalists; hedonistic immortals; balanced compensators; and health conscious realists.
- Three groups recruited on the basis of their lifestage – for which a proxy variable of age was used – young (16-34), middle (35-54) and older (55+).
- Two groups based upon their environment, which was defined by IMD (more and less affluent) as prescribed by the model.

### SAMPLE SELECTION

IbyD selected names for the sample to be invited to the groups from those who had consented to participate in further research from the Health and Wellbeing Survey. A random sample of participants who met the criteria (e.g. 'live for today's') for the different groups were identified in geographical 'clusters'. IbyD then booked community venues across the City which were located close to the cluster, such as the Alf Marshall Centre in Bransholme; the Ice Arena in the City Centre and Probe in East Hull. The different groups are shown in the table below. Interestingly, the clusters represented to some extent the deprivation in the City – Live for today's, and Hedonistic immortals were drawn from around the Woodford Leisure Centre in East Hull; Unconfident fatalists around Bransholme; Health Conscious realists and those who were affluent around the University area in West Hull; and Balanced Compensators lived around the City – so a City Centre venue was chosen. Interestingly though, three of those who attended the balanced compensator group were from a cluster of streets – therefore the possibility that behaviour clusters around small areas may be a consideration. This has been anecdotally reported in relation to childhood obesity and takeaways.

Characteristics	Group	Venue
<b>Motivation</b>	Live For Today	Woodford 1
	Unconfident Fatalists	Alf Marshall
	Hedonistic Immortals	Woodford 2
	Balanced Compensators	Ice Arena
	Health Conscious Realists	Newland 1
<b>Age (Lifestage)</b>	16-34	Boulevard
	35 – 54	Orchard 2
	55+	Probe
<b>Affluence</b>	Least Deprived (Most affluent)	Newland 2
	Most Deprived (least affluent)	Orchard 1

### THE FOCUS GROUP OUTLINE

The focus group outline was developed to extend the understanding some of the key factors surrounding lifestyle choice in the City; diet; exercise; smoking and alcohol; to examine awareness of services which are provided in the City to address health inequalities, and to discover how each of the groups could be supported to improve their lifestyle.

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## THE REPORT

This report is written in sections which outline the results from each of the groups, examining their responses to the key questions asked. This is followed by a summary section, which draws together some of the key insight across the groups and conclusions, which draw attention to potential policy implications for Hull City Council. An Executive Summary is provided which outlines the key points from the report.

### 3 THE MOTIVATION SEGMENTS GROUPS

Participants for these groups were selected on the basis of their healthy foundation segment, regardless of their deprivation or their lifestage. However, inevitably, although each segment is represented within the other parts of the model, within Hull there are higher proportions of some of the motivational segments in each part of the City and this was reflected in the geographical clustering of the groups.

#### LIVE FOR TODAY'S (LFT) – Woodford Leisure Centre

#### WHAT ARE THEY LIKE?

The Healthy Foundations Toolkit suggests that LFT's fit the following description.

They definitely like to 'live for today' and take a short-term view of life. They believe that whatever they do is unlikely to have an impact on their health, so 'what's the point?'. They tend to believe in fate, both where their health is concerned and for other things in life. They value their health but believe that leading a healthy lifestyle doesn't sound like much fun, and think it would be difficult. They don't think they are any more likely than anyone else to become ill in the future. They tend to live in more deprived areas which gets them down, and they don't feel that good about themselves, but they feel more positive about life than the Unconfident Fatalists. They are the segment who are most likely to be resistant to change and don't acknowledge that their behaviour needs to change, unlike the Unconfident Fatalists.

#### FOCUS GROUP FINDINGS – LFT

<b>Profile</b>	
Tend to come from more deprived areas	Some did
<b>Behaviours</b>	
• Exhibit fairly poor health behaviours	Generally did some exercise – some ate healthily, some did not.
• Hold short-term view of life	Some did
• Fatalistic about life	Yes, to an extent.
• More likely to smoke and drink heavily	Alcohol yes, smoking no – only one smoker
• Little concern for their future wellbeing	Generally did appear to want to 'live for today' – but some in the group were older.

#### WHAT DOES A HEALTHY LIFESTYLE MEAN?

There was general agreement in this group that they valued health, and that having a healthy lifestyle meant: *"Don't smoke, drink very carefully, take plenty of exercise and take an interest in what is going on around you."* There was a feeling that they could control their health by having things in 'moderation', which was emphasised by some members of the group: *"I just think taking things in moderation really, y'know [...] good healthy eating and everything done in moderation."* However, one member of the group dissented, suggesting that some risk-taking and a lack of belief in the ability to control health: *"I'm slightly different, I won't say I disagree with the words moderation but if there's anything I enjoy doing I do lots of it. I've become very cynical over the years in that you read one day that tomatoes are good for you and then a couple of weeks later they're not and I tend to take all of this now with a pinch of salt and so I do what I think is good for me that I enjoy doing, whether that's having a drink or whatever, fine."* One point made by a male participant suggested he was 'live for today' *"I'm just interested, you said drink carefully, is that so you don't spill it?"*

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## IS HULL A GOOD PLACE TO HAVE A HEALTHY LIFESTYLE?

The discussion here centred around the characteristics of Hull residents, the culture of Hull – and then the City itself. In relation to Hull residents, there was a suggestion that residents were somewhat parochial in their outlook, resulting in worklessness: *“I mean when I was in the job centre, people wouldn’t cross the river to go for one job, oh it’s too far, ooh that’s another world across the river. And the kids were always wanting to live within 200 yards of their parents, you could never get them to spread out. If you said to them there’s a job here in Goole, end of the world Goole y’know.”* There was also mention of those in the younger generation having a culture of worklessness: *“[...] when I come to the age of leaving school and I think I couldn’t wait to get out of Hull, get my own place and get out in the world. So at 16 I had a flat on Orchard Park, I was working at a factory in Beverley. But my lad now, he’s only 19, I can’t get him out of bed never mind out of my house.”* However, others disagreed, feeling that Hull had much to offer and was no different to other cities, but that Hull residents had a negative image of the City and themselves: *“I violently disagree, I spent a lot of my life living outside of Hull because I was in the Forces and I’ll come back to the word discipline as I understand it. I think the problem in Hull is we’re so negative about the place. Every problem you mention is endemic to every other city I’ve been in, it’s not peculiar to Hull.”* Hull was generally felt to have a ‘bad press’ and residents needed to think more positively about the City and what it had to offer – as well as themselves.

It was generally felt that *“I think it’s as easy as you want it to be. If you’re willing to go out and do things.”* However it was recognised that there were factors which prevented residents having a healthy lifestyle – in particular, income, commitment and the types of activities which were available in Hull perhaps not being suitable for certain groups of residents, such as young people.

- *“A lot also depends on your income, it’s a lot easier to be healthy if you have the money to expend on that sort of thing. If the rest of time you’re trying to make ends meet then going to a gym or something is not very high on your list.”*
- *“I think it’s down to commitment, there’s plenty of parks around, even if it’s not a proper park, it’s just some field that’s nearby. If you want to keep fit you can go jog round that, you can go kick a ball on that it doesn’t actually have to cost anything.”*
- *“I think the youth of today, they want it to be [...] everything’s got to be fun, they’ve got to be happy doing it. If they’re not happy they’re not going to do it. [...] and if you don’t make an activity fun for them, which often involves money, they just won’t do it.”*

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## DIET

‘Top of mind’ awareness in relation to diet was the preponderance of takeaways across the City: *“I was terrible for it, takeaways everywhere. Temptation. I mean, I live across the road from a takeaway and it’s lovely and I wish it wasn’t there. I’m glad it’s there, but I wish it wasn’t there. It’s a kebab, pizza, Turkish takeaway. And within ten minutes walk, there’s 4 of that type, a couple of chicken places, two Chinese, an Indian, three chip shops, these are all in less than ten minute walk and I live in a council estate near the University.”* Reasons for using the takeaways were varied: Some suggested that it was *“lifestyle - it’s a much faster pace and people want that the fast takeaways.”* Others mentioned pressure from ‘the kids’, who wanted MacDonald’s or Chinese, rather than home cooked food. Some mentioned family or neighbours who tended not to cook for their children: *“Like my neighbour her kids were sort of brought up on McDonalds and things like that. I often said to her, don’t you ever cook a meal for them? No, it’s less bother isn’t it, just going to McDonalds or order a pizza or something for them.”* It was felt that there was a difference between older generations, whose children had grown up, and those who were younger and had children now: *“My kids used to have a cooked meal every night, you know, meat and veg and that, for when my husband got in from work, We’d sit down as a family and have our evening meal together. But now a lot of people they don’t.”* It was felt that the number of takeaways in different areas should be limited by the Council and replaced by alternative food outlets such as supermarkets or shops: *“Looking from a Council point of view, if I had a power to make people healthier would be to shut half the takeaway, well not shut but there has to be a limit of how many you can force down your throat. [...] if I had to go further for a pizza then I would make the fresh food. You would think well Tesco is just there I can get some fresh food, if I had to pass it to get to takeaway.”*

There was discussion about whether it was easy to make healthy choices on food. Some felt that food preferences were drivers to purchase, rather than health preferences, suggesting some short-termism in relation to food choice: *“So people are not necessarily buying products because they think it is healthy they are buying because of preference, like you either like margarine or you like butter, not because you think margarine is better for you.”*

Some had changed their diet due to long-term conditions or illnesses and there was an awareness of the ability to control their health by the use of a healthy diet: *“Eight years ago, I had bowel cancer and so I’m careful what I eat. And I try and eat things that are sensible but it doesn’t [...] y’know I don’t be a slavish to too many things, I used to think if you have a balanced diet you can keep going and I blame what happened on an imbalanced diet.”*

The role of supermarkets in discouraging a healthy diet were also mentioned in a number of ways:

- The temptation provided by supermarkets using ambient scenting (the smell of different foods to ‘tempt’ customers: *“[...] you walk in and there is this wonderful aroma of fresh bread and sometimes it is a false aroma generated to make you head in a particular direction.”*
- The use of promotions and offers such as buy one get one free: *“[...] there is a bottle of lemonade for 65p but if you buy 4 you can get them for £2 so people say I’ll buy 4 because I only pay 50p for them but what are they going to do with the rest of them.”*
- The ‘sell by’ dates *“sell by dates, I think that is a load of rubbish because you know that years gone by they didn’t have sell by dates and we are all alive and not dead because of food poisoning. There are certain things that for your own good, like strawberries, they go mouldy if you have them for too long.”*

Food manufacturers also played a part, mainly centring around labelling and multi-packs:

- Food labelling was seen as confusing: *“I think produce manufactures of food stock, they are under a great pressure from the government to put so much information on labels and you could spend half your life reading the labels before you put them in your basket.”*
- Multi-buy pack size was also seen as an issue in two ways – some larger packs had cheaper unit prices which encouraged purchase, and some had larger pack sizes but were unexpectedly more expensive:
  - *“I’ll tell you what is quite interesting, you know those corner pots of yoghurts, Muller, if you buy them in a pack of 6 they are £2, if you buy them individually they are 85p but there and again they are encouraging you to take 6 aren’t they”*
  - *“I was stood at this particular display of toilet rolls and it was the mathematics of it and eventually the manager came up, and I was staring and it said 4 toilet rolls for £2 and I was thinking I never realised they were 50p each and next to it, it said 8 toilet rolls £6 and I was thinking that’s 80p each, and I was thinking why would you buy the large pack then I realised why because you are conditioned to think it has got to be cheaper because there are more of them and I think they are doing that with food as well.”*



Food price sensitivity appeared to be the key barrier to participants having a healthy diet. *“Preference against price rather than health things.”* Price sensitivity was driven by income: *“I get paid every 2 weeks and then once a month I get paid, double money’ I call it, when I only get paid once a fortnight I go out and only get the bare essentials but when it is the month money I will do a big shop so a lot does depend on how much income you have coming in and how much spare you have got.”* Indeed, one of the drivers to buy takeaway meals was the balance of price between takeaways and cooking, which was explained by one participant: *“If we take into account the time it takes to cook it and the gas and electric, the fuel and footwork to get the store and back and the price of the stuff it works out cheaper to get a takeaway and that should not be right but it can work out like that, there are 6 of us in the house sometimes and it is cheaper to go across and get the meal deal from the pizza shop, a couple of pizzas and some chips come to about £15 and would feed us all whereas to feed 3 adults and 3 children a fresh meal you are talking £10-15 anyway and then you have got all the extra time and effort, so you weigh up the time.”*

To support this group to have a more healthy diet, the key areas for action were around the price and affordability of healthy choices. *“Make the correct foods affordable so more people have access to them because in some cases they have become a bit of a luxury. It has sort of turned it around the wrong way round, the worse food now is the cheapest stuff which is why people buy it.”*

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## EXERCISE`

This group tended to take natural exercise as a part of their daily routines. Some, particularly the older members of the group, walked for exercise, using the local park (East Park) which was seen as a valuable resource in their area: Some gardened and recognised the value of this to their exercise *“There is bending and stooping and lifting and sometimes I have a day and I come back in and I know about it and I think that is good exercise.”* They recognised the value of having a range of exercise to use the different muscles in the body: *“If you walk then you just use the same muscles that you have been using all the time whereas if you do something complex then you are using different muscles at different times.”* One younger member of the group had been a bodybuilder in the past, and explained the reason he and others used a gym: *“You see people at the gym and they get onto steroids because they want to be Arnold Schwarzeneggers, my mate was borderline because he got obsessed [...] he is so focussed on the gym, he is already super fit but he can’t stop going, that adrenaline rush [...] the body releases your body’s natural painkiller after exercise and if you have done a lot of exercise then it releases a lot of these endorphins which give you a natural high and you come away elated and feeling lightheaded. In the morning they go and get that high and then they go back in the afternoon.”*

Because many in the group exercised regularly, using exercise appropriate to their age, and felt that they had good facilities nearby in East Park and around the Preston Road area to ensure that they could take regular exercise, their main suggestions on how to help them to do more exercise centred around others in the city with greater need, who might need to have more facilities made available to them such as walking paths: *“I would say I walk 3 times a week, probably 3 or 4 miles[...] I live near East Park which makes it more pleasant to walk about the trees, I’m not sure I would do it if I lived on Anlaby Road or Holderness Road and had to go up and down the traffic, so what I am suggesting is more walking paths.”*

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## SMOKING

Only one participant smoked although many in the group were ex-smokers. The one who did smoke had stopped smoking a number of times but had returned to smoking, and still wanted to quit: *“I did I stop for 8 months and then started again at Christmas and I don’t know why. I have always smoked but I had to have a serious operation just over a year ago and after that I stopped smoking. I am not smoking as much as I was, I am down to 10 and I do want to stop again.”* Loneliness and isolation were given as her main reason for smoking and her barrier to quitting: *“Part of it with me is boredom on a night time on a night time when I am on my own, when everything has gone quiet.”* She had used the stop smoking service but was a detractor of the service: *“I have been and they were as useful as a chocolate fireguard. They are always telling you off, you know yourself if someone has a go you think bugger that.”* She did not believe that there was a link between smoking and cancer, and

indicated health fatalism and cognitive dissonance in this respect: *"I had an aunty who died of cancer when she was 55 and she had never smoked in her life, I have to remember thinking well hang on to die of cancer you have got to have smoked and that is not the case, it is a very confusing picture. I believe that everybody is born with cancer anyway it just takes something to trigger it off."* Another agreed: *"My mum's friend she was in her 70's, never smoked, and she was going around on her push bike, and this one day she fell off her bike, and banged her leg and she got a lump and it just wouldn't go away and she had to go into hospital and they found out she had cancer, that lump was cancer. I am convinced everybody has got it but there is something in certain people."* Some suggested that the ways to help smokers to quit would be to look at alternative therapies, particularly as one participant had quit smoking using acupuncture: *"I stopped smoking 35 years ago and I had acupuncture in the ear and I have never had a cigarette since. I tried to restart when I went on holiday to Minorca and they were dirt cheap and I bought a pack and I was sick on the pavement and I have never touched one since."*

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## ALCOHOL

The entire group drank alcohol: *"Who doesn't drink?"* When asked what they drank, one participant suggested: *"Everything. I never have more than 500ml at a time."* Drivers to drinking alcohol included habit, peer pressure, and culture:

- Habit: *"If I was gardening I would have a bottle of lager and with my meal I would have a glass of red wine."*
- Peer pressure: *"Isn't it like smoking, it's peer pressure, when I was younger and in the forces, 30 of us would go out for a drink and someone would get a round in and you felt obliged to get your round in and 9 pints later some have gone and you are still there, like cigarettes we used to get a packet and throw them around and half the time they didn't get smoked, it is a bit like the food issues, it is what you can afford, you tend to drink."*
- Culture: *"I used to go on the docks early, 6am, just doing casual work, the guys there in the 60's and 70's and at lunch they would go and get 6 pints down them in an hour and then go back but it was just automatically where we were going and after you had finished work you had another couple to set you up for your tea and it was getting into that habit, it was what you do. You have to have a couple of pints before you go home and build a hunger up."*

There was much confusion about the government guidelines on units: *"I find the words unit very confusing, when you try reading it, a tot of this is the same as half a pint of this. A woman can only drink 5 units and a man can drink 10, I often think what if the woman is about 17 stone and 6 foot 6 and the bloke is 5 foot 2 and 11 stone, the 2 things don't match up to me."* There was some understanding that there was a connection to the alcohol by volume, but again, this was confusing: *"It all depends on how much alcohol is in the bottle to start with, if you get a wine that is only 6%."* Another mentioned: *"you can get some wine that is 20, 30, 40% so the measurements, the units would be vastly different."* One thought that: *"The mixers might make a difference."* Government guidelines were seen as 'made up', and most agreed that they did not understand them: *"I haven't got a clue."* One said that: *"You just dismiss it, you know what you can drink, you know what you like, you know what your limits are so you just do it and how many units [...] I know I enjoy a glass of wine, I don't enjoy 2 big glasses of wine and I have a lager in the afternoon while I am gardening if it is warm, if it is cold then I will have black coffee. As far as I am concerned it's my self control."*

There was a limited desire for reducing the amount of alcohol that they drank – mainly due to it being perceived as being a habit which forms over time, and that alcohol consumption reduces as age progresses. *"Once you get into your 30's you should have been to a pub enough times and drunk enough times to realise a glass of beer and a glass of wine is enough and that is a safe amount for you. If you are getting hammered every night then there is something seriously wrong, not just physically but mentally as well but after you get to a certain age you realise those days are gone because the hangovers last that much longer so you can't drink as much."*

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## SERVICE AWARENESS

Some of the participants had been to the different services on offer, and spontaneously mentioned them, including both Active Lifestyles, and Fit Fans – and one mentioned ‘tonic cards’ which had been available for unemployed people in the past:

- *“It forced me really to join the Active Lifestyle program that took me to aqua therapy which I found very beneficial because of the injury to my feet there was not much exercise I could do on physiotherapy. I have now joined a Total Fitness gym and I am just venturing now onto the machines but I can’t do anything with my feet unfortunately, it has got to be a cycle or something like that.”*
- *“At Hull KR and Hull FC grounds they have been running for about 5 years a program called Fit Fans which is amusingly called Fat Fans, because that is who tends to go, it is totally free, a 12 week program, you don’t need to sign on or anything, they train a lot of the fans, they do videos, I just done one they are absolutely amazing, what to eat, how to eat, what it does to your body and it is free, the one thing they don’t do is publicise it and that is a major problem for all of us. I think if a lot of people realised what was out there they would do more, but because it is free, you can just turn u[p] at Craven Park or KC stadium and ask to join them and I was amazed this guy signed me on immediately, I stayed the night I got an hour and a half.”*
- *“15-20 years ago me and some of my mates when we were unemployed you could get a pass like a tonic card and you could go to any of the sports centres during the day for free, we would go to the gym and go for a swim, a sauna, 2 or 3 times a week. I guess it would be a bit expensive for them now.”*

When the different services available were explained to them, there was interest, in particular for services which support activity or weight management. However, there was a call for services which were not provided via the internet: *“I would like to comment on this obsession with websites, I am on the web but the majority of people that you are probably trying to address, don’t have access to the website yet everything you want to do is through the website so they have not got access particularly in Hull where people have not got websites, I think the message is going in some directions but not at all the people.”*

WHAT ARE THEY LIKE?

The Healthy Foundations Toolkit suggests that BC’s fit the following description.

They are positive and like to look and feel good about themselves. They get some pleasure from taking risks. However, they don’t take risks with health. Health is very important to them, and something they feel in control of. A healthy lifestyle is generally easy and enjoyable. They are not fatalists when it comes to health and understand that their actions impact on their health both now and in the future. If they do take some health risks, they will use compensatory mechanisms to make up for this, such as going for a run in the morning having eaten a big meal or drunk too much the night before.

FOCUS GROUP FINDINGS

They are positive and like to look and feel good about themselves.	Y
They get some pleasure from taking risks.	Y (some)
However, they don’t take risks with health.	Y
Health is very important to them, and something they feel in control of.	Y
A healthy lifestyle is generally easy and enjoyable.	Y
They are not fatalists when it comes to health and understand that their actions impact on their health both now and in the future	Y
If they do take some health risks, they will use compensatory mechanisms to make up for this, such as going for a run in the morning having eaten a big meal or drunk too much the night before.	No evidence

WHAT DOES A HEALTHY LIFESTYLE MEAN?

Participants in this group had the public health messages at the top of mind including not just the body, but also mental well-being:

- *“Very active, eat healthy, healthy mind, healthy social life, no smoking.”*
- *“No over indulging in drinking, good diet, plenty of exercise, not a high fat diet.”*
- *“Also your attitude for the life. I think of the word optimism. Positive role. Look on the bright side.”*

IS HULL A GOOD PLACE TO HAVE A HEALTHY LIFESTYLE?

It was felt that Hull was a good place, for some people, but that it had changed over the years: *“Well certain people haven’t had opportunities like a lot of people you know, I think it’s how you’ve been brought up, like the older people like me and him, this guy here I think we’ve had the opportunities to a simple life where I don’t think simple lives are out there now for the modern day children.”* This was affecting children in particular: *“Well you can’t walk the streets, they (children) can’t go out and play on a night time they can’t do thing what we used to do when we was kids.”* There was concern that children were not safe due to paedophilia, but also drugs, and although this was not necessarily particular to

Hull itself, it was felt that it was: “[...] *most inner cities are going through this phase I mean you don’t have to go far to see drugs now do you in the inner city, you have to go from here to here, 300 yards and it won’t be far away from us.*” Hull was seen to have a drugs culture but again, only in line with other cities: *“That was quite a revelation to me, I was shocked about I guess 7 or 8 years ago, I didn’t realise there was this culture going on and I’ve been in the music scene since I was 11 years old but I didn’t realise the extent of the drug taking and that sub-culture going on.”* The drugs culture was driven by high unemployment, caused by the decline in industry – leading to people having low or no income and finding income from other, illicit sources: *“60’s, 70’s we had a lot of work in this town in engineering[...] all them factories, hundreds and hundreds of factories so inner cities become the problem where people don’t go out, they haven’t got the income, they do anything to get money, that’s where drugs came in and other things you know so I think it’s here to stay, I don’t think it will go away,”* The City of Culture was mentioned as being something which would bring investment into the City, and could lead to a change in the city’s fortunes.

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## DIET

A healthy diet included

- *“A mixture of carbohydrates, fibre, healthy fat so not like the saturated fat.”*
- *“Plenty of fruit and vegetables.”*
- *“Not eating red meat.”*
- *“your body tell you what you need and then you work out then you know you got to think your body need some nutrition like fish and then in your mind you think I would like to eat fish so my opinion is just eat what you like, your body drive yourself to eat something you need.”*

Interestingly, there were two members of the group who had chosen to have specific diets; one who avoided red meat, including pork and beef, and one who had been avoiding dairy for 15 years, after finding himself ‘very mucousy and tired’.

Salt and recommended daily allowances of fat and sugar were also raised by the group – some had been asked to cut down on salt by their GP, others had done this for themselves: *“Because of heart problems and high blood pressure and things like that, I keep well away from it. I know it’s in my products I cannot stop that but I keep well away from it as much as I can.”* Generally the group were aware of the 6 gramme limit on salt intake and were also aware of sugar and fat percentages. *“I have read somewhere about sugar if you have no more than 10 grams, per 100 grams that’s quite a reasonable amount.”* They were also aware of issues relating to low fat products and the potential for increased sugar. *“I have noticed that with sauces, you are actually better off staying away from the low fat varieties ‘cause they have more sugar. You are better off just buying a normal salad cream or mayonnaise which it doesn’t say low fat on it because you will find the sugar content is actually less than it is on the low fat.”*

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## EXERCISE

Most of the group took regular exercise, and were interested in the health benefits of exercise. Walking as part of their natural activities seemed to be common in this group: One member of the group walked regularly – 2 miles a day before breakfast – and danced ‘northern soul’, despite being in his early sixties. Another walked his dog: *“Mostly down to the dog walking but had an operation in January and you seem to lose the habit. I make a point every day of walking from [...] Street to Newland Avenue. [...] Street is very active community so always out doing things, watching the kids etc. Today I took the dog out because he is getting fat too.”* Two members of the group walked to the shops:

- *“There is only one other thing that I do, I go to the Asda on Hessle road so I know I will get my 5 mile walking from doing that. I have a car but still walk so you are making yourself do it to keep fit.”*
- *“What I do is I walk to the shops instead of going in the car. I take the baby in the pram and carry as much as I can by this way. So you never bring home more than you can carry so save money too.”*

Some members of the group mentioned the difficulty of fitting in ‘formal’ exercise, such as that provided by gyms or classes, into their day-to-day lives. One participant exercised at home, as she worked and found it difficult to attend exercise classes during the day: *“I only exercise at home at the moment ‘cos I don’t go to any exercise classes [...] I find it more and more difficult to find the class that’s right for me so I find the classes I want to do are during the day. I do Pilates at home. I follow a DVD exercise, 15 minutes warm-up, weights [...] leg exercises [...] it’s a 15 minutes work out that I can do on a daily basis.”* Another mentioned the difficulty of having to book sessions at gyms, where the more popular sessions were booked up in advance: *“You have to book the sessions, the classes, you get on the spinning class you had to book for a 45 minutes class, but the class itself was really good and I really got into it, I was doing that for about 6 months but then I found when I went onto the website to book it there was no spaces left[...] I got tired of it, tired of the booking so I cancelled my membership.”*

There was some awareness of the government guidance on exercise being ‘half an hour’ but not the requirement for moderate exercise. Members of the group who did not exercise regularly felt that injury and age was preventing them from exercise and felt that there was little that could be done to change this. This included older and younger participants. One younger male had difficulty exercising due to an injury: *“I used to play rugby so if you took up sports that would help. I was on the wing and one of the fittest people on my team but have injured my foot so sadly have had to stop. I am now not as active because of this.”* An older male also felt constrained by age: *“What exercise you do depends on your age. When I was in my 20’s I played football all of the time but then as I got older I didn’t do as much. I gradually stopped playing less and less but try to walk every day.”*

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## SMOKING

Two of the younger participants smoked, but only occasionally and usually connected with alcohol. This was the case for one female participant: *“Occasionally I do, maybe once a month when I have alcohol [...] so the less I drink the less I smoke.”* A younger male also smoked only with alcohol: *“None of my friends do, but I have tried it when I have been out but I don’t smoke when I am sober. I was never addicted and could definitely say no to a cig. Stupid habit. A lot of people do ‘social smoke’.”* Because they smoked irregularly, they were not concerned enough about their smoking to consider formally quitting.

One participant, who was Chinese, associated smoking with business. *“It also depends on what society you are in. I started smoking when in business in China because in China during business first thing you do is get a cig out. A culture thing.”*

Other participants had smoked, but had quit: *“I used to smoke but I think the best thing I ever did was stop smoking, it made me feel much better.”* The smoking ban was the reason for one person: *“Yes. I think the smoking ban did limit a lot of people and made people stop. Didn’t want to sit out in the smoking shelter in the pouring rain.”*

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## ALCOHOL

Generally, the older participants in the group appeared to be moderate drinkers, but one had recently retired and due to his hobby being around the music scene, had started to drink more: *“Yes, that was a*

*bit of a problem for me [...] I could go weeks without drinking. I am out most nights through the week and every time you are there, it is inevitable that you are going to be drinking. So recently, I have started drinking tonic water instead of alcohol. But I still have one alcoholic drink 4 to 5 times a week. I eat fairly lightly and I think I am getting more calories with that one drink.”* One more affluent participant said: *“I like a drink every night, I do try to limit to two glasses of wine, 2 pints of beer. It makes me feel relaxed you know, then I read for about an hour and it is very easy to go to sleep. I don’t know if I am dependent on this drink, I don’t know. If you keep your drinking on a limit it can be good.”* Another drank only occasionally: *“Yes, I like the Camra beers, real ale and if I am on a social night out, not very often but I have about 3 pints. But I am lucky if I have 6 pints a month.”*

There was some confusion about the recommendations around alcohol: *“A lot of people say a glass of wine does you good but there is some scrutiny to that.”* One noticed that in his residential area, ‘heavy’ drinking was the norm, even for more middle-class residents: *“Where I live there are a lot of teachers and they would come home and open bottle of wine and drink it while they are cooking, maybe put a little in the food and then a bottle of wine with the meal and then one to finish the night off. They would go through three bottles of wine between the two of them. So when I have been round it’s four bottles of wine. They are doing that most nights of the week.”*

Another was diabetic so could not drink: *“I am diabetic so I have got to avoid sugar. The doctors regard it as poison. When I was diagnosed diabetic I asked the dietician and he said you can drink 1.5 units per week which is a pint and a half.”*

There was good awareness in this group about the number of units for men and women: *“I think 2 units for women and 3 units for men. I think I probably drink more.”* One had been to Health Central and had been given information about alcohol units: *“I go to Health Central in town and they have a glass with the measures on it and I filled it once with a glass of wine and it was half a pint.”* Some were aware of the information on the side of bottles: *“You can see on the bottles like 3 or 4 units.”*

In relation to support to reduce their alcohol, it was clear that some had concerns about the amount of alcohol that they drank, but that they felt aware of the risks. As such, they felt that they were able control their drinking by ‘going it alone’.

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## SERVICE AWARENESS

Some members of the group were aware of services available, and were interested in the different services which were on offer, but perhaps particularly in activity based services, and the WellPoints at Health Central. This included:

- The activehull.co.uk website: *“I looked at it; I’m on the Facebook page. The active hull one is good because it gives you all the activities that you can do all the different centres all the different groups*
- Fit fans: *“they have kind of outdoor kind of boot camps, women’s, that kind of activities and three times a week they do a mixed group, I heard they do a men’s activity too at KC stadium. I haven’t attended one yet, but going by the pictures on Facebook I think the instructors put them through a hard work out, yeah, I’m not sure if I’m fit enough for that - a bit more women friendly, a little less strenuous.”*
- Health Central: *“It’s at health central is a drop in service I go on a Saturday morning once a month and I [...] .cause I don’t have scales at home so it’s a great way of monitoring my way, it checks your blood pressure, it does your body fat and it gives you an overall body kind of[...] .like an MOT and you can monitor it.”*
- Why weight: *“I know somebody who has done ‘Why weight’.”*

WHAT ARE THEY LIKE?

The Healthy Foundations Toolkit suggests that HI's fit the following description.

They are people who want to get the most from life. They do not mind taking risks – as this is part of leading a full life. They feel good about themselves and are not that motivated by material wealth or possessions. They know that their health is important to avoid getting ill in the future, but feel pretty positive about their own health at the moment and don't think they will be getting ill any time soon. Maybe because of that they do not really value their health right now. They do not have a problem with leading a healthy lifestyle: it would be fairly easy and enjoyable to do so, and they certainly intend to live healthily. However they feel that anything which is enjoyable, such as smoking and drinking, cannot be all bad.

FOCUS GROUP FINDINGS

They are people who want to get the most from life.	Y
They do not mind taking risks – as this is part of leading a full life.	Y/N – some
They feel good about themselves	Y
They are not that motivated by material wealth or possessions.	Y
They know that their health is important to avoid getting ill in the future, but feel pretty positive about their own health at the moment and don't think they will be getting ill any time soon.	No evidence
Maybe because of that they do not really value their health right now.	N
They do not have a problem with leading a healthy lifestyle: it would be fairly easy and enjoyable to do so, and they certainly intend to live healthily.	Y
However they feel that anything which is enjoyable, such as smoking and drinking, cannot be all bad.	Y/N (drinking alcohol, Y; smoking, N)

WHAT DOES A HEALTHY LIFESTYLE MEAN?

Top of mind awareness for the group was *“food and exercise” – but also “happiness”* – with the group generally agreed that *“If you're not content, you're not going to do it are you?”* The weather was also mentioned as having an impact on a healthy lifestyle – *“Sunshine would be nice.”*

IS HULL A GOOD PLACE TO HAVE A HEALTHY LIFESTYLE?

Generally, the perceptions of the group were that: *“You can lead a healthy lifestyle anywhere, it's not the place – I staunchly defend Hull– it's about choices.”* The media was blamed for presenting a negative image of Hull: *“We just seem, we just, we do get bad press all the time. It seems to me statistics, Hull being unhealthy, everybody's overweight in Hull – there's a lot of finger pointing.”* The economic situation and the unemployment rate in Hull were perceived to contribute both to perceptions of being able to lead a healthy lifestyle, and for those who were affected, being able to lead a healthy lifestyle. *“I think the unemployment rate probably has an effect, because, psychologically, this problem, if you're not feeling on top, then it's really difficult to focus on having a*



healthy lifestyle. *If you haven't got a lot of money, it's perceived that it's expensive to eat well. It isn't actually [...] but that's what people think.*"

Takeaways were mentioned as having 'exploded' in the area recently. *"I think every other job is either a tanning shop, a hairdressers, or a takeaway!"* Empty shops appeared to become takeaways within a very short time and it was felt that the area had too many takeaways: *"There's little tiny shops on Amethyst (Road) - five shops, fish shop and a takeaway shop. We do not need another takeaway in Marfleet - there's four five, that's without the fish shops."* Related to this, it was also felt that there were too many adverts which came through the door which advertised takeaways, not just in the local area, but also from other areas, offering delivery. Although members of the group did not feel that this had changed their diet, they described other, often younger family members, such as their grandchildren, who *"would live on takeaways if they could."* There was also a discussion about the price of takeaways, and the perception from those who used them that takeaways were cheaper than cooking. *"It's hugely expensive; it's cheaper actually to cook your own food out of fresh stuff."* It was clear however, they members of the group only 'occasionally' used takeaways. For others, it was felt that this was not just about perceptions, but also about residents' lack of ability to shop and cook, with one participant suggesting that: *"It's about ignorance, 'cos a substantial proportion of people do not know how to cook."* Another agreed: *"They do not know how to cook; they do not know how to shop either. I used to teach very poorly educated adults [...] the kids in these classes have no idea how to go about doing a weekly shop of food, and no idea how to cook anything more complicated than baked beans on toast [...] and yes they do blow half their week on a couple of takeaways, and they're, they're probably living on cuppa soups for the rest of the week."*

Some mentioned that schools were not providing the right information to pupils, and needed to encourage children to cook at school - and many lamented the passing of 'real' cookery being taught in schools: *"They don't teach them cooking at school anymore do they? They just teach them how to put food together. You know, my son, when he was doing his early years at Mallet - when I did cooking I'd weigh it out myself, took, took a bag of flour and weigh it up to the school with everything - and now they take the pastry made, so you're going to buy it aren't you, fillings already done, so they're not weighing anything out, they're just putting it together."* Another mentioned that the food that was cooked was not 'healthy' food - *"[...] six times I think my grand-daughter's cooked in two years, three years...and then it was pizza."* Another participant gave an example of a pupil at her granddaughter's school who did not recognise a carrot: *"For the under fives, and I, and I was quite amazed about this, and they said, this boy said 'what's that', and it was a carrot, and he had never ever picked up a raw carrot and eat it."* However, one mentioned that in some schools, there were initiatives such as healthy lifestyle awards and healthy eating awards which were encouraging schools to become involved in encouraging pupils to have a health diet.

The issues one participant had with exercise prompted a discussion about the issues for those with disabilities in Hull. For example, it was difficult to make visits to the eye hospital: *"Well it's like, we've got the most fantastic eye hospital in Hull, it's one of the top ones in the country, but if you've ever tried to get there, and you can't see, it's very hard, because you get on the bus at station, get off at Anlaby Road, but you have to get off, right, walk up, cross the road, then walk back across two more roads to get to the eye hospital, because there is no bus that can take you to the eye hospital, even though they can put a small bus on and go round the back of the hospital and stop outside. Hull City Council would not sanction any buses because they say there's not enough demand for it."* Another participant concurred - her Mother had lost her leg and they also found travelling around the City very difficult – *"But just for her we can't manage places, we can't go, even though they claim to be somewhere where everything's 'Disabled', it's not, it's really is difficult, parking, just being able to open the car door, and she gets no help whatsoever, and she still has to reapply for her disabled badge every so many years like, which I agree with it, but her leg is not going to grow back, do you know we've laughed and had a good joke about it. They go 'has your circumstances changed', and she looks down and there's no leg."* Another participant suggested that Hull was generally poor for those with disabilities generally: *"Hull's got one of the highest of disability per capita of population [...] visually impaired is one, but there's virtually no services, I mean for visually impaired especially, but facilities for general disability is very poor in Hull."* Services had been impacted by Council closures – *"the branch here was shut down when the Council closed the Blind Workshop, but the, it's the same everywhere, well, some places are a bit better, but Hull is very bad, but not much worse than lots of other places, disabled people are just pushed off."*

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## DIET

Top of mind awareness in relation to a healthy diet were fruit and vegetables, which were seen as important to this group – *“I’ve always got fruit.”* However, when asked whether they ate ‘five-a-day’, they admitted that they ‘rarely made’ 5 a day, although there were differences between participants, mainly around their individual circumstances. For example:

- one participant, who was a teacher, confided that she only really ate fruit when at school: *“I mean, that’s the way I get my fruit, I must admit, you know, I’m quite healthy but I don’t eat my five a day, unless, unless it’s term time and I eat it at school.”*
- another, who was registered blind, often ate fruit as she was unable to cook: *“I tend to because of the fact I can’t, cos I can’t see, I can’t cook, I tend to pick things up that you don’t need to cook all of the time.”* One participant confessed to not liking fruit and vegetables, so took vitamins instead: *“You see I’m the opposite, I don’t like fruit and veg so I, so I take vitamins.”*

When asked what would help them to improve their diet, top-of-mind awareness was the influence of supermarkets on their spending patterns: in particular with ‘special offers’ promoting unhealthy food: *“Yeah, if the supermarkets put more fruit and veg on offers rather than crisps and chocolate all the time.”* Another commented that most of the supermarkets had similar promotional patterns, emphasising chocolate and crisps – but that fruit and vegetables tended to be poor quality: *“As soon as you walk through the door [whether it’s] Bransholme or Morrison’s [...] and as soon as I walk through the door they’ve got two aisles, one is always full of crisps, and the other is always full of chocolate, and then you get to the fruit and there’s not much choice, and it’s usually in poor quality because it’s been there all week. It’s the same in Aldi – biscuits chocolate, sweets, crisps.”* One participant mentioned the control of supermarkets over food production and the supply chain: *“But the other thing is, part of it, it’s about economics, because our food economy is controlled by what, four or five big multiples, Morrison, Asda, Tesco, Sainsbury and a little bit Lidl a bit now. But basically it’s controlled by big corporations who make a lot more money at selling processed junk with lots of sugar and lots of salt and lots of fat in, than it does from selling you good food.”* He went on to suggest that this oligopoly was reflected, and indeed promoted by the arrangements within the local economy in Hull, where *“[...] everything about the economic policy, the zoning policy, allowing bl\*\*\*\*y enormous shopping centres to take over virtually ninety percent of the footfall in the centre of Hull - and St Stephens - and that is just going to allow big companies who make money from selling junk, selling our kids junk food.”* It was felt that local markets could be promoted – where fresh food was cheaper: *“[...] certainly fresh vegetables and fresh meat is a lot cheaper in the market than in the supermarkets, and you go down to the market on a Saturday, the main shopping area, the covered market in Hull, and they’re struggling, they’re lucky to still be in business.”*

It was also felt that there needed to be more education – not just for children, but for adults and parents: *“It’s education, not children now, they do parenting classes, they’re all over Hull, and I’m not sure how much healthy diet is pushed there, but maybe, it’s the adults, it’s the adults who need educating, not only in what constitutes a healthy diet [...] but what mounts up to become unhealthy, because, you know, one sausage roll might be fine, but three sausage rolls is going over the top.”*

It was also felt that there were issues relating to schools and in particular, that the arrangements for children at schools meant that children choose an unhealthy diet: *“At Mallet Lambert, just over there, I live there – at dinner time they swarm out, they’re in the takeaways, they’re in Morrisons, they come out with sausage rolls, pies and what have you, everyday. Then of course they go into the park and they leave all the rubbish round the park.”* This had changed as it was reported that: *“I think, when, when I was at school, we weren’t going home at lunch time we had to stay in school, we couldn’t go anywhere else, we weren’t allowed to go out to cafes and things, and I think they ought to think about doing that again.”* However, one parent explained that the arrangements were unsuitable, particularly given the constraints on the school lunchtime: *“I think some of it is, - my son is at Mallet Lamberts in year 10 and he would not dream of stopping in for his dinner...he just goes out, two fifty a day and he*

goes out, he goes to Morrison's. When they only have thirty minutes it doesn't really give him a lot of time to linger on the streets, and it is working."

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## EXERCISE

Many of the group participants exercised – some regularly – and some were aware of the government guidelines unprompted. *"I actually, I run, I mean I do exercise, I run, I try to, between five and ten miles a week, and, because, because I was a bit over weight and I wanted to lose it, and I didn't want to stop eating what I eat so I run, and I know that the government want you to walk half an hour is it a day, is it twenty minutes to half and hour brisk walking every day?...Five, oh you can have a rest at weekend [laugh] I knew it was, I knew it was quite a lot, and it's got to be brisk hasn't it?"*

For exercise generally, many reported walking and cycling, often as a part of their daily routine, or at a gym:

- *"I simply walk around the park."*
- *"I don't walk, I cycle, I use me bike. I have to cycle around the park, I do about on average this time of year [...] between eighty and hundred and twenty miles a week. But then I use it as transport, I go into town on me bike, and I go to my sister's on me bike, I go to Morrison's on me bike, even though it is only three quarters of a mile, um, and that's how I get my exercise, it's just like...like natural [...] it's part of my life.[ ] My exercise is part of my life, and I think if you're going to get people to exercise it has to be something that they do naturally, encouraging people to walk to places."*
- Some exercised regularly and took strenuous exercise: *"Yeah, it's more, like cardio based, so I do tend to maybe a warm up on the treadmill, but that is more to get the blood pumping."*

Some participants reported that they had fallen out of the habit of 'natural exercise, for example due to the acquisition of a car: *"I used to bike everywhere, and then I got my car, so laziness kind of settled in [laugh] I'd rather drive than you know cycle against the winds or whatever, but I do think having a car is my downfall, I used to walk everywhere."*

Those who did not exercise regularly had various reasons for not doing so:

- Family commitments were mentioned by one participant who had younger children.
- Another, who was registered blind, said that: *"I try and walk, but of course, I fall down potholes, there's too many of them in Hull, so it's a bit dangerous for me. I'd love to do more, but there's no way, I can't join gyms because they don't want you there, because they've got to have someone watching you constantly, because I fall from the machine. I can't go running because I can't see where I'm going, or cycling, so, for me it's very very hard. Before my sight got bad I used to go Salsa dancing, I used to go to the gym all the time, and I know I've put weight on since I stopped, but I can't help it because there's nowhere in Hull that caters for you if you're sight impaired, so you are stuck."*

In relation to what would support them to improve their exercise, it was felt that the Council were providing services to support them: *"I mean [...]the Council do do some quite good things, I mean they put those exercise machines in some of the parks, which are really good, and, they could do more, in, put some lights in the park, because I go for a walk, me and my partner go for a walk most nights and there's no lights in the middle of Pearson Park."* Some mentioned fitness activities which they were aware of, such as the fun run in East Park, suggesting that there were activities available for those who wanted to use them: *"A lot more people seem to in East Park on Saturdays [...] when I joined it there were a hundred, now every Saturday four hundred odd people run through. And it's amazing - so there is obviously a take up, more and more, of exercise, more and more people are becoming aware of what is going on, but also, they can't all run it at first - because I walked, when I first I walked, and lots of people walking, and then you walk a little bit, and then you end up running, and it's such an achievement when you first run it and you get to the end."*

The key to supporting people to access the opportunities available was to increase awareness of the services, and giving more information about them in appropriate places at the right time. In particular, many were not aware of the services or opportunities to exercise which were available: *"The fact that*

*none of us have heard of it and it applies to it they don't get the information out there, I think one of the problems with Hull City Council is that I often find out about things after they've happened, and I think 'I would have liked to go to that' I would have loved to have seen that, I'd have loved to have gone to that, but I don't hear about it at the time."*

This also applied to other events which were held in Hull each year, not necessarily for exercise, but perhaps for supporting mental well-being. This included the 'East Park' event and the Freedom Festival. These were felt to be good for the population to 'feel good' about themselves:

- *"People like the single biggest event now isn't it, in East Park, we've gone every year, we've gone both days, and yet if you actually, we missed it last year, because I and I kept saying 'it's on sometime soon' you know, there was nothing. I think they put the banner on there, I think, about four days before, there was nothing."*
- *"Even the biggest event, the Freedom Festival, I had to go on the internet because I kept saying, me and my sister always have wander round, and I said to my sister I need to go and find out because I don't get a local paper because and I like to go on the internet, but the Council need to put it out there, for everybody, not in Hull, let's get the visitors in."*
- The City of Culture and the Tour de France would give opportunities for events which would need publicity. This was also connected to attracting tourism, which was intrinsically linked to improving the health of the City: *"Yeah, we're not doing it, it's not just the people of Hull, it's getting people from outside, getting some wealth back into the City, and when we get some wealth back into the City going back to the health and fitness thing, you know, there might more chance of people getting healthier, wealthier, fitter, all of that, but it goes back to getting more money into the City."*

However, there was a warning that these 'festivals' and events were primarily *"[...] done on an economic basis and not about promoting culture, but about what they think will bring in most money. That's important of course, money's important, but in terms of actually providing a boost to the culture of the city, or talking about lifestyle and health, you know, it's not the same as what would bring in the most money."*

To inform people about events there was a call for more marketing of events through a range of channels:

- Leaflets: *"Put some leaflets through doors, we get enough pizzas and stuff, so they can do it you know."* Although some felt that there were too many leaflets, it was suggested that: *"You can't avoid it can you if you get a leaflet through your door, you know, there's no chance that you're going to miss it."*
- Local TV programmes: *"Why can't go it go on Look North, or Calendar or things like that, why can't they mention it?"* Interestingly, very few bought the Hull Daily Mail, nor received the free newspaper: *"We don't all buy the Hull Daily Mail."* *"You don't get those free papers anymore."*
- Notices – perhaps local community based noticeboards – but also using the digital notice boards which were on the major routes into the City could be used to promote events.
- Include a calendar of events in Council Tax statements.
- There was a caution against relying on social media and the internet *"Yeah, I was just going to say like, one of the problems is that most people now assume everyone's social networking...so when I'm getting invited to a lot of things it's done through Facebook, Twitter or email, and not everybody's using that as well, but it's becoming the primary sort of marketing tool."*
- There was also some criticism for the Hull City Council website – which was described as 'awful' and 'boring'.

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## SMOKING

Although there were some ex-smokers in the group only one of the participants was a smoker: *"Guilty."* This one smoker agreed that she wanted to quit: *"Yeah, I think every smoker wants to quit, it's just doing it."* However, she did not feel that she could be helped to quit as she had tried everything: *"I've been there, done it, I don't know, I tried everything."* Some of the quitters in the

group had used alternative remedies to quit successfully, after trying a range of standard quitting techniques, including hypnosis and acupuncture.

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## ALCOHOL

Most of the participants drank alcohol – some ‘Not a lot.’ The vast majority of the women drank wine, with the males drinking beer. There was some knowledge of the government guidance on alcohol: *“Fourteen units as a woman.”* Most were confused about both the number of units, and the definition of a unit. *“Can we be sure what a unit is for...what is a unit please?”* Some knew that it was: *“Half a pint of beer.”* *“It’s about that much wine in a glass.”* *“A full glass of wine.”* *“About hundred and twenty five millilitres.”* There were some in the group that were aware of the connection between the percentage by volume and the number of units: *“But surely the higher percentage, the more units, okay?”* However, some underestimated the number of units: *“Eight units in a bottle [of wine] is that?”* When shown the different sizes of wine glass, it was clear that most participants drank at home and used wine glasses which held 250 ml. *“That’s my wine glass. I never fill it though because I know I’m not allowed it full size, only half fill it. Each time.”* There was surprise from the group at the number of units in a bottle, and the number of units in stronger beers. *“Well you can get higher with the real ales.”*

There was a discussion about the availability and use of cheap alcohol from supermarkets. One participant suggested that the price of alcohol was cheaper in comparison to disposable income: *“It’s much cheaper by comparison disposable income than it was.”* The change in the strength of alcohol over the years was mentioned: *“And I think there’s some very strong alcohols, isn’t there, which is far more accessible today that they were twenty years ago.”* However it was felt that there was a ‘choice’ about using cheaper and stronger alcohol: *“I’m very, I’m well informed about what I should drink and how much there is in a bottle and everything, but I think, I’m informed and I’ll do what I want, it’s my choice [...] it’s bit like food, you can eat a lot and get obese, you can drink a lot and end up ill, it’s choice, it’s lifestyle choice.”*

Some had children living at home, and there was concern about young people and drinking, in particular, ‘pre-loading’: *“What I find worrying is that youngsters, if they’re going out for a night out, they feel they have to be drunk to enjoy themselves, and they will buy cheap drink to go, before they go out, I mean, I can remember my daughter and her friends doing that, all getting together, getting dolled up together and drinking.”* There were also some who reported young people taking alcohol with them: *“My daughter when she goes out she’s had a drink in her handbag. She says, ‘you’re a female you can do it’. She says she likes to go and get bladdered at weekend.”* This was seen as ‘culture’ or a social norm. One participant suggested that this was: *“[...] particularly northern culture[...] this sort of go out without a coat, go out in a t-shirt, on a rainy Friday and Saturday night [...] do ten clubs, girls and lads in separate gangs, do the round, have a punch up in the bus station.”* However, others suggested that this was not just ‘northern’ but ‘most cities.

There was a suggestion that not drinking was sometimes seen as ‘unsociable’ – *“I haven’t been invited to parties when I was working because I didn’t drink [...] and even my own family don’t invite me to things, they say ‘oh you don’t drink, we won’t invite you, you won’t enjoy yourself’ and I think, you know I can enjoy myself laughing at you falling over and acting stupid.”* However, it was noted that there were: *“[...] lots of people who go out and don’t drink nowadays, there’s lots of people who drink Diet Coke.”*

To try to reduce the amount of alcohol they drink, participants suggested that they could drink non-alcoholic drinks. However, it was suggested that they were more expensive than alcoholic drinks, that there was a limited choice of drinks available in pubs which were palatable; and that those which were available, were high in sugar:

- “[...] apart from if you want Diet Coke, you cannot get any sugar free drink in a pub, apart from Diet Coke, it’s the only drink you can get which is sugar free.”
- “mineral water is like drinking wallpaper paste mixed in with water, it’s got the most awful taste.”
- “[...] I’ve found out it’s cheaper to go out and drink than it is to go out and not drink. I always sit down and think why does it cost me more not to drink [...]?”

Participants mentioned that the legislative environment might support reductions in alcohol consumption. This included:

- Drinking and driving: “I mean, I love my wine, but I’ll go out and be the designated driver and drink tonic all night, and I don’t feel any different from anybody else in the room, because, there’s lots of people that drink sort of thing. I don’t feel I should be drinking when I go out as a designated driver.” The idea of breathalysing drivers and having a zero tolerance on driving was seen to be a way of discouraging drinking: “If we had a zero on breathalysing, like other countries.”
- The use of alcohol free zones both in the town centre and in parks: “There should be zero tolerance, in the town centre as well. You know, if somebody causes a problem in the town centre [...] I think just it should be just zero tolerance for anything like that.” “In the park, I don’t think they should allow drinking.” There was however some confusion about the alcohol free zones and how they applied: “Cos I thought Hull was a place where you weren’t supposed to drink in public.”

Some suggested that employers could support alcohol reduction by residents, and some employers had zero tolerance of alcohol, such as the army and bus companies:

- “My grandson’s in the army, and is in the barracks, and when they go back on duty on Sunday teatime [...] all the squaddies have to stop there at the barrier, and they have to blow in that every time they go back. But until they blow zero they are not allowed over that barrier.”
- “I spent years working for Stagecoach, and we was like that, we had to have breathalyser. I could understand for like the drivers obviously, but I worked in the garage cleaning the buses and I had to have a breathalyser, even though everyone in that garage knew I was teetotal, but I still had to have one every single morning before I started work.”

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## SERVICE AWARENESS

There was some awareness of the services provided for health improvement in Hull, in particular, some had heard of or seen Health Central and were aware that it was close to St Stephens and the Holiday Inn. However, there was some confusion about what Health Central did and the services provided there:

- *“I thought it was only just a drop-in doctor.”*
- *“I thought it was a gym.”*
- *“What used to be the health centre?”*
- *“I’ve never heard of it.”*
- *“So what hours is it open?”*
- *“Is it private so that you can get your clothes off so you don’t weigh too much [laughter]”*

Some had used Health Central and accessed the WellPoint machines: *“Yeah, it checks how fit you are. It weighs you, and takes your blood pressure and your heart rate, gives you your BMI rating and then you have the opportunity to save it on the screen, you can print it out, go back in a few weeks later and see if you’re doing better.”* There was a great deal of interest in the services available when participants were shown the information, with requests for copies of leaflets and website addresses.

## WHAT ARE THEY LIKE?

The Healthy Foundations Toolkit suggests that HCR's fit the following description.

They are motivated people who feel in control of their lives and their health. They generally feel good about themselves, but have more internally focused aspirations to better themselves, learn more and have good relationships, rather than just aspiring to looking good. They tend not to take risks and take a longer term view of life, and that applies to their health too. Their health is very important to them and they feel that a healthy lifestyle is easy to achieve and enjoyable. They also take a realistic view of their health: of all the segments they are the least fatalistic about their health, and don't think they are any more or less likely than other people to get ill. Unlike the "Balanced Compensators", they don't use compensatory mechanisms. This may be because they are so health conscious, there's no need for them to balance out health behaviours.

## FOCUS GROUP FINDINGS

They are motivated people who feel in control of their lives and their health.	Y
They generally feel good about themselves, but have more internally focused aspirations to better themselves, learn more and have good relationships, rather than just aspiring to looking good.	Y
They tend not to take risks and take a longer term view of life, and that applies to their health too.	Y
Their health is very important to them and they feel that a healthy lifestyle is easy to achieve and enjoyable le.	Y
They also take a realistic view of their health: of all the segments, they are the least fatalistic about their health, and don't think they are any more or less likely than other people to get ill.	Y
Unlike the "Balanced Compensators", they don't use compensatory mechanisms.	Y/N
This may be because they are so health conscious, there's no need for them to balance out health behaviours.	Y

## WHAT DOES A HEALTHY LIFESTYLE MEAN?

Interestingly the attendees at the group stayed for longer than anticipated – and complained that the group had not been long enough, and that they would have preferred it to be longer, suggesting that they had a real interest in the topics under discussion – and that they were 'health conscious'.

Top of mind awareness in the group were *'diet, exercise, that sort of thing'*, but there appeared to be a deeper understanding in the group – *"information, knowing how that happens if you're not familiar with what you are doing really."* Also mentioned were aspects of mental well-being including: *'emotional health'*; and *'a balance between work and leisure'*. It was felt that information on a healthy lifestyle was not always easy to understand, in particular the ability to judge the information – connecting to their health literacy: *"Because there is quite a lot of conflicting information [...] one minute one thing is healthy and the next minute something else is healthy."*



## IS HULL A GOOD PLACE TO HAVE A HEALTHY LIFESTYLE?

There was a great deal of discussion about whether Hull was a good place to have a healthy lifestyle, with many thinking that Hull was no different to other cities, especially for those who were informed: *"I think anywhere is [...] any city is if you informed and you know how."* There were a number of aspects of Hull which were mentioned as supporting or opposing a healthy lifestyle – in particular, about facilities available or lost:

- *"Its flat for one thing, it is good for cycling."*
- *"I think we have got some excellent swimming pools, that's good exercise isn't it and it's not expensive."*
- *"[...] when I was a youngster this was all playing fields. Just over there was the biggest tennis club in Britain, in the world [...] there were 52 tennis courts on there and now it's a car park."*

It was suggested that poverty in Hull had an impact on people's lives: *"There is lots of poverty here so sometimes it is hard for people to access some of the things that they could do like the gyms."* However, it was suggested that *"[...] sometimes people use it as a bit of an excuse, if you are poor you can't necessarily do things. If you can buy a pair of trainers you can always go and run. You don't necessarily need to go to a gym."* This led to a lengthy discussion about gym use and membership and how this supported health. Some suggested that gym membership was expensive, and that many joined gyms and did not attend. However, another participant suggested that there were many reasons for not using a gym: *"Is that because they are working though? They may be working long hours and there is that balance that you said about work and leisure,"* Gyms were seen by some to be inaccessible: *"Sometimes the gyms are in one place. Where I live the nearest one is 20 minutes in a car and I have two little children and I am not driving. To be honest it is big trouble for me. If there was one closer then probably I would go to it."* It was also felt that gyms were not necessarily enjoyable: *"One important thing I think there is to say about exercise is the gyms [...] people don't actually enjoy them. They think that they should go to them because they think it's the right thing to do [...] leads on to what you have said [...] there are all different kinds of exercise that people can do and I think the most important thing is that people enjoy the exercise that they actually do. That continues the motivation whereas people go to gyms because they think they should do that and then after 6 or 8 weeks they stop going."* It was felt that there was a need for education: *"I think maybe people have to be educated that you don't have to go to a gym to get fit and healthy. It is alright to walk, take the stairs."*

Some mentioned the way that exercise patterns and preferences changed over the years. For example, jogging had been replaced by running: *"You never see joggers in the streets now do you [...] about 15 years ago you used to see joggers going up and down the streets."* *"No, but there are some good running clubs, there are at least 2 that run from YPI."* Some were aware of green gyms, but it was observed that: *"I think they are a bit of a fad. I take my kids to the park quite a lot and the people that are on them are playing on them."* In general though, this group agreed that facilities were available in Hull for people to use but that they were perhaps poorly advertised and not necessarily in the right place, perhaps as a result of the population moving into new housing: *"I think there are quite a lot of facilities but people aren't informed about where they are and what they can do on them. There is also Pickering Park, they are there but in the middle of nowhere, so it's not necessarily where people would run and people wouldn't necessarily have access to them. If they were located differently, more towards the entrance where people in the area would actually know they are there. It is the same for the ones in Orchard Park as well. Same with Pearson Park so I don't think it has been very well thought out where to place them."*

There was much discussion about the loss of different facilities, closed or threatened with closure by the Council. Particular mention was given to swimming and the possible closures of Beverley Road and Ennerdale pools. The issue identified was that it was felt that facilities were being centralised

rather than localised: *“The problem is that there are a lot of facilities in Hull but each time it is said we need to get people healthy they think we need to build bigger and newer facilities. It is thought that the only way to keep people fit and healthy is to have them in gyms and big facilities but that is not the case. 50 years ago people were a lot fitter and used to use smaller, more local facilities.”* There were a number of points made about the availability of facilities across Hull – and their under-utilisation: *“The problem in my opinion in Hull is that there are a lot of facilities available but which aren’t being either promoted or used to what they could do. There is a lot of funding but this is only available to organisations if they come up with new projects. So it has to be new facilities, new projects. Why can’t we just renew existing projects?”* It was felt that funding was moved from one place to another: *“The funding is usually still there though, it just goes to something else. Somebody has had that money for a different project. We should be asking why if a project is very good and very beneficial to an area then why is the funding for it being cut?”* *“My daughter plays table tennis and they have had all of their funding cut. There used to be lots more table tennis going on [...] and there is no funded sessions any more for table tennis and the table tennis there, at YPI has been running for years and years hasn’t it?”* Meanwhile, other facilities were not kept in good condition: *“Pickering Park we were talking about earlier, they have just let the tennis courts be overgrown. People just used to go and really enjoy them.”*

The cost of using facilities, particularly for families, was also mentioned, which impacted on some of the participants: *“I think they are too expensive as well [...] for a lot of people [...] .like if you have got a family, I have 3 children and I can afford to take them swimming but it is the best part of £10 for a family of 5 to go swimming. If you want to do that each week and you are on a low income that is a lot of money. When they do the free swims in the summer you can see them queuing out of the door. So it’s not that people don’t want to do them, a lot of the time it’s that for a lot of families in Hull the cost prohibits them.”* However, one participant mentioned that many facilities were *“cheaper in Hull than many, many places.”*

Parks in particular were mentioned as being community assets which had great potential, but which is was felt were both under-used and often threatened by building projects. Particular mention was made of Beresford Park, East Park, Princess Elizabeth playing fields and areas around the University and Cottingham Road, and West Park.

- *“If you look at Beresford Park, I don’t know how much they have spent but they reinstalled a cricket field and I have never seen anyone playing on it. A lot of football gets played on it.”*
- *“Do you remember the park here? It was amazing; that youth centre and that got burnt didn’t it and didn’t get rebuilt. The young people used to love going there (referring to Park in between the Quadrants.)*
- *“Princess Elizabeth playing fields is another example where there was always weekend people playing and football and then that area got earmarked for the development of an academy. In the plans they did say there is a green area that is going to be kept for the people in the area but you can’t as there is a fence around it. If you want to access it you have to go through the academy grounds. You need to wear willies because it is marsh. They have installed a very cheap children’s play area which is also very muddy.*
- *“The university have a big cricket circle over here but I have never seen anyone using it. Or rugby now not being played.”*
- *“There is a field on Cottingham Road with a gym but no sign. I only got a dog last year and before then I didn’t even know there was a field there.”*
- *“West Park [...] years ago they used to get the giant board games out and things.”*

There were barriers to residents using the open spaces around the City, which had changed over time. Young people were perceived to be spending time on computer games or social networking: *“My mum and dad were born in the 30’s and 50’s [...] and they said when they were growing up it was always playing out in the fields. A lot of young people don’t do that now [...] because they are in*

*playing on the electronics or are on Facebook or twitter.” It was also felt that there were concerns about safety with traffic and paedophiles top of mind for parents: “Kids don’t play out in the streets now because there is so much traffic and there is also the perception that we live in a lot more dangerous world [...] that there are paedophiles lurking around the corner.” It was acknowledged that some of this was perception rather than reality: “The media reporting on things and scare mongering makes us afraid to let our kids out.” However, it was recognised that there were some issues, for example with ASB from young people: “But also there is quite a lot of ASB in areas as well. I do a lot of voluntary work and I took one of my young people to East Park. There was a large group of young people drinking and smoking and the parents were moving away. There were no wardens around.” Another issue for the parks was vandalism. In relation to Pearson Park, it was mentioned that: “Once you get past 6, 7pm at night everyone is gone and a lot of the equipment has been vandalised.” On the other hand: “Beresford Park is completely isolated and it doesn’t suffer from lots of vandalism. Yet Pickering Park is completely surrounded by people and houses so you would think it was the other way around.” The loss of park keepers was seen as having a detrimental impact on perceptions of safety in the parks: “We have lost a lot of park keepers haven’t we? In Beresford Park the gate gets left open [...] I was talking to the warden and he has three parks to do. The gates get left open and this has made a big difference. It was suggested that “Instead of installing new facilities why not spend the money on wardens to control it and make it better. Just have for the weekends personal trainers to hold classes which would be cheaper than upkeep of equipment.” Some of the participants were aware of the activities and facilities in other areas of the City, in particular East Park: “East Park is fantastic.” There was also seen to be a lack of awareness of what was on offer at the different parks: “I’m not sure a lot of people know what is available in Beresford”*

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## DIET

There was a great deal of discussion in the group about diet in the group, with many showing a good understanding of their diet, and in particular the content of foods, including fat, sugar and additives in food. However, the content of food and food labelling was seen as a ‘minefield’ – *“It’s a nightmare for people to work out.”* It was felt that food labelling was getting better – but that more detail could be confusing for some – although the majority of this group felt that they could find their way around food labels.

There was an extensive discussion about calorific values, with participants showing a good understanding of the calorific values in different foods. *“If you get a 300 calorie Mars Bar, you could get a nice salmon salad you have exactly the same calories but you have the nutritional value, it is far better for you. I think that if people get bogged down with calories that can be quite dangerous, you might have had 2 bottles of wine and a bag of chips and there is your 1500 calories”.* Some participants mentioned ‘low fat’ foods as being high in sugar, and with an understanding of the risks of a high sugar diet. Generally, the group were agreed that: *“It is everything in moderation don’t you think? [,,,]. Have a chocolate biscuit not a packet of chocolate biscuits.”*

The group were agreed that portion sizes had increased quite substantially over the years. *“One thing that people need to be educated about is portion size because we have completely lost what is a normal portion.”* However, there were a number of aspects to this:

- Manufacturers selling food in larger portions – this applied to many goods such as chocolate, where larger bars were seen as better value.
- Eating out of home – in restaurants, pubs and cafes – was seen to have been ‘Americanised’, with large portions being common. “[...] if you go and get a steak you get a steak this big.”
- ‘Meal Challenges’, which were seen as inappropriate: *“There is often these meal challenges at these places and you can get a massive portion and you eat it you get your meal for nothing.”*

The role of supermarkets in the UK was discussed in some detail. In particular, it was felt that the culture of food was driven by the supermarkets who promoted ready-made meals, although few in the group used these. There was sadness that the markets were closing down *“Hull’s fruit market was fantastic once.”* This was contrasted to the situation in other European countries, and participants reported using markets elsewhere, for example when on holiday in Spain and Poland: *“I went to Poland last year and the fruit and veg on the stalls was just amazing and I was so excited I’ll buy it and have it for out tea tonight instead of going out.”* One area of Hull – around Newland Avenue – was seen as having a good balance of shops – *“[...] 3, 4 greengrocers, 3 butchers, fishmongers and you can go and buy fresh food.”* Supermarkets were criticised for selling uniform produce: *“[...] the cucumbers they are massive sizes compared with the supermarkets. You should shop locally and in the olden days the fruit market was brilliant.”* However, it was also felt that the public demanded supply of all produce all year round, rather than seasonal produce: *“we don’t have seasonal things now, at one time you only bought celery when it had frost on it and it was dirty whereas now there is celery all the time.”* This impacted on food production: *“[...]fruit and veg don’t taste of anything because they are made not for taste but for transport and you get green beans been flown in from Senegal, from Kenya whereas the soil that we have in Yorkshire is fantastic for fruit and veg.”* Subsidies given to supermarkets and producers were felt to imbalance the food supply – with supermarkets and farmers receiving subsidies from Europe and beyond to bring produce to the UK out of the normal, UK season. Supermarkets were also seen as responsible for increased processing of food. *“Bacon in a pack has all this white stuff comes out because it has been injected with water and gelatine to make it thicker so they can sell it at a higher price.”*

It was felt that there was a tendency to justify unhealthy eating with: *“Stressful lifestyles and I don’t have time to cook.”* However, a contrast was made with other European countries, where *“[...] if you go to France most people work till 6 or 7 o’clock in the evening [...]then they go home and either mum or dad makes dinner [...] and then people eat at 7-8 o’clock in the evening, it is very normal. [People in the UK] say they have a hectic lifestyle, they finish work at 5 o’clock, get home at 6 and stick something in the microwave and then 7 o’clock, plonk themselves in front of the TV.”*

There was some discussion about allotments, as one of the participants grew vegetables in one and it was felt that *“It would be good to have more allotments.”* Some mentioned that there was a long waiting list – up to 10 years – for allotments in Hull. There were complaints that allotments had been built on. However, it was also noted that allotments were often taken and then people found them too difficult to manage: *“It’s hard work, it is like the gym, they think I will get an allotment get really fit and healthy, they last an afternoon and then they are knackered and they don’t go back.”*

When asked what would help them to improve their diet, the discussion focussed around portion size and perceptions of cost: *“It goes back to the portion size.”* It was also felt that food waste needed to be discouraged – although most of the participants did not feel that they personally wasted food, they felt that this would help others in Hull to save money. Interestingly this group generally felt that they did have a healthy diet and their main concerns were for others in Hull.

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## EXERCISE

Most of the group were working and some had jobs such as nursery teachers and youth workers, which meant that they were ‘running around after the kids’. A number of the participants had dogs, and so walked regularly, and others did other exercise, such as going to the gym or yoga. However, others mentioned that they had sedentary jobs, tending to spend most of their time sitting: *“[...] I sit in front of a screen 10, 11 hours a day.”* Indeed, many felt that the sedentary lifestyle of residents and sitting in particular was a contributory factor to many of the issues facing Hull: *“I am dealing with people who do sit around an awful lot and you get a lot of people who will spend a large portion of their day, they sit and watch the TV and have their breakfast, then get in a car and then sit behind a desk for 8 – 10 hours and then get back in the car and sit in front of the TV again [...] I think*

*proportionally as a population we do sit an awful lot more than we used to do, there are a lot more sedentary jobs and lifestyles than there used to be.*” As such, although some felt that they could perhaps increase their exercise, generally most felt that they were taking enough.

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## SMOKING

Most of the group were ex-smokers, often having given up 10 to 20 years ago - some because parents had died from smoking-related disease such as lung cancer and heart disease. One smoked only occasionally: *“[...] usually when I have a drink, I usually smoke then really. I completely stopped last year but it just intermittent,”*

When asked why people in Hull smoked, the response was ‘boredom’ and ‘peer pressure’ with some mentioning young people as being the main smokers in Hull, others mentioning the unemployed and the ‘lower educated’. One participant was a teacher who reported that the 14/15 year olds ‘all smoke’. There were many in the group who recognised that smoking prevalence had reduced in Hull over the years, at least in the adult population: *“Years ago during the war everyone smoked, it was unusual for anyone not to smoke.”* Many ex-smokers mentioned the difficulties of quitting smoking, with many having a number of quitting attempts and some reporting having used the NHS stop smoking service.

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## ALCOHOL

Most of the group drank alcohol, with one suggesting that *“it can be a tonic.”* Drink, along with food and smoking, were seen as *“To comfort or calm.” “Or relax.”* This had become a culture in the UK. Many in the group were knowledgeable about alcohol and understood alcohol units, alcohol by volume; alcohol limits and binge drinking: *“You’re not really supposed to save them all up either for a binge on a Friday which is what I do [...] unfortunately.”* Some were very conscious of drinking and driving: *“I mean if I drive I just don’t drink any because I don’t know what my limit is. Whether I would be capable of driving having had a couple of glasses of wine I don’t know.”* Most of the group drank wine, and were aware of the number of unit in a bottle, and that glasses of wine tended to be larger than they had been in the past. There was also mention of the issues relating to regular drinking and an awareness of ‘days off’ drinking alcohol. *“Yes, they usually recommend two days off.”*

There were some concerns about the behaviour of young people and binge drinking, such as neck nomination. *“What about this new thing that they are on about at the moment, for youngsters, this neck something. I can’t remember exactly but it’s horrendous.”* Binge drinking was particularly noted amongst students: *“But that seems to be the thing, when kids leave home or go to University they have to go out and drunk [...] I’m not against drinking, all of my family drink, I just don’t like the taste that’s why I don’t drink. Students and young people always want to get drunk [...] why?”* However, this was recognised as *“[...] an age old thing, it’s not a new thing is it?”*

There was some discussion about the issues of drinking within families, with young people being ‘introduced’ to alcohol by their parents. *“I think parents are getting mixed messages too whether they should be giving children controlled alcohol. Constantly being pushed that alcohol is bad, liver disease etc.”* Again, this was compared to the continent: *“In France they do.”* It was felt that adults had a part to play in supporting young people to drink responsibly: *“It’s difficult for young people though isn’t it; they see adults drinking so we are not setting them a good example. We drink too much.”*

Drinking in home was seen as being more prevalent than previously, with a change over the years: *“Yes, well years ago we always had drink in the house, at Christmas and birthdays we would have a drink but it seems now that everyone goes mad.”* The price of alcohol off-trade was seen as impacting on drinking behaviour. *“It’s cheap, probably one of the reasons.”* There was also a feeling that in the UK there was a *“[...] very different culture of drinking than in the rest of Europe and the*

*world. It is very socially acceptable to drink a lot and to be drunk.*” There was some discussion about the change in drinking habits in the UK with high proportions of the population drinking wine: *“Don’t forget years ago we weren’t wine drinkers were we?” “I never saw wine when I was kid [...] probably at Christmas.”* The decline of beer as the national drink meant that: *“All the breweries now have closed down, there used to be 2 in Hull.”* Seven out of the ten participants, who were mixed male and female, drank wine as their main drink.

The loss of the pub was seen to have had a negative impact on drinking culture, even though the pub was seen to be an integral part of British culture. *“It all happens in pubs. All of the soaps, most scenes are in the pubs. The majority of family life in Britain over the weekends happens in pubs.”* ‘Wine bars’ were seen to be a poor relative of pubs, and in Hull there were many of these: *“Princes Avenue is full of them.”* However, it was noted that: *“On the continent there is no such thing as a wine bar [...] it’s a marketing concept that has been brought here. All this cafe culture, it doesn’t exist.”* For some: *“[...] the pub is the best place to be. [...] you have the family atmosphere, you got company, you got different people.”* Pubs were missed by some as having been somewhere which offered different experiences for residents: *“[...] the bar which was noisy and for the smokers and the lounge was the calmer, quieter area. Or the snug.”*

Some had tried to reduce their drinking: *“I have started having a few nights off; it was getting just a habit really. Get in from work, open the fridge and pour a drink. I never put the kettle on, just went for the glass.”* For some this was in tandem with reducing their weight: *“Amount of calories, have to try and keep this down (patting stomach).”* Again, there was good recognition of the amount of calories in alcohol amongst the group. Some felt that support to reduce the alcohol they drink may be helpful: *“I think some people may if there is some facility there. I think some people may use it.”* Others suggested that the key issue was to educate people about alcohol: *“I think sometimes it comes down to education too [...] you don’t necessarily do what is good for you but you still know what is good for you. A lot of people don’t realise what is good for them.”*

There was also recognition that for them, increasing age was a factor in reducing their drinking: *“I think as people get older they drink differently. I think if you go into town and see the young people drinking, they tend to drink in bursts [...] go out on a night and get really drunk whereas when people get older you have work commitments, you don’t really go out because you have children. You start to prefer nicer drink, wine and you become very knowledgeable. You drink spirits and the specialist beers rather than just the Fosters.”*

Some felt that more information was needed to help people generally to reduce their alcohol, but others felt that there was enough information, and that it was possible to have too much information, leading to overload.

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## SERVICE AWARENESS

There was some awareness of services which were available in Hull – some had used Health Central, particularly the Wellpoints. Others had accessed weight management services. However, there were others who were not aware of the services at all, and even when prompted with visuals of the different services, complained *“How do people find out about these services if people don’t know they exist they are not going to use them.”* Others however mentioned that they had been: *“handed a bag in St Stephens and I actually joined Healthy Lifestyles and saw a consultant every week and fortnight and managed to lose a fair bit of weight. I knew what to do, it was having somewhere to go and being answerable to somebody. I tried Slimming World a few years ago and fad diets but Healthy Lifestyles was the best thing I did actually.”*

## WHAT ARE THEY LIKE?

The Healthy Foundations Toolkit suggests that UF's fit the following description.

Overall, they feel fairly negative about things, and don't feel good about themselves. A significant proportion feel depressed. They feel that a healthy lifestyle would not be easy or in their control. Generally they don't feel in control of their health anyway. They are quite fatalistic about health and think that they are more likely than other people of the same age to get ill. Their current lifestyles are not that healthy, and their health isn't currently as good as it could be. They know their health is bad, and that they should do something about it, but they are demotivated.

Overall, they feel fairly negative about things, and don't feel good about themselves	Y (driven by income)
A significant proportion feel depressed.	Y
They feel that a healthy lifestyle would not be easy or in their control. Generally they don't feel in control of their health anyway	Y (driven by income/ill health)
They are quite fatalistic about health and think that they are more likely than other people to get ill	No evidence
Their current lifestyles are not that healthy, and their health isn't currently as good as it could be.	Y (driven by income)
They know their health is bad, and that they should do something about it, but they are demotivated.	Y (driven by income)

## FOCUS GROUP FINDINGS

### WHAT DOES A HEALTHY LIFESTYLE MEAN?

The top of mind awareness for this group was *"Pretty much exercise and food."*

### IS HULL A GOOD PLACE TO HAVE A HEALTHY LIFESTYLE?

In general, it was felt that Hull was a good place, but that they were prevented from having a healthy lifestyle by income. There was also discussion about facilities for children being limited: *"[..]. there is nothing really as in kids clubs. Like when we were kids you used to [...] have a kids club where you paid 10p or 25p they would have a tuck shop a pool table some board games and that was pretty much it, but guarantee every single kid off the estate would be in there enjoying themselves, having a laugh."*

### DIET

Most of the participants in the group tried to, or would have liked to have had a healthy diet. However, the cost of having a healthy diet prevented them from doing so. *"It's the cost of food, cost of living isn't it[...] since I lost my job through injury and I'm having to struggle through on ESA, we are lucky after paying all the bills and everything to have £20 a week to live on between three of us. [...] We live out of a deep fat fryer at the minute, every meal."* One participant had an allotment and could afford to eat vegetables in the summer, but could not store them for the winter nor afford to buy many vegetables in the winter. *"Well five days of the week, yes and the greens and that but I have them about three times a week fresh veg 'cause I've got an allotment you see."* One participant had accessed a food bank, and there were seen to be inequities in the distribution of food from the food

banks, with little control over who can and cannot access them and reports of residents who were not seen as being 'in need' receiving food: *"[...]anybody who is in actual employment should be banned from food banks because they have got a job [...]whereas there are people like myself and other families and the people a hell of a lot worse off than me, who really need that help."* There was however limited knowledge of what a healthy diet was, and they felt that as cost was the main barrier to a healthy diet, improved income or cheaper healthy food would be the main way of improving their diet.

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## EXERCISE

Some of the group had limiting long-term illness and were therefore unable to exercise. *"I do try and walk, I mean if I try and go to walk I think I will walk to Bransholme centre."* The gardener in the group felt that this was good exercise: *"I do a lot of gardening; I have got to lose about half a stone I reckon. Cut the crisps out and when the weather gets a bit better I will be in the garden and the allotment."* One participant in particular found it difficult to exercise: *"I have trouble doing any exercise anyway 'cause I snapped my ligament and tendons and I am still suffering with that. I have had surgery on the arches of my feet so walking about [is difficult] it has took me three quarters of an hour to walk [...] here and usually it would only take ten minutes for a normal person but I have to walk really slow."* One participant reported having been asked about exercise by his doctor: *"I went to doctors this morning for blood tests and things and he said while you are here we will do your [...]activity check to see if you are doing your thirty minutes of exercise [...] do you walk, do you cycle, do you swim?"* Because of their lack of mobility, or lack of money, they found it hard to conceptualise how to increase their exercise.

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## SMOKING

The group had one smoker who had started smoking at age 9 – in borstal – where he had *"nowt else to do, it was either smoke or get leathered so I chose smoking rather than getting beat up."* He had tried to quit on a number of occasions – but had only had six months smoke free. This had led him to a sense of fatalism or entrenchment: *"Not bothered anymore, just reached the point where I sort of wake up have a cup of tea and a fag and it's just it seems sort of inbuilt now do you know what I mean. If I could quit I would quit tomorrow."* All of his household were smokers, including his partner and stepchildren: *"And the youngest one she's still at home but they smoke as well, so even if I wanted to quit I am still around smokers so it sort of defeats the object anyway. So I don't see the point to be honest."* It was clear that there was some misinformation in his family about smoking: *"yes but I know sounds weird but my partner mild COPD, bronchial asthma as well but she finds smoking helps her to breathe, which I think is totally stupid."*

To help the participant who smoked to quit, there was some confusion about the best approach. Firstly, there was a sense that he needed to 'go it alone' *"It seems like I know it's your own fault for starting but deal with it yourself sort of thing."* However, he also recognised the importance of his family group quitting together *"If we all quit on the same day and we all backed each other."* He had also quit tried previously, but unsuccessfully, to get his partner to quit: *"[...] and I have tried getting her to quit and getting her to quit with me and we have gone Zyban and Champix and all the other stuff but it just doesn't seem to work."* He had recently considered using e-cigarettes: *"my friend just showed me one yesterday, he's gone and got his first one and he said they are brilliant. He says to keep him calm he just picks that up and he said it is a godsend so I might try."*

In terms of services to support him, there was concern that everything was online: *"how am I meant to go online to access all this free stuff that is online if you have not got access to a computer. So sort of cut your nose off to spite your face sort of, we are willing to help you but you are not on the computer."* However, he felt that a phone 'app would be more accessible. *"Give me a phone and I will go on that and do it that way [...] 'cause everybody has got a mobile."*

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## ALCOHOL

Only one member of the group drank regularly – the others had conditions which prevented them from drinking. Others drank *"a little bit, not regular."* The group were generally of an older age group. The



one who did preferred: *“A quiet pub where you can go and enjoy your drink and have a laugh with people but that’s once every Sheffield flood. I’m not a big drinker really.”* As might be expected from a group who only drank small amounts, or irregularly, there was a very limited understanding of units, even from the participant who did drink:

- *“I don’t understand how they work, I don’t get it. It’s like jumping from feet and inches to centimetres I think woood hold up do you know what I mean, what’s going on here. I’m still old school, I’m doing feet and inches and everybody is doing centimetres, it doesn’t register at all.”*
- *“I really have no idea what it is.”*
- *“A pint of beer, I would have thought it is a pint of beer.”*
- *“I didn’t realise it went on the strength, I thought it was just the glass.”*

There was general agreement that: *“[...] younger people have got more pressure to drink.”* There was also pressure from commercial companies such as pubs offering larger glasses of wine or doubles for an extra £1 or four pint jugs, or ‘all-inclusive’ holidays where there was pressure to drink more alcohol: *“I think we must be the only ones that go on an all inclusive holiday and hardly drink anything.”* However, some mentioned that coffee shops were now popular with younger people. The participants did not feel that they personally drank too much to need any support to help them to reduce their alcohol.

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## SERVICE AWARENESS

Some participants in the group had already accessed some of the services including Why Weight? and Health Central: *“I knew what I was going for, I went into one of the pods and they have a pod that you go in and to get weighed [...] and then it tells you all sorts. It tells you things like you know, it can do you blood pressure it can do all sorts of things on it, you get a slip. It’s not that long but half a toilet roll you get and it giving you all the information on it and it will say you need to lose weight, your blood pressure needs checking go see your doctor and things like that. So it doesn’t push you it just leads you onto things and then the health trainers come.”* Some had heard of services but were not clear what they were: *“Sorry I am butting in but I am really intrigued ‘cause I heard about fit fans when it first started and I got the exactly the same message, you have to be fit it’s all about being fit.”*

There was a great deal of interest in the different services available, and it was felt that information was available in health centres about them: *“You can get a lot of the information at these health centres; they do have all the leaflets.”* One participant reported seeing adverts at bus stops with QR Codes on them, which linked to Youtube, and suggested that: *“Maybe if the Council were that bothered about people losing weight and healthy living maybe it might be worth their while putting one of them in every bus stop around town and then people who are thinking about it could see the advert.”* However, it was suggested that there were some difficulties in accessing the services, mainly due to their placement: *“[...] those venues, none of those are around here.”* In particular, the cost of travel acted as a barrier to participation. One mentioned that if you had to: *“[...] spend a couple of quid of bus fares [...] then you start to think twice about it.”* Another agreed: *“I have wanted to go on a lot of courses but a lot of the thing is the locations of them and cost to get there [...], so that automatically puts a hurdle in front, especially for people who don’t have [...]their own transport or don’t have the money to rely on public transport.”*

### 3 LIFESTAGE AND LIFESTYLE

#### THE GROUPS

Three groups of different ages were recruited to form 'younger' 'middle' and 'older' focus groups. In relation to the healthy foundations model, these groups would form Freedom years, settlers and jugglers with and without dependents, and 'alone again'

#### YOUNGER (Boulevard)

Participants in this group were a mixture of different cultures, including Polish, Asian and African, reflecting the diversity of residents in this age group.

#### FOCUS GROUP FINDINGS

##### WHAT DOES A HEALTHY LIFESTYLE MEAN?

Having a healthy life for this group was about: *"[...] everyday life, what we eat, what we do during the day [...] sitting on the sofa or something or going for a ride on a bike with kids. [...] like what we eat as well."* Another agreed: *"I agree I think so, just day to day going about, everyday things."*

##### IS HULL A GOOD PLACE TO HAVE A HEALTHY LIFESTYLE?

It was generally felt that Hull was a reasonable place to have a healthy lifestyle, but some participants felt that different areas of Hull engendered different attitudes and behaviour relating to lifestyle. In particular, one participant had moved and this had had a negative impact on her lifestyle: *"Like I said I am Hull born and bred and I think you can get distracted from health things to unhealthy, sort of things depending on where you live."* She explained that *"I used to live in Boothferry and although I lived opposite a pub I never went in and now where I live like [...] Road I still live opposite a pub and I am practically, well I wouldn't say all the time, but because it is just there and it's more friendly and the people are nice. It's a bit like a community centre."* Another mentioned that she felt her lifestyle had improved following moving, as there were better facilities available in the new area for exercise: *"I can go for a walk every day, I can walk there every two three hours a day, there is a park near there."*

##### DIET

Generally, the group felt that they had a healthy diet, and tended to *"[...] think of fruit and veg and basic meat and two veg dinners."* They discussed the meals that they had: *"Well it depends some days I do when I do a roast dinner I use the leftovers to make something else to try and get as much as I possibly can. I generally make either a curry or pasta just to get a little bit extra out of the dinner."* There were some interesting cultural differences. The Polish participant reported that her children were eating English food in the nursery, and were asking for the same at home. Their diet was otherwise Polish food - *"Chicken - with a cauliflower and potatoes and like we are doing [...] tomato soup, cucumbers but the cucumber is like sour cucumber.[...] it's not pickled, it's different. I can only buy in Polish shops."* English food was seen to be somewhat inferior to Polish food – such as English bread which was reported to be 'light' – *"when my husband is eating English bread he can eat half of it [a loaf] and then he will still be hungry -if he eating Polish I don't know he eat three slices, three four slices."* She reported that Polish stores, which had previously imported Polish bread, were now buying from Polish bakeries in the UK. There was also an expansion in Polish stores – previously just one in Hull on Beverley Road, and now around five different stores across the City. Another participant came from the Congo, and did not like English vegetables: *"I think it is different like from where I come from, it will be different veg and I don't like the taste I think."* The group tended to cook from fresh, and despite the group being younger, takeaways were used only occasionally by participants: *"[...] takeaway about once a month or we are going to McDonalds because kids love it, but it's about once or twice a month and so usually it happens when my husband went back from*

work at 6 o'clock and my friends come to our house." Budget was the main constraint on eating healthily: "I think I can make a few improvements, I don't eat healthy all the time but I think a lot of it comes down to budget. I think it is quite difficult eating healthy all the time on a low budget. I do have money for food but a lot of it [...] as the week spans out generally [...] sometimes I just don't get chance to go food shopping so you end up going to the shop and getting bits and pieces and to make up with what you have got and going to the butchers." Another participant agreed: "I would like to have a lot more to be able to get more so that I can have more fruit and vegetables and so I can stock the cupboards up properly and function better."

One issue for these younger people was transport – the shops, particularly supermarkets – were located in different areas, and often they had to use a bus, or a bike, or walk to the shops. This meant carrying large quantities of shopping was difficult: "My partner doesn't drive, but I have just recently got a carrier on the back of my bike I can get about four or five bags of shopping on the back of the bike."

A discussion about food labels suggested that there was good awareness of the different nutritional values and food labelling. Participants mentioned 'low fat' foods as having more sugar in them. Food labels were felt to be complicated but the idea of 'traffic lights' on food was appealing. Clearly some in the group had a good understanding of nutrition, such as understanding about cholesterol and fat and calorific values.

To help them to have a healthy diet, the group felt that they needed to 'start as early as possible' for their own and their families' health. "I feel healthy now but I don't know when I am 50 years old, I'm worried about diabetes and hypertension that come on at that age, that's why [...] that's what worries me, that's why I am trying to [...] cook healthy food." They felt that they needed clear messages about what was and was not healthy: "[...] it's too complicated really like you hear about healthy things on the radio and the news it just changes all the time. Remember when brown bread is healthier and a year later they are saying white bread is healthy, you just feel like [...] you don't get balance." They also suggested that information about healthy food was available, but that the food was too expensive, so cheaper sources needed to be found: "Healthy properly is quite expensive than most people can afford to do. You can get information but to do it its quite hard really."

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## EXERCISE

The participants all did some form of exercise: "I do badminton twice a week." One had joined a gym, but only for 3 months: "Yes in a gym I was but I paid too much and it was £38 a month and I had a baby and it was hard for me because my husband works all the time, in the daytime and I need to go in the afternoon when he comes back, so I didn't go has much often as I wanted to, that's why I quit." All saw the importance of exercise for both themselves and their families: "I mean exercise is very important but it's a bit of motivation - it's hard." Some of the other participants suggested that more natural ways of exercising were better: "There is other ways of getting exercise you can just cycle. Cycle; run in the street, you don't need to pay money for it." One participant report that she exercised at home with her children: "For me with my kids we are everyday we put some music on at home and we are just dancing for about one hour or something like that, just trying to move a little bit. Because they are only want to watch cartoons, maybe every day I am putting some music on and trying to move them." There was also mention of the parks – particularly East Park where there was an outdoor gym. "I mean there is a gym in the parks but [...] I spend there about ten seconds on each thing [...] if there was a group who would be there and everyone will do the same."

The key thing that was mentioned to encourage them to exercise more was more information. Participants were not aware of 'activehull.co.uk' and there was also low awareness of the range of activities available in Hull. There were also difficulties in accessing some of the cheaper activities available, which were 'too far away'. As such it was felt that activities needed to be localised within a short travelling distance.

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## SMOKING

None of the group smoked nowadays although all had tried smoking, and some reported that their parents had smoked or were still smoking – one, who was Polish, stated that her parents still smoked

*"[...] about twenty to twenty five cigarettes a day and they are still smoking."* However, this had been a factor in her decision not to smoke. Her husband also smoked: All were aware of the risks of smoking: *"Heart disease, cancer."* *"I think the skin is also affected."* *"Throat cancer, lung cancer, mouth cancer, the discolouration of the gums."*

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## ALCOHOL

Some of the participants drank: one of the women felt that she drank too much: *"Yeah, I'm not a big fan of gin, but I will drink most American whiskies and my partner's Granddad used to give me Bell's Whisky with lemonade, but he's passed away, so I generally, I occasionally drink that in remembrance of him. Cause every time I went round to his bungalow that was what we used to drink, he was a trawlerman so he got hardened to it. What else do I drink, I drink Malibu, Martini."* Another said that *"I occasionally drink vodka, I don't drink lager, that doesn't agree with me neither does cider so I generally stick to the spirits."*

There was some awareness of units but confusion about units and the limits – *"24?" "2.4?" "2.5?"* *"A day yes, I remember that number but I couldn't remember week or day."* *"Is it more for men?"* In particular, although they understood something about units it was hard to interpret the different strengths and alcohol by volume: *"I find it hard to get my head round the fact that the units in a bottle varies due to the alcohol level."* There was however, a low awareness of the number of calories in alcohol, although one mentioned that: *"I heard on the TV on program about healthy lifestyles people quit drinking because they want to lose weight."*

In order to reduce their drinking, they felt that they needed more information about units and to be more aware of the impact drinking had on their health.

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## SERVICE AWARENESS

One of the participants had been to Health Central and had been on 'Bitesize'. *"My mum did Bitesize and I tried it but it wasn't really working out for me, I went every week for so many weeks and just decided to give up. I found the portion sizes too small, I really struggled with the portion size for calorie counting, although my mum did it and she did it to the end of the course, I think I did it for a month."* The other participants had not heard of the facilities available at Health Central, nor about the other programmes and activities available throughout Hull. Some had heard of Change4Life and had registered to receive emails.

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**FOCUS GROUP FINDINGS**


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**WHAT DOES A HEALTHY LIFESTYLE MEAN?**

There was agreement that having a healthy lifestyle meant: *“What you eat, and exercise”*. Another agreed: *“Not smoking and drinking, all those sort of things all link in.”* There was a feeling that this meant that there were: *“...pleasurable things in life that you can’t do. Smoking and drinking.”*

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**IS HULL A GOOD PLACE TO HAVE A HEALTHY LIFESTYLE?**

There were mixed opinions about whether Hull was a good place to have a healthy lifestyle. One of the participants had visited other cities, which when compared to Hull: *“[...] are a lot more forward in the way they’ve sorted things like entertainment, family things, and when you go out for meals. It’s all those sorts of things for a lifestyle, a family lifestyle.[...] things to do.”* However, another felt that *“No, because we all choose what we eat [...] so the choices are our own. And whether or not we are healthy, is down to ourselves, not because of the neighbourhood we live in. It’s personal choice.”* However, another felt strongly about Hull: *“I don’t think it has progressed. [...] the infrastructure, like getting around the place, you get to Sheffield, Leeds and my son never shops here, even when he works here, when he’d rather go to Leeds because the shops are different [...] it’s not just him, all his friends are the same. They go out. It’s the different places and the amount that have left this city. They are working away. And they said the nighttime economy, the nightclubs – when I’ve gone to Newcastle a lot of the times and I think yes, where would I want to be and you come back here and we’re being left behind really.”* To improve the city it was felt that there was a need for regeneration led by ‘new blood’ particularly new Councillors: *“I think it’s the people that run the city, we need new blood in the lead, people that run business, they need to get the business people in and regenerate the city better.”*

The supermarkets were felt to have had a negative influence on the City, leading to the closure of smaller, specialist food outlets, but this was felt to be irreversible: *“On the corner of Edinburgh Street there was Charlie’s. Further on there was Western Street, which on the corner there was Alder’s and next to him was a fish & chips shop. Then opposite there, on the corner, what is now Newington area, on the corner there, there was a butcher. Just a family butcher and every single one of them has been pushed out and killed because of supermarkets. It’s just isn’t going to happen. Morrison’s, Tesco’s, they rule the economy and there is nothing that anybody, no amount of debating, no amount of Council funding, can do about it.”*

It was also felt that Hull had a negative press, which meant that residents had a negative perception of themselves: *“...they pick out the people and it goes on to the news and you don’t see the faces but it says we’re the poorest, the most overweight, obese people, we’ve got the most drinkers the most smokers. [...] But we’ve always been baddened out there, we’re always been sort of in the sticks. Because we are at the bottom. We’re nearly off the planet, aren’t we?”*

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**DIET**

Most of the participants had been brought up on home-made food, and reflected that there was now too much choice of food. This applied to both food ‘in home’ and food ‘out of home’: *“[...]when we were brought up, there wasn’t the money, there wasn’t the pre-packed food so if your Mom made a stew or a pie or a rice pudding, you ate that food, you didn’t have a choice at all different things.”* However, another participant argued that this was his reason for not making his children eat what they

did not like: *“But because I was brought up in that environment where it was the case of ‘this is the family meal, you either eat it, or you don’t get anything’. And there was never any pudding, there was never any biscuits or crisps in the cupboard, so it just was ‘this is your meal, eat it’. And if I didn’t then, I didn’t, I went without. And because I grew up like that, I don’t want my kids to suffer the same.”*

Some in the group felt that their diet was influenced by their income and what they perceived to be an expensive choice: *“...the mass-produced food like that is a lot cheaper than eating healthy. I mean I’m going to go home tonight to a chicken salad I bought, I can guarantee that chicken salad, and the amount that I’ll have on the plate, the same amount would be a lot less expensive if I would have bought a frozen pizza. So the cost of healthy produce is a major factor.”* Another, who received minimum wage for her work as a carer, felt that: *“I was just going to say people can’t afford to eat healthily, can they? They just don’t have the money which is not very good. They get crap for just some jobs, you know, working in health is the worse paid ever.”* She explained that: *“[...]you get a pittance for the job you do, which you do. And then, like you say, healthy living you can’t afford healthy living on my sort of wage. Not when you’ve got all your bills and everything else. It’s not a cheap way of living, is it?”* Those on a higher wage found it easier to afford a healthy diet: *“It’s expensive, but I do try and buy all the veggies and things.”*

One of the participants reported that his children did not enjoy vegetables: when asked whether they thought that they could use pulses such as lentils or soya beans to reduce their food bills and improve their diet, he stated: *“I’ve got a 20-year old, I’ve got a 17-year old and a 12-year old, all three of them would not touch that. Not at all.”* However, he went on to explain that he would not eat it either. He had recently changed his diet, to lose weight, and *“[...] I started to eat more and more veggies and I’ve had cabbages, sprouts, all the things that I just do not like the taste of but I had to eat it because of circumstances in my life where I actually needed to change my diet. [...] I don’t like the taste of it and I can see why the kids don’t eat it, because it doesn’t matter how it’s cooked, how it’s prepared [...] cabbage, carrot, sprouts on a plate, oh God!”*

It was felt that to improve their diet, the range of shops needed to increase and prices reduce for ‘normal people’ – not just students: *“When you look at Princess avenue, you know, Newland avenue still has a wet fish shop and had still got some butchers and you can go on there and it’s going to end up like Princess av. because everything, the veg shops and but if you go down Princess avenue and that is my area. That’s fantastic for the students absolutely brilliant, for it to have economy but when shopping for normal people. There was a call for more fruit shops, and more shops that sell healthy foods.*

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## EXERCISE

The participants differed in their attitudes and behavior in relation to exercise. One, who was trying to lose weight, was a member of a gym and was very aware of the facilities available. He was exercising regularly and running. *“I’m currently charting all of my exercise anyway because of what I’m doing. On a one day Wednesday-Fridays so I’ll miss Friday this week but Monday-Wednesday-Friday I go for a walk-run so I work-up until I get a heart rate of 120 then from 120 which is an ideal range, 120 to 166, that’s my ideal fat-burning heart rate for my age. So that is my range so there I run until I get about 166 as a heart rate and then bring it back down to 120 so I’m doing that for 45 minutes on those three days. I’ve got my own portable gym in my bedroom which is what I use.”* Another was keen to exercise but found that she found it difficult to go to the gym: *“I’ve tried to go to these gyms like gym Ferbix and what have you. I go through fads.”* She was keen to lose some weight: *“...just get rid of the rolls of fat all over.”* The participant who was a carer did very little exercise, apart from her physical job – her reason was *“Ain’t got the time. I’m tired, drained after work. I don’t even clean up at home if he (husband) would not do it, it wouldn’t get done.”* However, she did do some gardening, and occasionally walked to the bus stop.

There was some discussion about the cost of exercising, particularly with children, for example, the cost of swimming. Parks were seen as being a way of getting free exercise, although one participant said: *"I hate park, I never took my kids to park, never."* It was also mentioned that: *"...a lot of kids don't go out to play like they used to."*

Again, in this group, there was a difference in the knowledge of government guidance on exercise, and whether they felt that they had enough exercise. *"No, haven't got a clue."* The others were aware of and one achieved the government guidance, albeit that this was a recent change to his lifestyle. There was, however, interest from one, particularly in relation to trying to lose weight.

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## SMOKING

One of the participants smoked. Her husband had recently quit, after being advised by his doctor not to use e-cigarettes: *"And he went to doctors and all of this has started since he's started puffing on this inhaler thing. And (the doctor) asked him where did you get them from? You didn't get them of the internet, did you, because you don't know what the hell is in them."* His doctor referred him to the Goodwin Centre for weight management and smoking cessation. She herself was an entrenched smoker who had tried to quit using different methods including NRT (patches) and stop smoking groups which she had found unhelpful: *"No, I couldn't be bothered with them, to be honest. I just can't be bothered in there, just telling everybody about your smoking and it's like going to alcoholic anonymous, you just sat there."* She had also used Champix and had stopped smoking for 18 months using this method. Her reasons for continuing to smoke was that she was concerned that *"[...] if I stopped smoking, I'd probably put more weight on."*

One had recently given up smoking, and his partner was also using a 'vapour'. *"Yes, I had the patches, they were really good. But the thing was that there is a 24 hour patch and I used to leave it on when he went to bed and I was waking up with obsessions and it frightened me to death so. So that was that. But then again when you think about it, you don't smoke when you're in bed, do you, so why would you need to have it on? You should take it off. The first thing in the morning I had to have a cig before if I put a patch on. I said to the doctor: `Yes, they are great, they work, apart from the fact that I can't wear one at night and it says 24 hours you have to take it off'. And I like a cig in the morning. He said you have one in the morning it doesn't matter. And I thought, if I have it in the morning I might just as well carry on. No, I couldn't be bothered with them, to be honest. I just can't be bothered in there, just telling everybody about your smoking and it's like going to alcoholic anonymous, you just sat there and..."*

There was a great deal of discussion about e-cigarettes, partly due to partners and offspring of the participants who had used them. There was concern that they were not tested and so there was no clarity about whether they were safe, or not. It was felt that: *"It's actually sad because they are not making any comment whether they are all bad for you but they are going to do tests and extensive tests in 2016. Really? It's like they are going to let burn these things and use these things for the next 2 years before they'll even think of actually doing any major tests."* There was also an awareness that that both the licensed trade and members of the public were asking people not to use them: One participant, whose son used an e-cigarette, suggested that: *"... the pubs are now banning them, so they're getting rebellious and you get in a pub and they say you can't have them or the landowner says we're not having them in here and you'd get out, but it causes a bit of friction. Last week my dad said `will you put that thing away` because he was blowing this vapor stuff in his face and stuff all over and it causes agitations."*

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## ALCOHOL

Two of the participants drank alcohol regularly:

- *“I drink wine and cider. Gin and tonic. I like to drink. I don’t drink everyday but, if somebody rings me up and says ‘come on [...] Friday night’. I’ll go. I usually meet my Dad on a Sunday that involves going to the pub. And when we’re all the family we go in a pub. We’ll go for a meal and a bottle of wine.”* The pricing policies for wine in pubs encouraged her to drink more than she might otherwise: *“It’s a matter of cost, because, if I ordered one glass, the price of it and I drink fast, and if I was going to be there for like 3 hours and have a bottle [...]. And my Dad says ‘why do you need the bottle?’ Because why am I going to pay? Because they charge you more.”*
- *“Vodka, Bailey’s. Anything in a glass that’s spirit. [...] no lager, cider or wine, no. Just spirits. Yes, black Russians. [...] Sometimes he says, ‘I think you’ve had about enough, I say, ‘I’ll leave the cork’. Last year we decided that we won’t go to Ibiza, we go to Ibiza every year and he decided he won’t goin’ and I went on my own.”* She felt that it was her choice to drink: *“I think it’s your choice, if you go out. I like to have a drink. But I don’t drink during the day. If I’m going out, I take a bottle with me in my bag.”*

Of the two participants who drank, only one felt that she would like to reduce her drinking, which was mainly to do with her wanting to reduce her weight. There was low awareness of government guidelines on alcohol, with both drinkers having little understanding of the amount of units in a bottle. There was also limited awareness of the connection between the calories in alcohol and weight management. One said: *“Actually do you know when I go out for a meal, I never think...I think of the calories in a desert, like Yorkshire pudding or whatever. So if I went to have both, my brain never says calories for drink. Now you’ve said it, I will think about that.”*

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## SERVICE AWARENESS

Although there was awareness of services, and the facilities at Health Central, none of the participants had used them. When asked about services such as Why Weight, Health Central, and active hull, there was very low awareness. One of the participants had done *“[...] the Why Weight thing.”* *Yeah, we learnt all about that. About portions and your proteins, and colourings and sugars and fats and all that. It was good. It was interesting, it was really informative. I lost about a stone, but it’s the motivation. You know it all, but it’s just sticking at it.”* When online services were mentioned, there was a fairly negative response: *“to be fair, I get to work at 20 to 8, and I leave at 6, the last thing I want to do is go online and do anything at the computer. I don’t want to know about computers after.”*



## FOCUS GROUP FINDINGS

### WHAT DOES A HEALTHY LIFESTYLE MEAN?

Participants felt that a healthy lifestyle meant 'sensible eating' 'exercise' and 'everything in moderation'.

### IS HULL A GOOD PLACE TO HAVE A HEALTHY LIFESTYLE?

Discussion focussed on diet in the area, and how to encourage a better diet. *"I think more proper greengrocers; there is only one on Holderness road now."* However, it was also suggested that this had been tried previously and it had closed as no-one was using it. There was also a call from some in the group for more information, but again it was suggested by others that: *"The problem with information is that rules are made to be broken. You could argue that the information that is out there is not being used. People are not ignoring it, do they understand it? How many people know the traffic light signal on the food?"* It was felt that people were poor in Hull and that *'they haven't got the money to buy decent food'*. However, it was also suggested that some people *'can't be bothered'* or didn't know how to cook: *"But don't you think a lot of it is a lot don't know what to do, I mean [...] you can make a super stew cant you it doesn't have to cost a lot but they don't know how to do it do they?"* *"Like I said at the beginning some people's perception of cooking a meal is buying a pizza and putting it in the microwave, they have cooked a meal, no they haven't."*

The number of takeaways, restaurants and fast-food outlets across the whole of Hull was also mentioned: *"One thing I have noticed again about the high street here the main road or anywhere actually is the number of food shops, takeaway and ready meal type shops, quick type meals. There are so many you know there is a new shop opened now and you think 'oh no not another one'."*

Portion size was also an issue across Hull, but also nationally: *"[...] when you go to pub meals for instance and restaurant meals, the portion sizes have just gone through the roof. [...] I was always taught if it was on the plate you eat it, that's the British mentality."* Although this was seen as an Americanisation, it was felt that the Americans had a different attitude towards 'leftovers' *"The Americans don't they have a great plate of food and if they can't eat it they don't, either they would have a doggy bag and take it home or they just leave it."* Local restaurants were seen to be encouraging people to eat more by having larger portion sizes: *"If you have a medium fish in east park chippy it fits in the box that you take home, if you ask for a jumbo it won't fit in the box they have to wrap it in paper cause it is so big, it is like half a whale."*

### DIET

Most of the group cooked from fresh and did not use ready meals, and they were aware that ready meals could be high in fat and salt. They mentioned that they enjoyed eating vegetables and fruit. This older group felt that there had been changes in the different generations: *"In schools they don't teach about cookery. Isn't that the issue - that our generation see healthy eating as making it ourselves and growing it ourselves. Turn the clock back to younger people of 20's / 30's and their perception of a cooked meal is putting a pizza in the microwave."* It was perceived that: *"People don't do it now because they haven't got time, they lead such busy lives. Just go to Asda for a ready meal or you don't even have to go out you can go on the internet and have it delivered."* However, they also noted that older people sometimes chose ready meals too, due to limitations in their ability to cook or be active: *"The elderly who I visit and are involved with do buy ready meals because it's easy. We are alright, we are quite active but the older generation who are not active do eat ready meals."*

The group generally felt that they had a healthy diet themselves. Some mentioned gardening and growing their own fruit and vegetables. One participant mentioned that: *“I have this huge garden which is my life, growing fruit and veg. So most days its meat from that butcher and then veg out of the garden [...] That is what I class as being healthy eating. Ready meals - we won't have 1 a month.”* He went on to say that; *“I eat a lot of everything. Belly pork is my number 1 favourite. There is nothing to compare with a belly pork Christmas dinner. It won't be every week, no. Both me and my wife love eating and I love pies. I make pies [...] apple, plum.”* Another felt that she had a healthy diet, *“[...] except for the red wine I have with it on a night.”*

There were some members of the group who were on either weight reducing diets, or who had changed their diet recently due to either themselves or members of their family having particular conditions, such as heart disease. *“My husband had a heart attack and it made us take stock of everything. What we were both eating. 3 years ago and since then we have changed our diet a lot. Got rid of all the nice things. Have lots of fish, chicken and turkey. Oily fish he eats.”*

They felt that because they cooked fresh food and ate vegetables, that they had a healthy diet. However, they felt concern about the number of takeaways in the area (East Hull) – there were 8 takeaways on the corner of the road where the group was held. These served many different types of food and were seen as discouraging other residents from cooking fresh food.

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## EXERCISE

As most of the group were retired, most were able to exercise in some way – and appeared to be aware of the different possibilities for exercise at their age:

- *“We go walking, we're recently retired so we go to different places, the lakes, abroad sometimes. We try to do exercise every day, go round the park.”*
- *“The local church does a walking group on a Monday and I joined that recently. They do armchair exercises on a Tuesday. It's really good and more people should do it.”*
- *“My wife and I go to Freedom centre 3 times a week at the Gym. Its £3 per session or £14 per month - no monthly subscription. No big muscly men in the afternoons. We go on our bikes in the summer. [...] I am multi-talented but didn't know how to use a Hoover. But*
- *“Housework is good form of exercise.”*
- *“My neighbour does Nordic walking in East Park – that' really good for you.”*

There was also awareness of different activities which could be accessed and information sources for these:

- *“In the HDM on a Saturday there is a guide telling about local walks all over East Yorkshire.”*

However, it was also clear that age and limited mobility prevented some in the group from exercising: *“I love walking but have had my hip done but I do what I can. I do chair exercises.”* Because they were generally quite active and knew about the activities on offer, it was felt that there was little that could be offered that would improve their exercise. They also felt that at their age, there were often difficulties in meeting the government guidance on exercise.

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## SMOKING

None of the participants smoked, but some had sons or daughters who did. Most had smoked at some point in their lives but had *“[...] stopped for health reasons, started with bronchitis of all things and never had any chest trouble in my life and I started. I had really bad bronchitis and it sort of scares you really and I couldn't get my breath and I thought this is it and I am not going to go through this again.”* There was an observation about the local area: *“You go on Holderness Road on a*

*Saturday its frightening a, the number of obese people and b, the number of smoking people its just gobsmacking.”*

The smoking ban was welcomed: “ [...] *it didn’t do the pub industry any good but I think the best thing they ever did was stop the smoking in pubs ‘cause you can now go and have a meal in a pub and you can taste it, whereas before you used to get food with cigarette smoke it wasn’t very pleasant.”*

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## ALCOHOL

Almost the entire group drank to some extent and some recognised that they drank too much:

- *“That is a dread for me”*
- *“I do drink”*
- *“I am not a drinker as such”*
- *The occasional drink*
- *I can’t because of my medication but at a special do I will have one just one drink*
- *I am not going to tell you how much but too much*
- *I drink spirits*
- *“Yes I usually have a glass of red wine with a meal and then I often have a night cap as well but that is not wine, that’s brandy.”*

There was some discussion about whether alcohol could be used to aid sleep, with participants confused about the impact of alcohol. One lady said: *“I have a drop of brandy yes not every night just an odd time, I can’t sleep sometimes so I get a drop of brandy.”* However, another participant suggested that: *“I don’t know whether brandy is a good idea you know for that problem because isn’t it supposed to be a stimulant.”*

Some of the group knew something about alcohol units – but when asked about the number of units in a glass of wine, the answers ranged from one to *“Is that three and a half?”* There was higher awareness of weekly limits with some mentioning the right number of units.

Some in the group also appeared aware of the number of calories in alcohol, perhaps because they had attended weight management courses.

Some were trying to reduce the amount of alcohol they drank, but were finding it difficult, due to habit. However, some were attending generalist services to support their lifestyle and felt that this was an appropriate way to support people their age to reduce their drinking: *“This is what we were talking about the other day with Tracey and she said try and alternate it, you know just have one, one night and have another sort of treat but not wine try and do it every other night so you are gradually cutting down.”*

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## SERVICE AWARENESS

There was some awareness of services available, as some of the participants had accessed them. In particular, Health Central and ‘Bitesize’ had been accessed and those who had used these services were very satisfied with them.

**FOCUS GROUP FINDINGS****WHAT DOES A HEALTHY LIFESTYLE MEAN?**

The general feeling in the group was that a healthy lifestyle meant: *“I like to keep fit. I don’t overeat. I do like a drink but I don’t overdo it. I don’t smoke. Exercise. Don’t eat crap. I try not to.”* However, for others, some of whom had long-term illnesses, the key was to be *“Healthy, not ill. I get breathless very easily and I find walking more than 100 yards quite difficult so exercise is difficult. Apart from the I try to eat well. I do drink but usually on the weekends but I do probably overdo it on the weekends if I’m honest about it. But I’m a bit like you. Part of my being healthy is not being ill. Being in control of my illness is part of being healthy for me. If I can take the dog for a walk that’s good. I feel good about myself when I can do things like that but some of the time, especially during winter, I just can’t do it.”*

Others mentioned stress as being an important part of a healthy lifestyle: *“I think being stress-free is one of the most important things about being healthy because I know that I’ve had stress-related illness in the past, in a debilitating way. People talk a lot about fitness and diet and stuff but I think stress can affect you a lot physically and you don’t always realise.”*

**IS HULL A GOOD PLACE TO HAVE A HEALTHY LIFESTYLE?**

It was suggested that Hull was no different to anywhere else, and that in fact there were some attributes of Hull which made it a good place to have a healthy lifestyle: *“I don’t think it’s the location, where you are. It’s personal choice. Just because people stuff their faces with McDonalds or whatever else, there’s no reason everyone else should. There’s a couple of things about Hull. Hull could be a place that is really healthy to live but you’ve got to have made the choice that you want to live healthily. If you look at places like Brighton which has a lot of small independent shops, you’ll have food shops, cafes, whereas in Hull you have McDonalds, Subway and the main national companies which sell fast food. So Hull could be better. But also if you are interested in the history of Hull, the parks of Hull then there’s a lot of places you can go and look around and have a healthy lifestyle. It’s not like you’re stuck in the middle of London where you have to get on a tube to go to a park. There’s parks near to most people within walking distance.”*

There was some discussion about the expense of making healthy choices in Hull, which was perceived to be more difficult in the most deprived areas of the City: *“A lot of people in Hull can’t afford expensive choices and they tend to do things that are cheap, takeaway meals and things like that, from the local Chinese. If you think about some of these things, if you go down here you’ve got quite a selection of cafes. I live around here. There’s a selection of nice little cafes. You get a nice meal or nice stuff but go put yourself in North Bransholme and see what the alternatives are there. There aren’t any nice cafes in North Bransholme. A lot of the shops, you’ll find a takeaway and a fish and chip shop but you won’t find a local café doing the sorts of things that you get around here. Hull is a very bad place for healthy eating.”*

**DIET**

There were a number of issues relating to diet that were raised by the group. Some of the younger participants, who had children, felt a lot of pressure from their children and the pace of their lives:

*“Worst thing ever invented ready meals. At least we eat in but it is hard and when you look at things nowadays, the pace of life, the ways things are, it is hard. When you’ve got kids. Once a week we probably have McDonalds. I don’t eat it. But it’s like a fashion thing.”* This pressure was also felt by the children, who observed others at school having unhealthy food and so put pressure on their parents to do the same: *“I used to do a pack up for the kids. ‘ Why can’t I have chocolate bar in my pack up?’ They [other children] take crisps, chocolate. Cause you’re not having them”. [...] To me, a lot of it is peer pressure as well especially with kids; it’s what everyone else eats.”*

Indeed, it was felt that schools contributed to the unhealthy diet in Hull. There was evidence that schools were not teaching healthy eating through cookery/food technology: *“I think a lot of it stems from schools. My daughter is at high school and last year when she started she does cookery and she had to make lasagne. She got mince and onion, and a jar of Dolmio sauce. I haven’t met the cookery teacher yet. I can’t wait to meet her and discuss how they can teach them cooking with jars of sauce.”* Another participant suggested that the food served in schools was also unhealthy: *“Both my boys who are 14 and 12 had a lot of tummy problems in secondary school because we don’t eat a lot of bread. [...] I cook everything from scratch. If they have bread they only have wholemeal bread. Since they started in secondary school they have these catering cards and they choose what they want for their lunch. 9 times out of 10 they have pizza or pasta.”* However, another participant, who was a school cook, suggested that children were choosing unhealthy options, but that healthy options were available: *“I serve the kids at dinner time in the kitchens and we have a few healthy options. They have pizzas but we have a full salad bar as well.”*

Some related that children at different schools used the nearby takeaways: *“I live in Kingswood and my eldest goes to Kingswood school but he’ll stay in and have a Panini but his mates, they’re all up in the shops. Chip shop and all that.”* It was felt by some that *“They should shut the takeaways near schools. That’s disgusting.”* However, it was also noted that new buildings had meant the children were kept in at lunchtimes.

Some felt that they had a healthy diet, but simply ate too much: *“My addiction is food. I was a cook. I do everything from scratch. To me a healthy lifestyle is eating properly and exercise. I’m not very good at exercise. [...] For me, I would say that an addiction is food for me. That’s my problem.”* Others had different food allergies: *“When I got ill a few years ago I was intolerant to load of foods. That’s when I started paying more attention to what I could eat when I was out and I was finding that most places I went it might look like it’s home cooked but a lot of the time it’s processed. They’re just warming it up in the back. It was a lot harder to find places that didn’t have all the stuff added in, stuff you don’t know about.”*

It was felt that there was healthy food available, particularly in the markets, but that it had to be a choice that people made: *“[...] you get your meat cheaper, fresh, once you became an established customer you got the best cuts, and you didn’t get served any crap. Your vegetables were cheaper. They tasted better. What it meant is you had to make a choice to go to the market and to go around the market and pick your veg and your meat and you spend 10 minutes chatting to the people behind the counter because you go in every week. It’s all about what’s there. It is there in Hull but people don’t know about it.”*

The participants generally felt that they had a healthy diet – and could choose to improve it if they wanted to, but felt that others in Hull who were perhaps less fortunate. Some felt that the choice of supermarket could also make a difference to diet, ‘stripping back’ food choices to basic ingredients rather than purchasing processed foods.

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## EXERCISE

There were differences in the group in relation to their exercise, primarily driven by age. Some of the group were exercising regularly, generally by cycling or walking. Some walked regularly: *"I walk. I walk with a friend, 6 miles 3 times a week. Street walks, down through my house, down to Holton Place. You can have a chat while walking. A catch up. Then you're running after kids."* One member of the group did: *"[...] two hours of walking a day. Then I go kayaking 4 or 5 times a week."* Some who had longer-term conditions found that: *"Walking is all I can manage these days."* Others in the group were using internet-based programmes: *"I started off doing this coach programme where it's an app that you can buy for your phone and it coaches you from not doing any running because I used to love running. I used to run 6 miles every other day. I loved it. It builds you up from walking a minute to jogging a minute."*

There was low awareness of government guidelines on exercise:

- *"Is it a half hour a day do they say?"*
- *"20 minutes three times a week is it?"*
- *"I don't, definitely."*

Most of those who did not exercise would like to do more: The main barriers were lack of 'time' due to family or work commitments, but also age and infirmity: *"I would like to do more exercise. I had a pretty bad winter this year and I got to the point where actually I was struggling to get out and walk the dog. My breathing was really bad."* All felt that there were sufficient opportunities for exercise in Hull, and that they simply needed more time or better health to access them.

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## SMOKING

There were some in the group who smoked, and others who had quit smoking. One had given up without any effort: *"When that happened I used to smoke a lot - I used to get through 100 cigarettes a day plus cigars and a pipe. I got through 20 Rothmans and cigars and I went out. The following week I went back again and one of the lads said 'cigarette?' and I looked at him and he said 'what's wrong?' I said 'I haven't had a smoke since last Monday night.'" He said "you're joking aren't you?" I said "no. I haven't smoked since."*

One of the women reported that she stopped because she wanted to have a family: *"I used to smoke about 15 years ago and then just before we got married I decided to stop because I knew we were going to have a family and I didn't... everyone's different but I can't stand to see a pregnant woman smoking. I couldn't be a woman pushing a child and smoking because I don't like that. It's just something I don't like so I stopped smoking."*

Another had stopped but restarted, but was an occasional smoker: *"I stopped last October, the one before last. Then around about Christmas I started having an odd one again when I go out. [...] To be honest, when you're in somewhere hot I like just going outside and it's social and you chat to people. Then in the end, I started giving in and having a fag. I have an odd one but not many."*

Quitting attempts were hampered by needing to have something to do with your hands: *"A lot of people they've smoked and stopped or tried to stop. They're stuck. They don't know what to do with their hands."* This often led to eating as a substitute: *"Eating sweets. I started eating Polo's."*

Some reported others who were using e-cigarettes, although none of the smokers in the group were using them: *"My brother is stopping at the moment. He's on his sixth week of stopping but he's using one of these electronic things which, whatever gets you through the night I suppose."*

One reported that he had started smoking at the age of 42: *"10-12 a day. I only smoke rolls, I won't smoke shop bought, because of all the chemicals and that. I don't know if it makes a difference. I only started about 8 or 10 years ago. I left it late in life. I think it's people you work with. I don't know really. It's nice to have things to do with your hands. That's why I like to smoke tobacco as well. That's part of it. I enjoy rolling them as well as smoking them."* For him, cost was not a barrier to smoking: *"Well you're going to spend it on something. I mean it costs me about 8 quid a fortnight, 4 quid a week. A pouch lasts me a fortnight. You can't really bring the expense into it."* He also had no desire to quit: *"No, not a chance. I never want to. Like I say I do [stop sometimes]. Sometimes I stop for a month or two, maybe a week if there's no tobacco about I can't have one. I can stop easily. I've done it a lot of times. It doesn't bother me but I just like it."*

Another participant agreed: *"I like it [smoking]. People say to me 'you stopped for ages, why have you started again?' Because I like it. It's like having a drink. You know it's bad for you. I know smoking is probably worse but the way I look at it, when I stop, because I've stopped loads of times, when I felt I was really craving it and I really wanted to have one, that's when I stopped because I didn't like that feeling, when I started waking up in the morning and the first thing I was thinking was 'I want a fag', that's when I stopped because I didn't want it to get out of control. I don't like feeling like I've got to do something."*

Some of the smokers were highly addicted, others not so – one smoked within 5 minutes of waking: *"Oh no, I'd go downstairs and get my cigarettes and lighter."* Another smoked within 20 minutes: *"I don't think I did actually. I'd go downstairs and make a cup of tea and maybe after 20 minutes or half an hour."*

There was some discussion about smoking at schools and hospitals: *"What annoys me is you go outside Kelvin Hall, drive past there in the morning and there are kids outside having a smoke. The teachers don't stop them. It's not part of their role any more, to stop them smoking because it's outside the school. And I was in hospital 5 years ago and there were three blokes in the room with me and all three of them were smokers and they got to stand outside the ward and have a smoke. We can't do it now. It's changed. But I was in COPD and two of them were in COPD."*

There was also discussion about the role of health professionals in supporting quitting: *"The health people will tell you it's your human right to smoke. You have a human right to kill yourself by smoking."* One participant had been to her doctors and had not been advised to quit: *"I stopped for a month two years ago. I wasn't very well. I had been to the doctor. I had to go back for a check up and I said to her I'd stopped smoking and she wasn't bothered. She said 'it's up to you' So to me I thought if the doctor wasn't arsed to be honest, so I thought 'oh sod it', I went and I had one on the way home."*

There was some dissent over whether smoking was 'bad for your health'. Some had examples of family members who smoked: *"My Dad is 67. Now he rolls his own. He's smoked forever. All my sisters smoke. I've never known him not to smoke. He's never got one out of his hand. That's no word of a lie. It's one after the other. He had to have a check up for his insurance and he's as fit as a fiddle."* There were some in the group who expressed a fatalistic view of cancer: *"I think if you're going to get cancer, you're going to get it anyway. I've lost two family members through cancer and none of them ever smoked."* However, it was observed that: *"I think we've all got examples. We've all known people who smoked and are 90 years old and then people who are as fit as a fiddle and died of cancer. You can't get away from the fact that if you smoke you are more liable to get cancer than somebody who doesn't smoke. That's a fact."*

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## ALCOHOL

Only one participant in the group did not drink alcohol. All drank differing amounts of alcohol: “Yes. *Just not on a school night.*” Another said: *“I drink too much.”*

There was some awareness of the government guidelines on alcohol:

- *“Is it 2 point something? I can’t remember.”*
- *“15 a week.”*
- *“Is it 25 units a week?”*
- *“I don’t know. Sometimes I get a bit fed up of these statistics and I think well if I enjoy a glass I enjoy a glass.”*
- *“How many units are in spirits then?”*
- *“Is there about 15 units in a bottle? Is that right?”*

Most did not look at the amount of alcohol in the bottle, but one admitted: “Yes, just to see how much alcohol is in it. If it’s below 13% I don’t want it.”

There was a perception from some that the habits of young people had changed: *“Can I just mention another thing? There’s a lot changing about drinking habits amongst youngsters because they tend to... they come up to the bar and whereas I’d have gone and ordered a pint they order a pint and then a load of shots. They’re all giving it this at the bar.”* However, another participant observed that: *“When you could afford it, we used to have snakebites. Which was cider, lager and a double gin. The double gin is for the bite. Not the lager or cider, the bite is, if you can afford it, the double gin was the snakebite.”* Another agreed: *“I don’t think the shots and stuff is a new thing because 15 or 16 years ago when I used to go out drinking in town that’s what we used to do.”* However, it was felt that pre-drinks (or pre-loading) was new: *“The other thing that’s happening is, my children are 20 and 17, 18 next month, the elder one is at university. When they go out they tend to meet somewhere for pre-drinks first. They don’t go out ‘til 11 o’clock. Pre drinks, they can’t afford to drink pub prices so they’ll meet somewhere for pre drinks and then go out at 12 o’clock.”* Opening hours were also affecting drinking habits in younger people: *“The other thing that gets me is we would go to a pub that closes at half 10 or 11 and then on to a nightclub that closes at 2 but they’re out all night now. Weatherspoons for breakfast at 9 o’clock. Somehow it just doesn’t seem right.”*

A change for the adult population in their middle ages was the change to drinking in home rather than on-trade. *“I think there are far more people in Hull who now drink wine, beer, at home and because they get used to it, their tolerance increases, it’s only half a bottle of wine but it’s every day. It’s going to be every day for 10 or 15 years.”*

There was no awareness of the services available in Hull to support those who would like to reduce their alcohol. However, it was felt that these services would not be supported, and none of the group could imagine that they would go to them. Some had curtailed their drinking themselves, having felt that they were ‘going too far’. One knew someone who she felt drank too much. However, she stated: *“If I said to her tomorrow about going to a project like that they’d just not put themselves as somebody who would need to go. They would see somebody who had a problem with alcohol as someone who couldn’t get up in the morning and go to work.”*

There was a general feeling that it would be better if residents went to the pub, rather than drinking at home: *“I think it’s about choices. People say it’s too expensive to go out.”* It was felt that: *“I love a pub. I think they’re great community centres. [...] There’s something about going to a pub... what we need is more pubs. We need to stop them closing down. Change people back to the habits of going out and having 2 or 3 pints and doing something convivial in the pub and having a chat and seeing your mates and weighing up the local girls. [...] Now it’s as though the drinking has become a means to its own end.”*



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## SERVICE AWARENESS

Some of the participants had used services: *“I’ve used Why Weight. That was brilliant. It was good. Even though I’d been to Weight Watchers and Slimming World before it taught you more how to use ordinary everyday food. If you got to Weight Watchers they give you all these different things you can buy to help you but Why Weight was showing you everyday foods and reading your labels which is the important thing, to find out what was in the food and having your calories and everything.”* Some had been to groups but had not completed the programme: *“It was years ago. I think there were some people in the group that I found a bit overpowering.”* Some had interventions at work: *“We got the stop smoking people into work. What we did was it was advertised, a March one I think, stopping in March for No Smoking Day and what we did was we got the local health people and said we’ve got a group of 15 people from work who wanted to stop smoking and two times a week they used to come in and meet them bring all the stuff. Of the 15 about 5 of them stopped which is really good actually.”*

It was felt that the services need to be ‘more advertised’. In particular, most were unaware that the services were free.

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## FOCUS GROUP FINDINGS

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### WHAT DOES A HEALTHY LIFESTYLE MEAN?

This group appeared to have a good understanding of a healthy lifestyle. *“Well, I think we all, because it’s drummed into you these days, it’s everywhere isn’t it, healthy lifestyle, eating, exercising, everything. I think basically we all more or less know it should be, but it’s the motivation that[...] I know that’s what I lack, the motivation. It’s not that I don’t that crisps and chocolate are bad for you. I can’t resist them.”* It was also felt that: *“The bad things are much cheaper than the good things. A healthy lifestyle, keeping up your personal contacts to keep up your emotional levels on balance, good exercise is required and obviously eating healthy.”*

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### IS HULL A GOOD PLACE TO HAVE A HEALTHY LIFESTYLE?

It was felt that generally, Hull was not a good place to have a healthy lifestyle: *“I’m a detractor to Hull, so no, it’s basically not [...] well it’s minimal, every street is filled up with five or six takeaway shops. You can’t avoid it; mind you, I suppose that’s the same pretty much in any city centre. The majority of Hull is clinically obese now. And if you see what your parents do and repeat the cycle it’s not going to get any better for you, so it’s not a good place. And as for your emotional well being, it’s a bad place for unemployment as well so [...]”*

Perhaps as might be expected in a group which was drawn from those who were unemployed, or in areas of high deprivation, top of mind awareness was unemployment: *“I think that’s the worst thing is the high unemployment. I think if you can get people into work it’s good for their minds and it’s good for their bodies as well. Motivation, everything, I think it goes hands in hand really. You know, they can feel much better about themselves, give themselves more confidence. A better lifestyle as well, financially of course.”*

It was also felt that unemployment meant that people could not afford to participate in society: *“Well, yeah. Being able to go out and you know, pay for your entertainment. Go to theatre, I mean you think of two people going to a theatre, you’re maybe talking about hundred pound, for a couple of hours entertainment. It’s ridiculous, if somebody’s out of work, they’ve got to live off that for a fortnight. So it can open up many doors being employed. It gives you more confidence and even the simplest can learn lifestyle.”*

The closure of the fishing industry was mentioned as a major contributor to the situation in Hull, alongside immigration: *“They closed down the fishing industry, which killed on the Orchard Park Estate which I understand used to be an elite area of Hull at one time, and there’s no new factories coming in, without sounding like a bigot you’ve got your immigration problem, with everybody coming in there are less jobs anyway.”*

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### DIET

The key barriers to a healthy diet were perceived as a lack of motivation: *“Well I think as well you can get pretty lazy. I can’t be bothered to cook the vegetables or it’s easier to open a packet of biscuits or whatever. I don’t particularly think that’s it more expensive to eat healthily. You get a bag of potatoes and you’re going to get frozen vegetables, which are just as good as fresh. I think sometimes, people think of a diet as losing weight, they don’t think of it particularly as being healthy. Actually feeling better and looking better and having more energy and being more alert and everything which I think you do when you do eat healthy.”*

Another participant suggested that it was difficult to eat healthily because he was single: *“I can agree but I do find a little more inconvenient to prepare a cooked meal because I’m only buying for one. So going off to buy just one apple just gets you looked at weird, or buying a bag of potatoes and using them before they die. It’s not always physically possible. So you can’t buy in bulk you’ve got to buy individual portions, and there is a premium on certain items for buying individual portions and there always has been.”*

There were also limitations on the ability to have a healthy diet due to having a low income: *“So every three months I’ve got a ninety pounds bill to pay for gas and electric combined, out of that I get only paid fifty weeks now because two of that’s gone to poll tax, I’m still paying fourteen pounds for my water, if I’m lucky I probably have thirty/forty pounds a week but when you think you’ve got to cover everything else with that, obviously I don’t have internet access because that would be even more so I have travel every day to find jobs and work so that’s a tenner I’ve gone down. Including Saturday and Sundays now, it’s just an absolute nightmare. Every day, they pay you a seven-day benefit and they make you look for seven days. It’s hard to explain to them libraries and things are shut on a Sunday, where do I go?”*

Takeaways were seen to detract from the ability to eat healthily: *“There’s far too many takeaways. And a lot of foreign shops and everything. Everywhere you look there’s cafes and bars and takeaways. I mean look at Princes Avenue now, it used to be a thriving shopping centre. Newland Avenue is fantastic place to do your shopping on Saturday morning but I mean now it’s just thrown at you all the time.”* This was reinforced by the media, including TV and magazines:

- *“They have adverts on TV now which doesn’t help, I mean I don’t own a TV but having friends who do, I seen there’s a few adverts on things like Dave for example, don’t cook go out and order this that and the other, so you’ve got so many people saying eat healthily then you’ve got the opposite corner saying don’t eat healthily, you can’t be bothered.”*
- *It’s like the magazines, you get the magazines, you open them up, one page it’s showing you how to cook a twelve inch gateaux, on the next page it’s how to lose weight in six days. So a mixture really. I think if you really want to eat healthily, you can. You’ve got to put a lot into it, a lot of thought into it.*

Generally, the participants tried to have a healthy diet: *“Well, I seem to go in fits and starts really. I do try to eat healthily. When I’m eating healthily, I’m a lot happier; I suppose it’s psychological as well. I mean you can have a really good meal, for the price of a pizza. I do cook but I’m not a fancy cook, just like basic meat and three or four veg.”*

In order to encourage them to have a healthy diet it was felt that they needed more motivation themselves: *“You know it all, but it’s just sticking at it. I think more anything now as well it’s just losing weight to keep healthy as you’re getting older, as you get to a certain age, things start to happen”*

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## EXERCISE

Participants walked and cycled for exercise, but mainly as a part of their daily routine. *“Frequently, if I go down to my friends, it’s four or five miles, I cycle, cycle back. Yeah, I tend to keep it up, when I had the dog, I was always out walking him, not so good now, being in an area I don’t know either.”*

There were constraints caused by age: *“I think I could do more. I do quite a bit of walking; I take the dog every day. I’ll meet my friend and we’ll go for a walk or we’ll walk round the town. If we’re getting the bus, then I’ll walk back, or walk there. I think I could probably do more, but getting back to getting older, when you get home, you think, oh god my leg’s killing me, this that and the other.”* Another agreed: *“From my point of view, exercising more, it does become a little bit more difficult as you get older, I’ve now got arthritis I never used to have when I was younger so obviously cycling now, I used*

*to do forty miles a day just to get to my voluntary work and back, now if I've done four I get off my bike and I know I've done four. My knees won't bend. And my body protests so your body can't do it as you used to." There was some awareness of ways to improve bone health for older people.*

There was some awareness of government guidance: *"Is it 10,000 steps a day?" "15 minutes a day – make sure you're out of breath."*

The suggestion for improving their exercise was to increase the amount of green space: *"In my opinion, knock down all the housing estates and turn them all green so we've got some nature to walk through for a change. Lack of views, lack of company, lack of motivation. None of these particularly make me want to go out and cycle."* More cycle paths would help to improve safety for cyclists. Housework was also seen as a good way of getting exercise: *"You've also got something at the end of it!"*

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## SMOKING

None of the participants smoked and it was recognised that smoking: *"Well I think when I was about sixteen, we all smoked. Then when I was about thirty, I decided to stop because there was all this thing on about cancer and stuff like that. So I stopped then and then I was going through quite a bad patch, we lost our home and stuff like that. And I thought, even after fifteen years, I thought I could just do with a cig, I bought ten. That was it for 7 years. Then one day I got up and my husband stopped. And I just stopped just like that."*

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## ALCOHOL

None of the participants were heavy drinkers. *"I don't drink at all, I used to but I found that it was affecting my medication. My legs would swell up more and other things and I realised it was accelerating my condition. It's been about 6 or 7 years now. The thing is I feel like I am an addictive person and I need something. You call drug addicts but we all do it."* They had a negative perception of drinkers: *"You can usually tell a drinker when they get to a certain age, their faces are all kind of patchy and they are skinny. Laughing away 5 or 6 years ago and see them now, some of them have had strokes."*

There was awareness of the government guidelines. *"Yes, it's the amount you can drink, is 21 for a male and 18 for a female per week?" "2-3 units per day for a female and 3-4 for a male. A lot of people don't really understand what a unit is."*

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## SERVICE AWARENESS

There was some awareness of services and some had used services, including Health Central: *"Yeah, I did the Why Weight thing. Yeah, we learnt all about that. About portions and your proteins, and colourings and sugars and fats and all that."*

## 5 SUMMARY AND CONCLUSIONS

The focus group discussion suggested that there were a number of aspects of the Healthy Foundations segmentation which may be suitable to provide insight into the community in Hull. Each of the sections which describe the discussion in the motivation segments groups contains a summary of the discussion and relates this to the different profiles of the segments. The suggestion is that the segments display some, or all, of the characteristics of their segment. For the groups which were lifestage or affluence related, there were some key differences, for example there are clear differences between those in different lifestages in relation to their attitudes towards exercise, alcohol, their reasons for and ability to quit smoking, and their approach to their diet. Further research on the different lifestages and affluence segments (using IMD) may add value to the interpretation of these groups.

There are some key points from this research which suggest that there are commonalities across the different groups, and which point to a number of potential areas for further consideration within Hull City Council. These are wide-ranging and connect together through the determinants of health model, but also impact on policy across a number of areas of the Council, such as planning, outside of the public health arena.

The concept of a healthy lifestyle to most in the groups related to the key public health messages, in particular, there is a general understanding of the role of diet, exercise, smoking, and alcohol in improving health. The concept of 'moderation' was often used in the groups to describe the way in which they approached these aspects of lifestyle. However, for many, each aspect was not perceived separately, but rather as a holistic view of their lifestyle – but with cognitive dissonance - so for example a non-smoker might justify their alcohol consumption by saying that they did not smoke. This suggests that many 'compensate' for their different behaviours in these different aspects, balancing healthy and unhealthy choices. There are also some other associations between the different elements of lifestyle which need to be considered. For example, smokers reported not wishing to give up smoking because they thought they would put on weight (often, a reality – they had put on weight when they tried to quit). Those who drank alcohol did not necessarily understand the connection between their weight and the amount they drank. The suggestion here is that services need to be better connected in order to tackle the wider aspects of lifestyle, with the potential for greater co-ordination between the different aspects by using Health Trainers or Lifestyle Coaches to work across the City.

It is clear that control of residents' lifestyles differed depending on a number of factors, but perhaps particularly, on income, with the role of unemployment and a low wage economy having an important impact on lifestyle in Hull. Supporting and working with employers, and conducting further research to understand the barriers to employers of paying more than the minimum wage, and the impact of the minimum wage and living wage on residents would lead to greater understanding of how this might be improved. Commissioning services which pay more than the minimum wage would encourage suppliers to the Council to consider their approach, but this would need to be balanced by less emphasis on price from outsourced services.

The Faculty of Public Health's President, Professor John Ashton, has also suggested <sup>4</sup> that there needs to be a greater emphasis on work-life balance, with a suggested move to a four day working week, and reduced working hours to create time for families, exercise and volunteering. Promoting such initiatives with employers, and informing employers of the new right for all employees to request flexible working, could improve the Hull economy by creating jobs, and also promote 'Big Society' in

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<sup>4</sup> The Guardian, 1 July 2014. [<http://www.theguardian.com/society/2014/jul/01/uk-four-day-week-combat-stress-top-doctor>]

Hull. This could link with the voluntary and community sector, and the forthcoming City of Culture with volunteers utilising their day off to support events such as the Freedom Festival leading up to 2017.

This connects with the question of whether Hull is a good place to have a healthy lifestyle. There were two opposing views from participants – Hull not being a good place, and Hull being a good place. One issue which was raised were the perceptions and aspirations of Hull residents about themselves. In many of the focus groups, it was felt that Hull residents were perceived externally and perceived themselves to be unhealthy, to be obese, ill-educated, and to have poor lifestyles. This negative perception may lead, to an extent, to a 'self-fulfilling prophecy' that lifestyles *should* be poor in Hull. As such, the transmission of positive messages about Hull externally and internally could use a social norms approach, with the 'positive norms' (e.g. 7/10 don't smoke in Hull) being transmitted to residents and support the recognition of positive norms. This again could be connected to the City of Culture and other prime events such as Freedom and the East Park events.

There was a suggestion that some Hull residents tended to be somewhat parochial about Hull, and did not go outside the City for work, but also were not prepared to travel even into the local area. The concept of commuting short or even longer distances to work, for example, working in East Hull but living in West Hull, which has been accepted as 'the norm' in other parts of the UK, could usefully be promoted to those who are unemployed or looking to change their work. This was partly due to the costs (both in terms of money and time) of travelling across the city, and the inadequacy of public transport to access employment. Connected to this, it was clear that the costs and service frequency of different forms of public transport also prevented some residents from accessing some of the (lower cost) activities provided across the City. As such there is a clear issue in relation to transport links in the City, and the cost of travel which needs to be addressed. Whilst some improvements are planned to the A63, it is clear that not all can access road travel. As such, the infrastructure of Hull needs to support travel to work across the City, with a wide network of public transport around the City, such as rail and bus networks, and the potential for a tram in the City should be considered, as seen in other cities such as Nottingham and Sheffield. This would remove some of the barriers to those who do not have a car and enable them to access opportunities for work, leisure and health. In addition, consideration should be given to specific schemes to support those who consider travelling outside the city or across the city to work, perhaps using discounted travel or short-term incentives.

Connected to public transport issues were those for cyclists, in a city which some observed was 'made for it', being so flat. Although there were cycle tracks, these were not perceived as safe or sufficient, nor connected together in a complete system. The need to develop the cycle network in the City, and to extend the network around the region, would support not only 'active travel' using transport for work and leisure, but also extend the ability for residents to use the cycle network for physical activity. It would also enhance the safety of cyclists and thereby encourage people to use their bikes. There is also a need for safe storage of cycles. A Scottish initiative (Sustran) promoting cycle network development, suggests that an integrated cycle policy should address coherence, directness, attractiveness, safety and comfort, and gives examples of the way in which these have been implemented in Europe and Scotland:

<http://www.sestran.gov.uk/files/Final%20SEStran%20Cycling%20Design%20Guidance%20Document.pdf> The London Cycle Network also give information about the design of suitable networks and cycle parking: [http://www.londoncyclenetwork.org.uk/uploaded\\_files/LCN\\_Design\\_Manual.pdf](http://www.londoncyclenetwork.org.uk/uploaded_files/LCN_Design_Manual.pdf) Encouraging residents to use the network could be supported by an initiative such as the 'Warrington Cycle Network' which encourages residents to cycle into town:

<http://homepage.ntlworld.com/pete.meg/wcc/good-practice.htm> Other initiatives, such as 'cycling around Hull' <http://cyclingaroundhull.wordpress.com/> could also be actively promoted.

In relation to diet, almost all of the groups felt concern, and in some cases, 'disgust' about the sizeable number of takeaways in the City. These appeared to impact on all residential areas. Some found that takeaway meals formed a major part of their diet and found the 'temptation' too much.

Others reported that takeaway food was a cheaper way to feed their families than cooking fresh food. Some schoolchildren were reported to leave the school site to go to the takeaway for lunch. As such the takeaways provided a service which was welcomed by many. Clearly with increasing proportions choosing takeaway food as a lifestyle choice, the issue of takeaways is unlikely to simply go away. As such, there is a need for a multi-faceted and co-ordinated approach which works across a number of aspects of food and diet to support residents to choose a healthy diet. Again this is connected to a more holistic view including the connection between alcohol and diet. Sheffield City Council's food strategy suggests that there are a number of options to work with takeaways, including: supporting 'takeaway' businesses to offer healthier choices; explore the use of planning measures and regulation to address the proliferation of hot food takeaway outlets; work with schools to encourage children and young people to 'stay on site' during breaktimes. This can be done in tandem with other activities to support local food initiatives.

Takeaways are also delivered to residents using apps such as <http://www.just-eat.co.uk/> (strapline: 'don't cook, just eat'). Encouraging vendors to be clearer about the potential for encouraging healthy choices, such as chicken kebab and salad would support residents to make healthier choices. The Council should also ensure that all of the food provided in Council-run venues provides healthy choices. For example, the Council provides healthy choices in the Ferens Art Gallery. This could be extended to other venues across the City, and these outlets could then be promoted to residents. The Council could also ensure that within its commissioning process, for example for community-led initiatives, that healthy food options are included in the requirements. Venues for meetings should be encouraged to provide healthy food, for example in community centres. Consideration should also be given to reviewing all of the food provided in Council run venues, to ensure that they offer healthy choices to residents, perhaps including calorific values on menus, and the contribution of individual foods to 5 a day targets. These venues could also provide information leaflets and hold specific 'healthy food' events.

Supermarkets were also felt to discourage a healthy diet in a number of ways, including promotions and temptations, but also by making the price of buying a healthy diet unaffordable. Hull is in the centre of one of the biggest food producing areas in the UK, with the farms and food processing businesses in the area providing both healthy and unhealthy choices of food – including such manufacturers as Hedon Salads, Cranswick Foods, Heron Foods, and Jackson's Bakery. Ensuring that the developing Hull Local Plan to 2030 includes a sustainable local food strategy, and supports and encourages local food initiatives which builds on local work such as that delivered by Probe (<http://www.probeltd.co.uk/index.html>) would support an interest in fruit and vegetables in Hull. Residents could be encouraged to grow by extending the availability and use of allotments and using land in gardens by landsharing <http://www.landshare.org/>. Encouraging fruit and vegetable consumption could be supported by developing local food co-operatives and vegetable box schemes which could deliver weekly fruit and vegetables, locally sourced, to communities with poorer health outcomes, such as those provided by the 300 food co-operatives in Wales <http://www.foodcoopswales.org.uk/>. Hull could also be seen as an ideal place to develop initiatives such as that developed in Todmorden by 'Incredible Edibles' <http://www.incredible-edible-todmorden.co.uk/> to promote local food and develop an interest by the local community in fruit and vegetables. Income was also a crucial factor in driving diet, with food price sensitivity a key factor for both buying unhealthy food and takeaways. Driving the availability of low priced, healthy food in Hull via this integrated local food strategy would support residents to be able to make healthy choices.

There was also awareness of the different facilities which were available to exercise, perhaps particularly in the older age groups. However, it was clear that there were many barriers to utilising the different forms of exercise. Natural opportunities for exercise, such as walking, gardening, housework or cycling seemed to be the preferred choice, particularly for those who did not engage in more formal 'sport' activities such as badminton or going to the gym. There was a great deal of evidence that the different parks and less formal green spaces were of great value to the many local



communities across the City, and were used as areas for leisure and recreation, supporting mental well-being for families and groups, as well as more strenuous exercise such as walking jogging, and cycling, but perhaps particularly supporting light and moderate exercise regimes. This was important to those across the life-course, including younger people, families and older people who used them for their own exercise, and exercise with their families including children and grandchildren.

It was also recognised that there was a great deal of green space, such as parks and fields, which were seen as having value for different forms of exercise, but were not used as well as they could be either because of risks (or fear of risk) from other users. Supporting the use of these with park wardens and other methods of security was suggested, along with a general programme of restoration in line with those already undertaken in some of the parks.

However, it was also clear that in some areas of the City, there were limited opportunities for natural exercise and limited green space. This is recognised in the Hull Local Plan to 2030 (<http://hullcc-consult.limehouse.co.uk/portal/localplan/io14?pointId=1398178054363>) which notes the deficit in certain types of green space, such as allotments and also recognises deficits in certain geographical areas, for example: *“Much of the city has sufficient natural / semi-natural green space. The main deficits lie in the Riverside, West and Wyke areas.”* Identifying and protecting any remaining green space in these areas, and ensuring that the local community is aware of, and can utilise these areas is paramount.

Residents had particular concerns about green spaces being lost to housing developments, and the draft Local Plan suggests that: *“In certain circumstances, it may be justified to lose some open space to new development.”* Clearly, there is a need to clarify which circumstances would ‘justify’ new development in areas where a deficit already exists, or where there is a marginal deficit – but also to ensure that ‘justifiable’ new development does not adversely affect the local community, perhaps by ensuring that a health impact assessment is undertaken for any new development, and that the availability of green space is given higher priority in the City. Models such as the Integrated Wellness Model developed by Sunderland City Council which utilise community assets such as parks, community and shopping centres to promote health and wellbeing, could be used as a basis for a framework. This model has a central hub which Health Central could easily provide.

It was clear that there were many amenities available not just in parks, but also in other community assets such as community centres, outdoor and indoor gyms, running and walking routes, which were not well known to residents, and the ways in which these might be used to increase exercise need to be promoted. A geographically targeted social marketing campaign around the areas where activities are available to generate interest would encourage participation and improve the viability of these activities. It is also clear that residents felt that events such as the Freedom Festival and East Park events should be better promoted, as they enhanced mental wellbeing in the City. In relation to the NEF Ways to Well-being<sup>5</sup> (Connect, Be Active, Take Notice, Keep Learning and Give) supporting and extending these events to engage residents with the different activities could therefore form a valuable public health initiative - the Freedom Festival evaluation suggested that 26% of visitors would consider studying something that they saw at the festival (<http://www.freedomfestival.co.uk/page/freedom2013.php> - evaluation conducted by lbyD)

In relation to smoking it was clear that, where participants smoked, many of them were entrenched smokers, and although most had attempted to quit, some making multiple quitting attempts, there was some evidence that this had become more established. They also displayed cognitive dissonance, for example, denying the link between smoking and cancer and suggesting that they smoked because they didn't drink too much alcohol. For some, however, there was also a clear connection with other lifestyle choices, such as alcohol and weight management, which requires a considered and holistic

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<sup>5</sup> Details of the New Economics Foundation ‘Five Ways to Wellbeing can be found at: <http://www.neweconomics.org/projects/entry/five-ways-to-well-being> [accessed 1/8/14]



approach. Whilst there is a clear demand for the smoking cessation services already provided, further research into how these entrenched, de-motivated and dissonant (hard-to-reach) smokers can be supported to quit would be valuable in order to support the development of appropriate services which meet their needs.

There is a clear, and possibly growing issue with alcohol in the City. Some admitted that they drank more than the guidelines, most drank at home and there was a clear trend towards drinking wine rather than beer, not just in women but also in men. The absence of the 'pub' in people's lives was generally considered to have a negative impact, on companionship and mental wellbeing, and on the mechanisms for controlling alcohol consumption by peer review. It was felt that for some, the relationship with alcohol had changed - alcohol consumption had become the primary goal, rather than the value of the social occasion. There were particular issues with young people which were not specific to Hull, including pre-loading<sup>6</sup> and binge drinking. The likelihood of residents using services to support alcohol reduction is low, and the decommissioning of such services should be considered. Alternatives could include a social marketing campaign which tackles alcohol using a wide lens, is inclusive of residents, the licenced trade, and the drinks industry, and includes areas such as:

- Supporting residents to understand units and government guidelines alongside the calorific value of alcohol and the connection to weight gain; promoting drinks which are non-alcoholic which give the same taste sensation as alcoholic drinks, such as non-alcoholic cocktails, or reduced alcohol beer/lager/wine.
- Encouraging the licensed trade to provide well-priced non-alcoholic drinks which are served with the same panache as alcoholic drinks and for them to promote them in the same way.
- Encouraging the drinks industry to promote non-alcoholic drinks in the same way as they promote alcoholic drinks.
- Persuading residents to consider other options in relation to their ability to relax without alcohol, such as by promoting physical activity as a stress release, and encouraging them to think more holistically about their health. <http://www.nhs.uk/change4life/pages/relax-without-alcohol.aspx>
- Engaging young people in the alcohol agenda using different methods to help them to build healthy behaviours.

The need for clear information on all lifestyle topics to be given to residents is paramount – and there were complaints that advice was inconsistent, changing all the time. This is emphasised on finalising this report, when The Guardian reported that there were risks attached to drinking even one glass of wine a day (<http://www.theguardian.com/society/2014/jul/11/alcohol-increase-heart-disease-risk-study>). It is clear that the public find these changed guidelines confusing and that there may be benefits to having a simple guide or directory which clearly explains the evidence base for each aspect of lifestyle. This may be by using existing resources such as the Change 4 Life materials. However, there were warnings for some of the groups about relying on online resources, which many could not access – both younger and older groups. There was a call for more leaflets and printed materials from many of the groups, and information being sent to their homes, for example with the Council Tax bill. There were also community noticeboards and the digital noticeboards on the routes into town, and local TV such as Calendar and Look North. Further research on communication preferences would support effective engagement with residents and evaluation of any communication campaigns needs to be undertaken to give clear guidance on their effectiveness in a timely manner.

The key conclusions from these focus groups is that there are many facilities and services available in Hull to support people to have a healthy lifestyle – and that some had used the services provided. However, it was clear that there was limited awareness of the services – in some cases, almost none,

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<sup>6</sup> Pre-loading is where residents start drinking alcohol in large quantities at home prior to going out. This is often based on drink in pubs being much more expensive than those drunk in home.

even in the core target markets. Many people want to change and would access the services if they were aware of them. As such there is strong evidence from this work that there is a need for wide-ranging marketing and publicity - not just to increase awareness, but to drive service use. This needs to be clearly targeted, and evaluated to ensure that all residents are driven to have real engagement with the opportunities available to improve their health and wellbeing.

## **Information by Design**

**July 2014**