



February 2019

HEALTHY LIFESTYLE PROJECT REPORT

CNet (Bradford & District Community Empowerment Network Ltd.)

Phase One Research

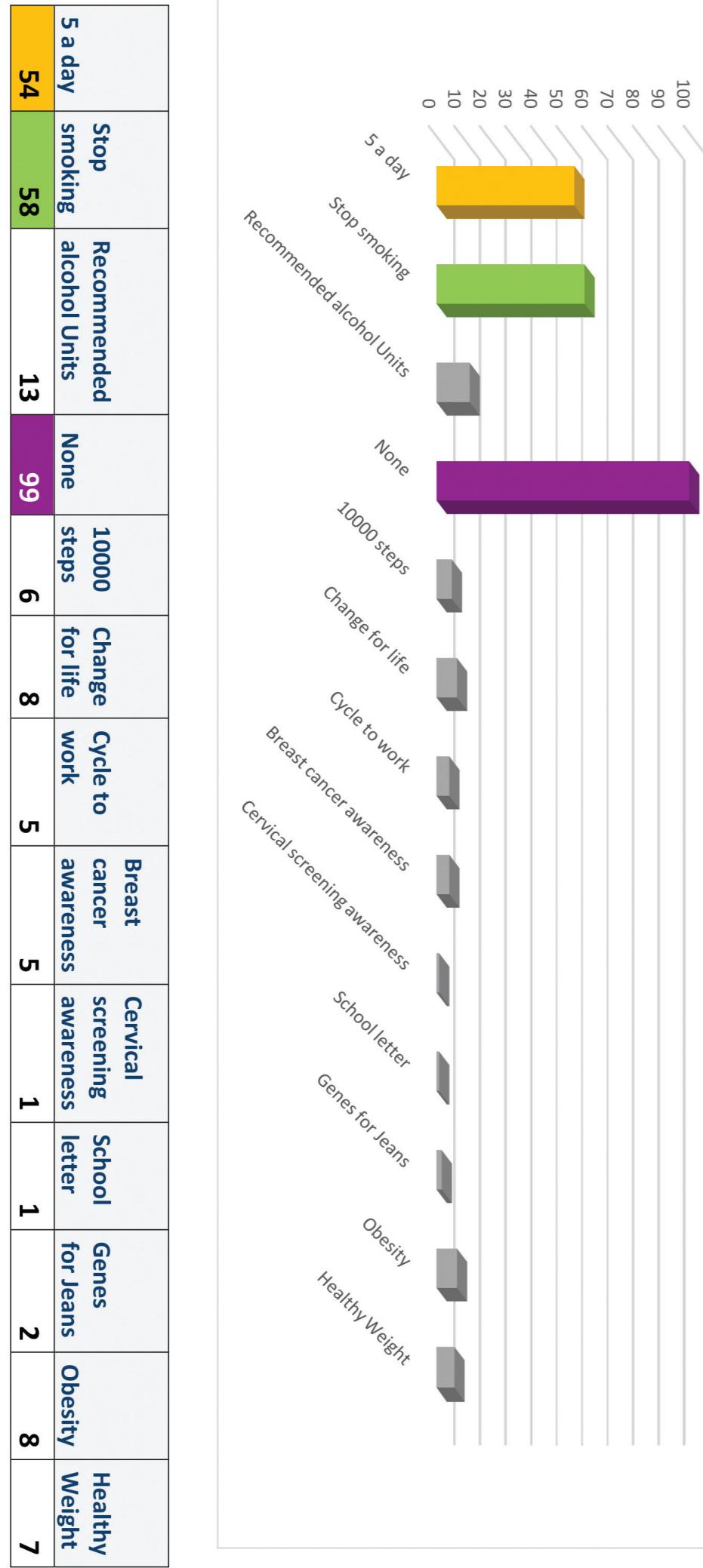
NHS

The Healthy Lifestyle Project

The Healthy Lifestyle Project is funded by Bradford City Clinical Commissioning Group and has a focus on the Living Well and Tackling Childhood Obesity Programme. Bradford & District Community Empowerment Network Ltd (CNet) has been commissioned to deliver the project, including this initial piece of research. CNet is a voluntary and community sector infrastructure organisation working across the Bradford District.

For further information about this research please email
laila@cnet.org.uk or sanaa@cnet.org.uk.





What healthy lifestyle campaigns and messages are you aware of? Total participants

Contents

| | |
|---|----|
| Executive Summary | 4 |
| Acknowledgements | 6 |
| Background | 7 |
| Health in Bradford | 8 |
| Approach | 9 |
| Facilitators' Briefing and Training Session | 11 |
| Delivery Summary | 12 |
| - Face-to-Face Questionnaires | 12 |
| - Focus Groups | 12 |
| Findings | 13 |
| - Young People | 15 |
| - People with Disabilities | 18 |
| - Men | 20 |
| - South Asian Women | 22 |
| - New Arrivals in the UK | 25 |
| - Over Fifties | 27 |
| - White Communities | 29 |
| Proposed Pilot Interventions | 32 |
| - Walking Groups | 33 |
| - Weight Management | 34 |
| - Cooking and Preparing Culturally Appropriate Food | 34 |
| - Family Based Sport Sessions | 35 |
| - "Pop in" Health Check Stations | 36 |
| - Community Devised Resources | 36 |
| Conclusion | 37 |
| Appendices | 39 |
| 1.0 Facilitator Training Pack | 39 |
| 2.0 Copy of Focus Group Questions | 43 |
| 3.0 Copy of One-To-One Questionnaire | 44 |
| 4.0 Demographic Data | 47 |
| 5.0 Closed Question Responses | 53 |

Executive Summary

This report contains findings completed during Phase 1 of the Healthy Lifestyle Project. Individual surveys and focus groups were delivered across the Bradford City CCG footprint area.

Responses were collated from 486 individuals and the report has individual findings from each seldom heard group. The response was over double of that anticipated during the planning phase of the project. This is due to the involvement of our partners and the willingness from residents wanting to engage and share their perspectives.

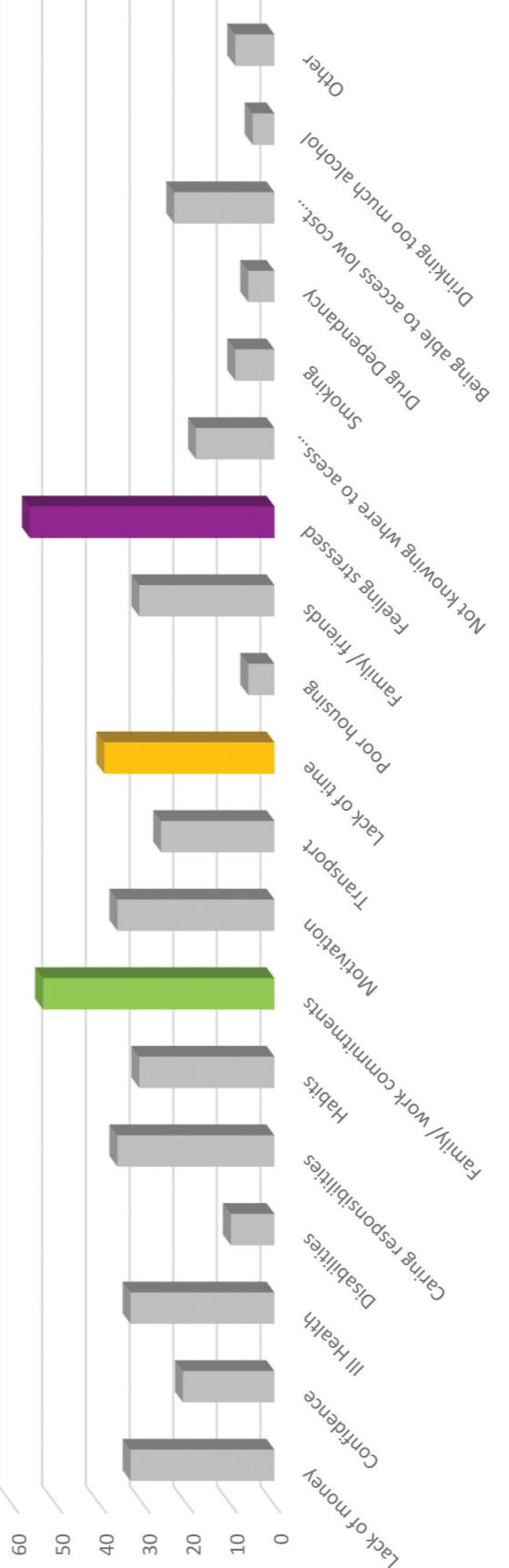
We have found that there is an appetite for further discussions and work at a very local level around the healthy living agenda.

Stress, family and work commitments, lack of time, followed closely by habits and lack of motivation were the reasons given for not living a healthier lifestyle. Stress, anxiety and depression were frequently mentioned factors and this theme cut across different demographic groups (whether male, female, Asian, white, able bodied or disabled).

Key differences between Asian and white groups are listed in the full report findings. 90% of all respondents wanted activities to take place in their local communities and the requested venues are listed in the full report.

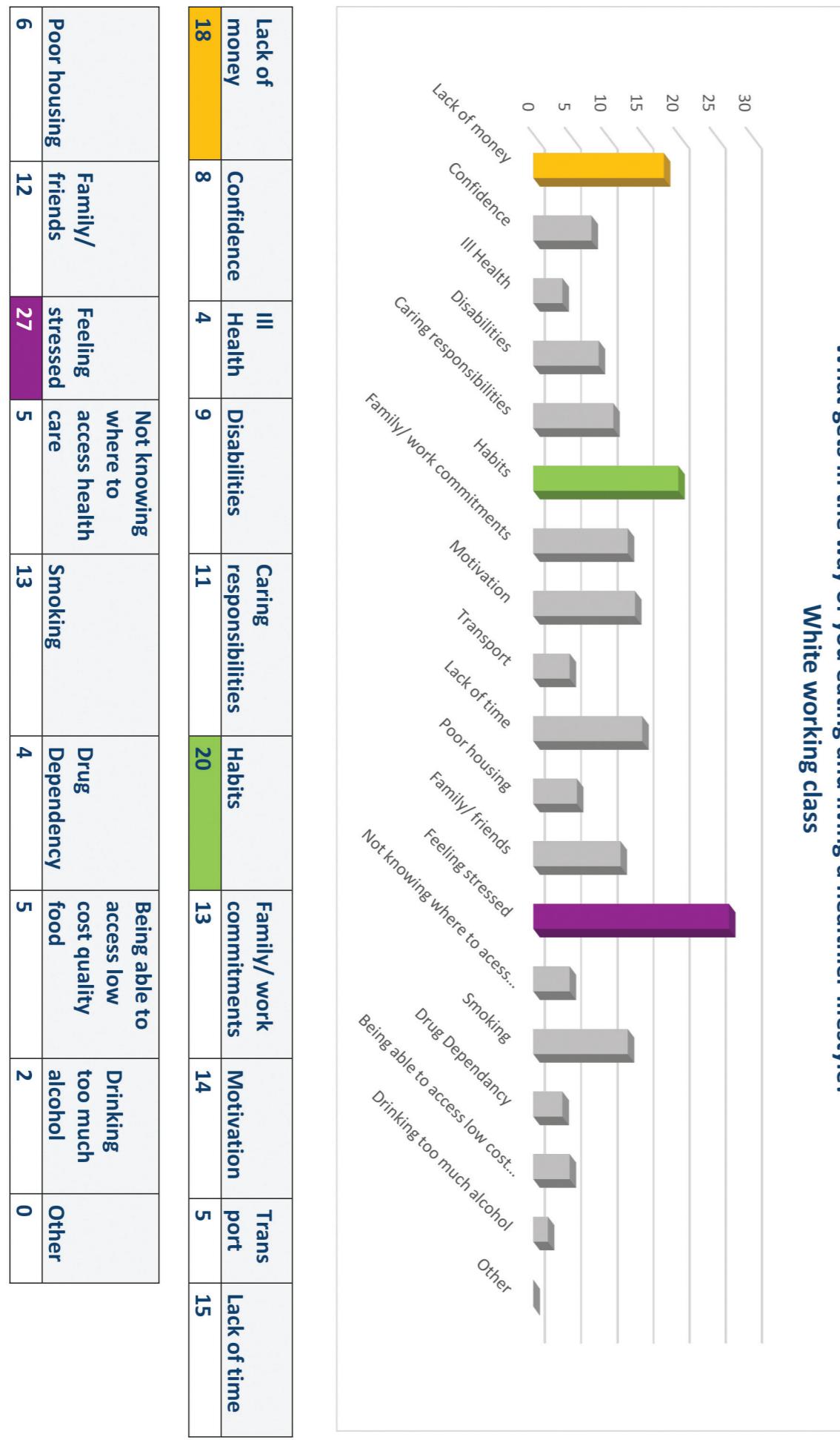
In response to awareness campaigns, there was a range of responses around which campaigns people were aware of and what changes had happened as a result of the stated campaigns. From the total figure of 486, a total of 96 respondents were unable to name a campaign without a prompt.

What gets in the way of you eating and living a healthier lifestyle? South Asian



| Lack of money | Family/ friends | Feeling stressed | Smoking | Drug Dependency | Not knowing where to access health care | Being able to access low cost quality food | Drinking too much alcohol | Other |
|---------------|-----------------|------------------|---------|-----------------|---|--|---------------------------|-------|
| 33 | 31 | 56 | 18 | 6 | 9 | 23 | 5 | 9 |

| Poor housing | Family/ friends | Feeling stressed | Smoking | Drug Dependency | Not knowing where to access health care | Being able to access low cost quality food | Drinking too much alcohol | Other |
|--------------|-----------------|------------------|---------|-----------------|---|--|---------------------------|-------|
| 6 | 31 | 56 | 18 | 6 | 9 | 23 | 5 | 9 |



Directly based on the findings and information gleaned through the research, the following interventions have been identified:

- Weight management sessions including mindfulness and exercise
- Preparing culturally appropriate food including nutritional awareness
- Preparing healthy food and shopping on a budget (white community)
- Family based sports sessions
- Walking groups
- Pop in health check stations
- Underpinning all the above will be community devised resources

A total of 27 organisations have been involved in this research and 19 of those have taken part in the initial Facilitators Briefing and Training Session.

The process has enabled us to have “buy in” from local groups working directly with the hard to reach individuals.

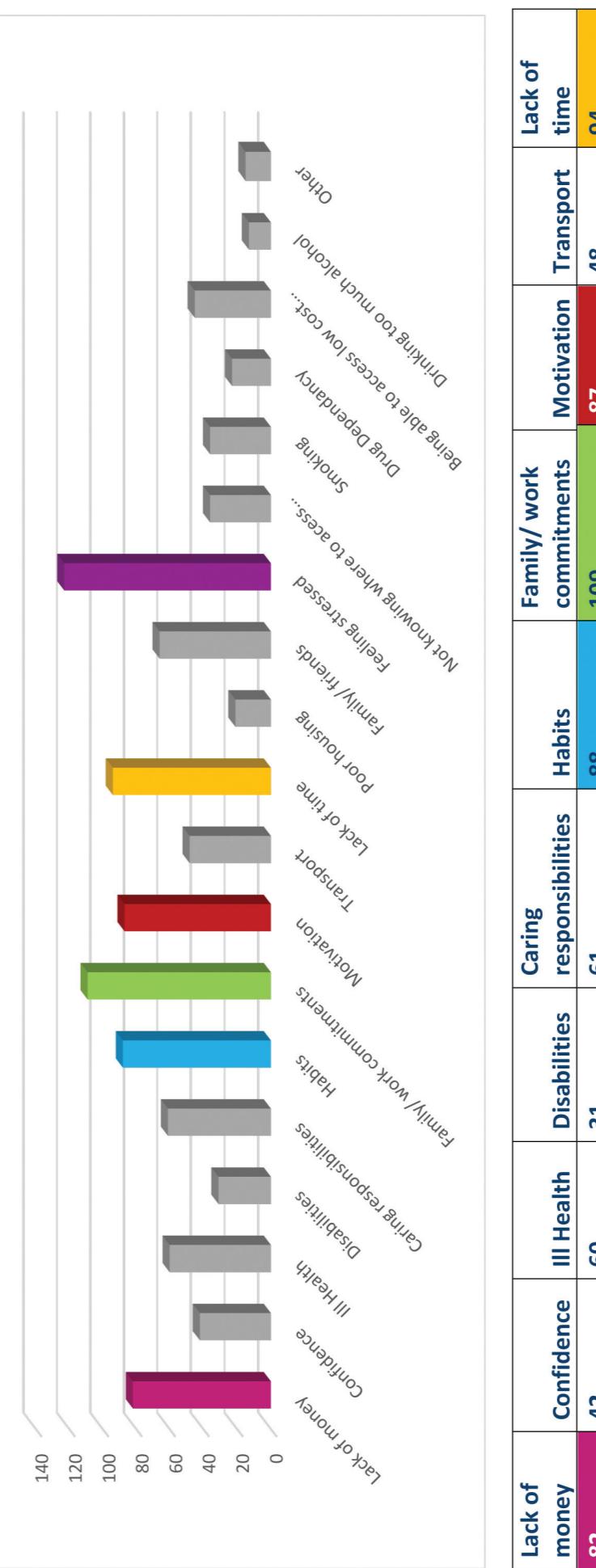
They will be part of the delivery and shaping of these interventions and we will ensure that all activities will be designed and delivered within the daily flow of community life.

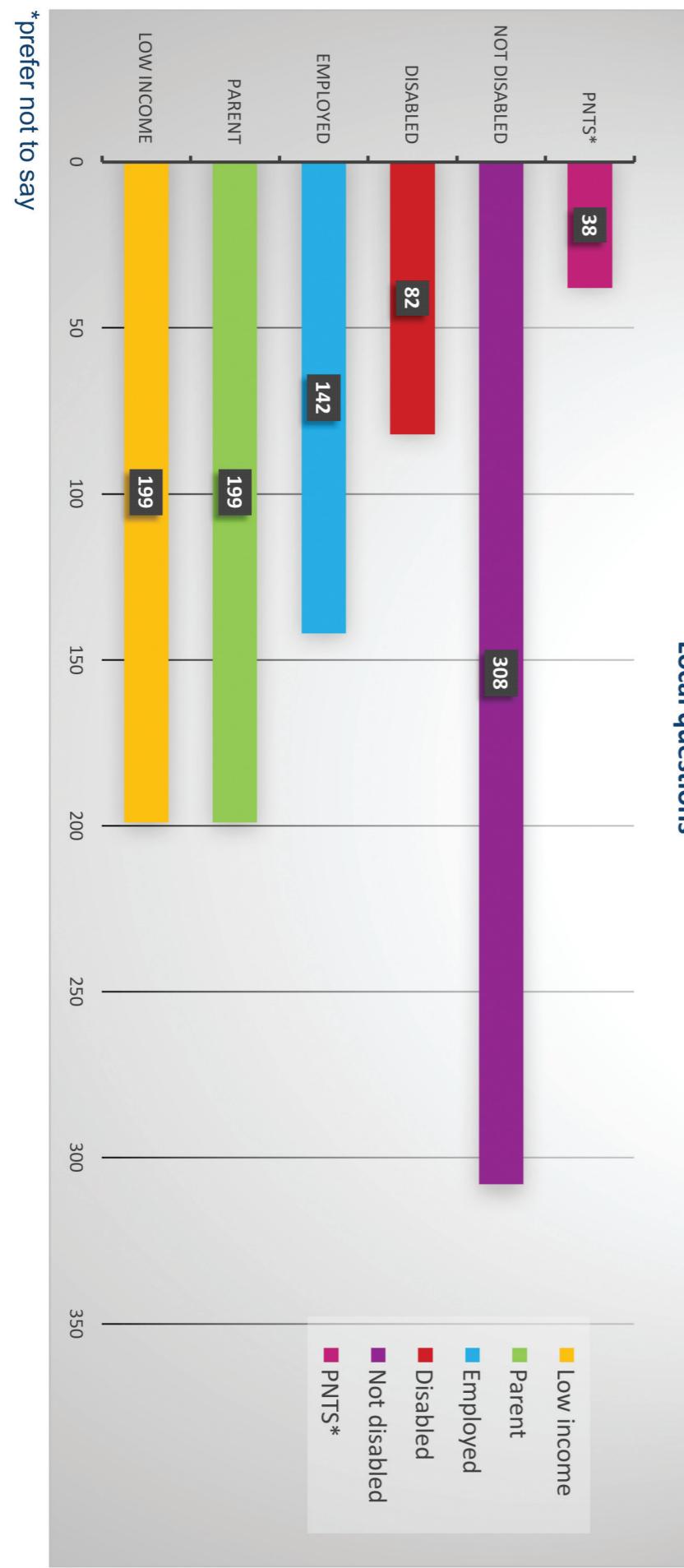
Acknowledgements

CNet would like to thank the following organisations and staff for their support in enabling and delivering this piece of work:

- Engaging Communities CIC
- Bradford Council Shearbridge Depot
- Grange Surgery
- Oak Lane Surgery
- Farrow Surgery
- Lister Surgery
- Barkerend Surgery
- Frizinghall Walking Group
- Listers Health Gym
- Frizinghall Community Centre
- Bradford Association of Visually Impaired People (BAVIP)
- Ravenscliffe Youth Centre, Bradford Council
- Positive Echo
- Bradford Immigration and Asylum Seekers Support and Advice Network (BIASAN)
- Black Health Forum
- Ravenscliffe Community Association
- Food for Life
- Bradford Deaf Community Association
- Women Zone
- Holme Wood Visually Impaired Group
- Bevan House
- Sharing Voices
- West Bowling Centre
- Marshfield, Odsal & Bankfoot Enterprise (MOBE)
- Bradford Talking Media (BTM)
- Blooming Buds
- Anand Milan Group
- Catherine Wallis for report editing

What gets in the way of you eating and living a healthier lifestyle? Total participants





Background

The Bradford City Clinical Commissioning Group (CCG) asked CNet to deliver a project around healthy lifestyles, which would support the CCG to better understand the challenges faced by families in their area and to identify projects to deliver, based on the findings.

During the project CNet would work alongside relevant Public Health Officers and identify ways in which to enhance and support the existing Healthy Bradford Obesity Programme.

The objectives for this piece of work were to:

- Identify the challenges that families face when making choices around healthy eating and their lifestyle, and what influences their decisions
- Identify new ways to educate and influence women, families and wider communities
- Develop tools and approaches that are acceptable or “owned” by communities and that will support them to make healthy eating and lifestyle choices
- Use an asset-based community development approach throughout the project.

The first phase of the project involved speaking to people about the challenges they face when making healthy living choices and what influences their decisions.

The target group were people living in the Bradford City CCG footprint area - BD1, BD2, BD3, BD5, BD7, BD8 and BD9.

This report contains the themes identified from these conversations and is being used to inform the design and delivery of interventions in latter stages of the project.

Health in Bradford

Bradford is one of the 20% most deprived districts/authorities in England and 22% (27,100) of children in Bradford live in low-income families.

The health of people in Bradford is generally worse than the England average. Life expectancy too, is lower for both men and women in Bradford than the average for the country.

23.7% of children in Year 6 in Bradford are classified as obese compared to the national average of 20%. The rate of alcohol usage, smoking and specific hospital stays among under 18s are all higher than the England average.

Unhealthy behaviours such as smoking, physical activity, poor diet, alcohol and stress are all known to increase the risk of long-term illness and poor health. Health inequalities within Bradford District are also great; life expectancy for men is 8.8 years lower and 7.5 years lower for women in the most deprived areas of Bradford than in the least deprived areas.

Health inequalities exist too between groups according to other factors such as gender, ethnic background, certain sorts of disability and sexual orientation.

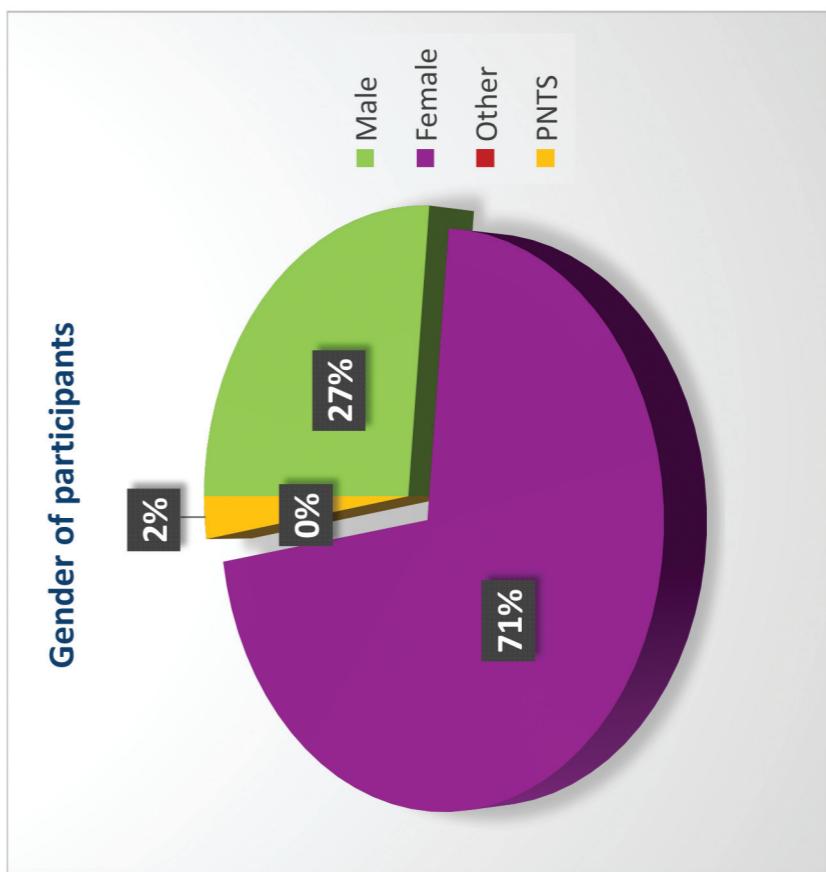
Within the District, the NHS Bradford City Clinical Commissioning Group area is one of the most deprived. The major health issues for this area are:

- Chronic (long-term) disease and health conditions
- Premature death, occurring before the age of 75
- Respiratory disease, which is one of the causes of high rates of urgent hospital admissions in this area
- High infant mortality rate, particularly in Little Horton, Bradford City and Bradford Moor wards
- Poor mental health - anxiety, depression, eating disorders, self-harm, schizophrenia and other severe mental health problems. There are also high rates of drug and/or alcohol dependency and related illnesses.
- Cancer, which is a leading cause of premature death and the second most significant cause of all deaths in this area.

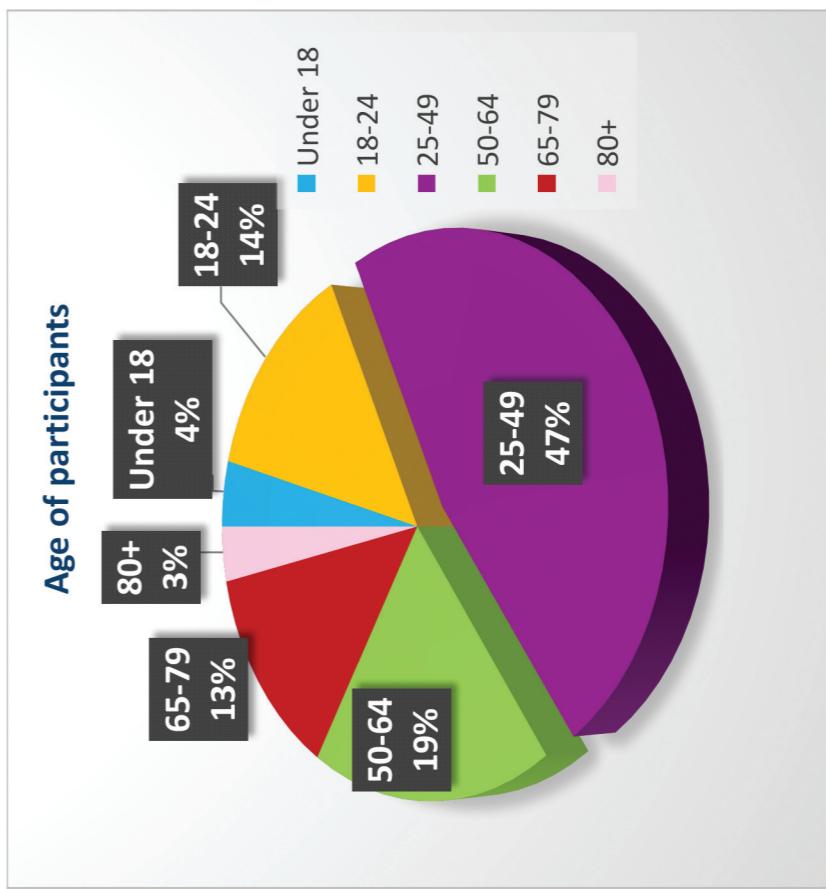
All statistics taken from the Public Health England, Bradford Local Authority Health Profile 2018 – 3 July 2018

NHS Bradford City CCG Annual Report & Accounts 2016-17, p.88

NHS Bradford City CCG Annual Report & Accounts 2016-17, p.88 and 89



| | Male | Female | Other | PNTS |
|--|------|--------|-------|------|
| | 126 | 337 | 0 | 12 |



| | Under 18 | 18-24 | 25-49 | 50-64 | 65-79 | 80+ |
|--|----------|-------|-------|-------|-------|-----|
| | 19 | 65 | 218 | 86 | 62 | 16 |

Approach

*"It is in localized contexts that impact assessments are more easily undertaken, and where the evidence base is at its strongest... A concerted approach enables a detailed understanding of local demographics and population needs and facilities targeted and sustainable interventions."*¹

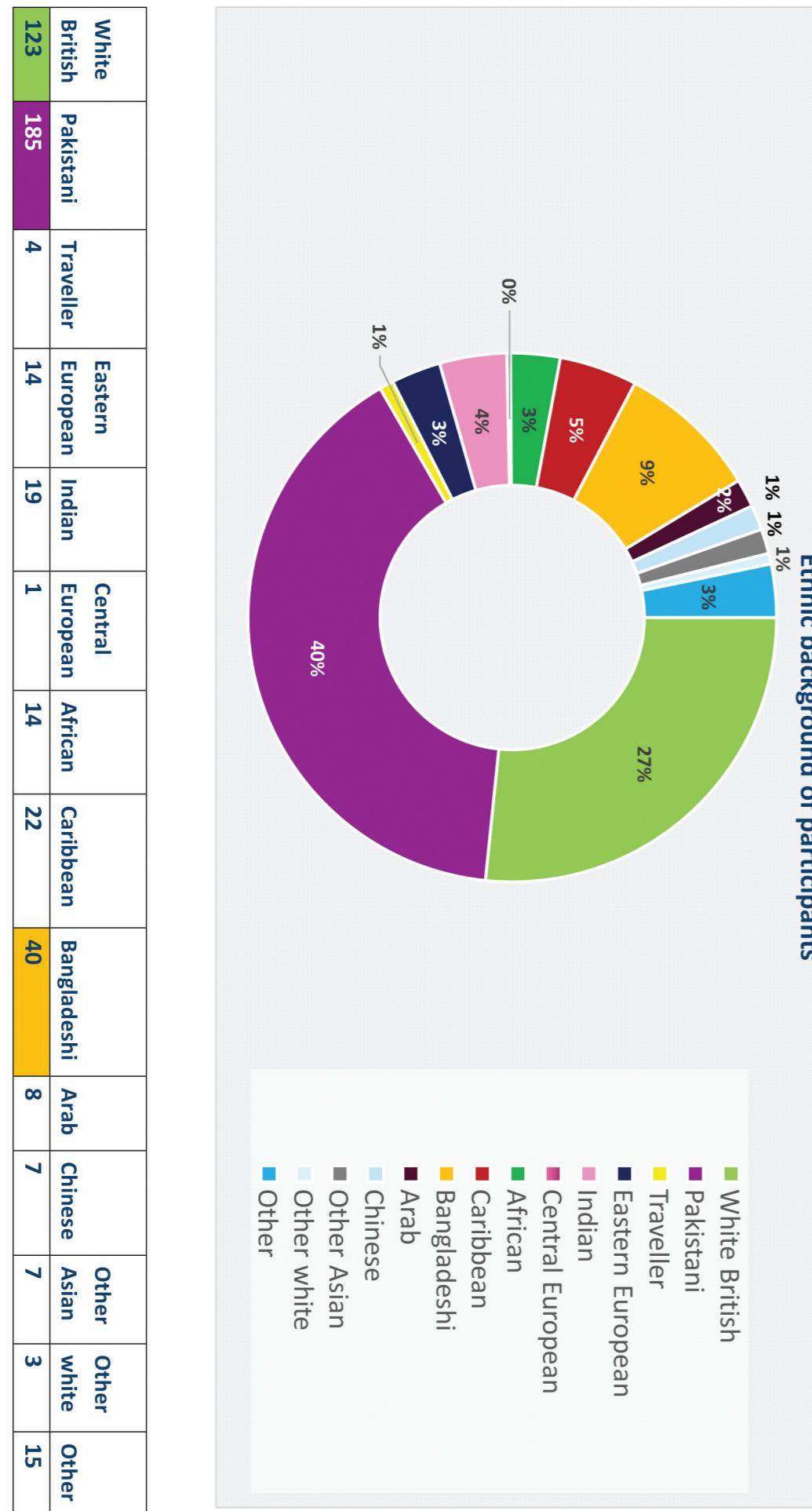
CNet has a record for delivering community-based projects that are community led and community focused as well as for gathering perspectives from individuals and groups in a non-judgmental manner.

We use an Asset Based Community Development approach and consider people's personal stories and narratives as a starting point before any project planning. These stories and shared thoughts contain the seeds of successful project delivery.

Phase One took place between October and the end of December 2018. The aim of this initial phase was to go out to communities, both geographical and communities of interest, to gather people's thoughts and views on their choices and lifestyle patterns, and to undertake this without assessment or judgment.

As the purpose of this phase was to collect information, no health information or messages would be taken out. Focus groups and questionnaires were designed to gather information using a conversation-based model, with minimal jargon and they contained largely open-ended questions to elicit people's views. Copies of the focus group questions and questionnaire can be found in Appendices 2.0 and 3.0.

A steering group made up of CCG commissioners, Public Health Officers and the CNet Healthy Lifestyle Project team was established to guide and reflect on the progress of the project. The steering group identified the target groups of the engagement.



¹ Quote from James, Parkhurst and Paxman, 'Tackling obesity – What the UK can learn from other countries'

To ensure that our participants reflected the demographic make-up of the Bradford City CCG area and that seldom heard groups were offered the opportunity to share their opinions, we invited organisations working with the following groups and communities to be part of this work:

- South Asian communities – mainly Pakistani, Bangladeshi and Indian
- White communities, who mostly live on social housing estates
- Disabled people, including people with visual impairment, people who are deaf and people with impaired mobility
- New arrivals to the UK – from Africa, the Middle East and Eastern Europe
- African Caribbean communities
- Young people aged 14-24

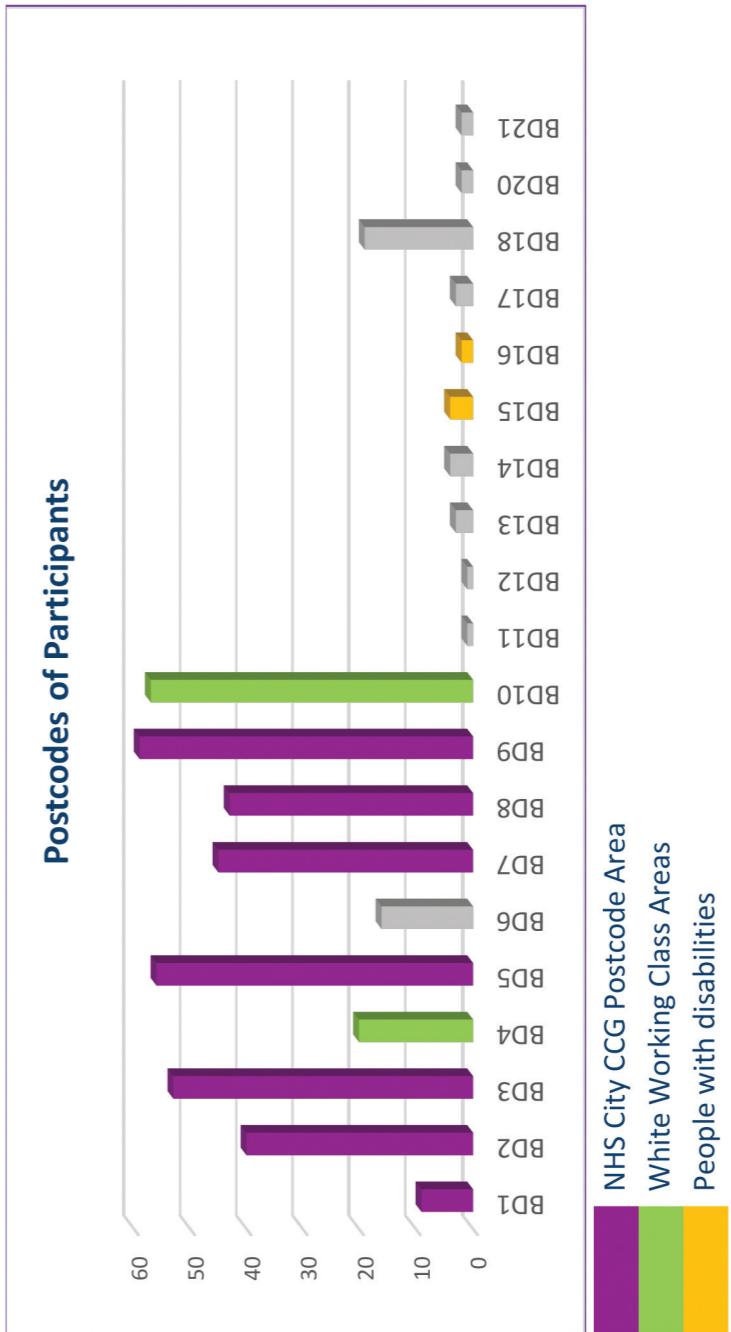
Whilst there was a focus on speaking to people aged between 18 and 50, it was crucial to speak to a number of young people given Bradford's growing youth population. In order to include representation from white working class communities, we asked Engaging Communities CIC to help us make links with people from social housing estates in BD4, BD6 and BD10 postcode areas, outside of the Bradford City CCG area.

We recognised that the number of voluntary and community sector projects for disabled people is limited, and the groups tend to offer a service that cuts across neighbourhoods and often districts. Therefore, participants with disabilities were not restricted to the City CCG footprint and also had BD15 and BD16 postcodes.

Given that working men are often under-represented in engagement and consultations and can be harder to reach unless in sports settings, we approached Bradford Council's private hire licensing depot and arranged to complete surveys with taxi drivers at the Council depot venue.

We also went to Bradford City CCG GP surgeries and local gyms to speak to people there.

4.0 Demographic Data



| BD1 | BD2 | BD3 | BD4 | BD5 | BD6 | BD7 | BD8 | BD9 | BD10 |
|------|------|------|------|------|------|------|------|------|------|
| 9 | 40 | 53 | 20 | 56 | 16 | 45 | 43 | 59 | 57 |
| BD11 | BD12 | BD13 | BD14 | BD15 | BD16 | BD17 | BD18 | BD20 | BD21 |
| 1 | 1 | 3 | 4 | 4 | 2 | 3 | 19 | 2 | 2 |

8. Did you find information from these health messages and campaigns useful?

Please score on a scale of 1 - 5

1 2 3 4 5



Please give reasons for your answer.

9. Have you made any changes because of these health messages or campaigns?

Yes/No

If yes, what?

If no, reasons why not.

Thank you for taking the time to complete this questionnaire. Your answers will help shape future healthy living activities in Bradford. If you are interested in finding out more please contact Laila Ahmed on 01274 305045 or Laila@cnet.org.uk. Please leave your name, contact number and email and we will get back to you. ☺

Facilitators' Briefing and Training Session

An invitation was sent out to CNet members, Bradford District Assembly networks and forums to find out which organisations were interested in being part of Phase One and including their members in the early stage of the project.

Two briefing sessions were held, one on the afternoon of the 4th October 2018 and a second on the morning of the 11th October 2018. A total of nineteen projects and groups came to these sessions.

The session covered the Asset Based Community Development approach and its focus on hearing people's stories and gathering their thoughts and feelings around the issues without judgment.

An example we used was that if a person were to say they felt they did not move often enough or take adequate exercise, rather than giving the advice of aiming for 10,000 steps per day, the next question would be 'and why do you think that is?'

Sessions also covered key points to remember when delivering the questionnaires and focus groups, the timescale of the project and arrangements for service level agreements with interested groups.

Following the information sessions, each group/project representative had the chance to take the aims and objectives back to colleagues before committing to the number of focus groups and one-to-one questionnaires sessions they could deliver with their members. This was left to the individual groups to decide.

Fifteen projects decided to be part of Phase One. Service level agreements that stated how many focus groups and/or questionnaires each group would complete were then fixed.

Delivery Summary

In general people were quite open and willing to share their thoughts and feelings around health and wellbeing. Facilitators had no problems in recruiting people for either focus groups or questionnaire sessions in their community venues. It was left with facilitators to decide which method would suit their members best. As a result, some venues completed questionnaires, some focus groups and a small number combined both methods.

The response rate was higher than initially expected, with only six people refusing to complete the questionnaire. All six reported that they had previously submitted a complaint to the NHS. One woman, whilst refusing to complete the whole survey, was happy to give her response to the first question, which is included in the section for South Asian women.

Face-to-Face Questionnaires

A total of 267 people completed questionnaires. The facilitators completed questionnaires with members of their groups or organisations. CNet staff also contacted all GP surgeries in the Bradford City area and held six sessions in GP practices to complete questionnaires with patients attending the practices. Each person who answered the questionnaire was given either a pedometer or a water bottle for taking part.

Focus Groups

There were a total of 22 focus groups with 219 people participating. CNet staff delivered three focus groups, Farrow Medical Centre delivered two, and the facilitators from VCS groups delivered a total of 14.

The trained facilitators delivered focus groups in their own venues and with their members. The strength in this approach was that the facilitators had already built a relationship of trust and confidence with the participants and the questions were based on a conversation model approach.

3. What gets in the way of you eating healthier and living a healthier lifestyle? (Please tick all that apply).

| | | |
|-------------------------|--------------------------|--|
| Lack of money | Family /work commitments | Feeling stressed |
| Confidence | Motivation | Not knowing where to access health care |
| Ill health | Transport | Smoking |
| Caring responsibilities | Poor housing | Being able to access low cost quality food |
| Habits | Family & friends | Being able to access low cost quality food |
| Other | Other | Other |

4. What are the two main factors making it harder to live a healthy lifestyle?

1.

2.

5. What in particular would help you improve your health and wellbeing?

(i.e. Activities, projects, classes, advice and support, types of information)

6. If these activities/advice/support were available, where would you like them to be?

7. What healthy lifestyle messages or campaigns are you aware of?

3.0 Copy of One-To-One Questionnaire



HEALTHY LIFESTYLE

These questions are to find out your personal thoughts and feelings around healthy lifestyles, and what it means to you. There are no right or wrong answers so please feel free to be honest. Your answers will help in the design of future healthy lifestyle activities.

1. Do you consider yourself as healthy? Yes/No/Don't know.

Please give reasons why.

2. In your own words please complete the sentence:

Being healthy to me means...

Findings

The findings section of this report starts with some key findings across the groups, followed by a section for each community we spoke to in this project.

The findings have been split into sections for seldom heard groups in order to identify similarities and to highlight differences that groups face when making choices or identifying barriers to a healthy lifestyle.

The section for young people includes the viewpoints of all young people regardless of ethnicity. The section “People with Disabilities” includes views from people across all age groups. The “Men”, “White Communities” and “South Asian Women” sections include people aged between 25 and 50.

Facilitators who have a strong supportive relationship with the participants also shared their perceptions and feelings on working with the groups and thoughts that struck them as they completed the surveys with their members. It is clear where these views have been included.

486 people took part in the Healthy Lifestyle research. 267 completed individual questionnaires and 219 people took part in the focus groups.

We started off by asking people what being healthy means to them.

There was a range of responses, but there were some key themes. Many mentioned diet, exercise and looking after their physical health.

“A size 8 😊 Being fit and able. NOT LAZY.” (White female)

“Having a good balanced diet and not smoking or drinking.” (Young white mother)

“Going to the gym and having a balanced diet which includes fish, chicken and PLENTY of veg.” (British Pakistani male)

But for most people it was a combination of elements and health was viewed holistically. Emotional health and wellbeing were mentioned as often as diet and exercise and cut across all groups:

“Feeling happy in myself and feeling physically and mentally capable enough to go about my life without difficulty.” (White female)

“Being without family stress.” (Pakistani male)

“Eating healthy, being happy, being in a good state emotionally.”

(Young Asian female)

“Stress free, eating healthy, keeping a clean environment, loving each other, showing respect to others, helping each other.” (Pakistani female)

“Looking after yourself and your family and being content with life.”

(Young white mother)

“Not having illness, being able to play with my kids again.” (White, deaf female)

In answer to question three of the questionnaire, ‘What gets in the way of you living and eating healthier and living a healthier lifestyle?’ the top six answers given by total participants were:

1. Feeling stressed (120 people)
2. Family/work commitments (110)
3. Lack of time (90)
4. Habits (85)
5. Motivation (80)
6. Lack of money (78)

We found that these responses were fairly similar across white, South Asian communities and the remaining total of ethnicities, with ‘feeling stressed’ the highest scoring answer across all. One key difference was that for South Asian communities, family and caring responsibilities and lack of time were very commonly identified as a barrier whereas in the white working class group, lack of money was felt to be more of a hindrance to being healthy. See Appendix 5.0 for detailed figures.

2.0 Copy of Focus Group Questions



HEALTHY LIFESTYLE PROJECT

PHASE 1

The purpose of this session is to explore people's thoughts and feelings around healthy lifestyles. There are no right or wrong answers so please feel free to be honest. Your answers will help in the design of future healthy lifestyle campaigns

Date: Group:

Venue: Facilitator:

No. of participants:

Focus Group Questions

Agree ground rules for the session. To include:

- Respecting different opinions
- Giving every one the opportunity to contribute
- Listening to each other
- Confidentiality

1. Group exercise/icebreaker

What does being healthy mean to you?

Facilitator can start group off if people seem unsure.

2. What do you think stops people from being healthy?

Group discussion, encourage all to contribute, note where there is agreement or where people don't agree.

3. What do you think would help people to be more healthy and to live a healthier lifestyle?

Facilitator to make notes and where necessary, ask for more detail. Make a note of things people agree or disagree with

4. If you could choose 3 things that would help you achieve a healthy lifestyle what would they be?

Facilitator to make notes of what is suggested and where there is agreement or disagreement.

5. Have any health campaigns helped you make positive lifestyle changes?

Facilitator to make notes of which campaigns and what changes were made.

6. Give people the opportunity to add any more comments/suggestions that they have thought of.

Thank everyone for their valuable contribution, remind people how they can get a copy of the report

Respondents monitoring templates to be complete per person.

Stress, anxiety and depression were frequently mentioned factors that individuals identified as key to preventing them from living a healthy lifestyle and from making healthy choices. This theme cut across different demographic groups, whether male or female, Asian, white, Syrian, able bodied or disabled.

Some of the people we spoke to felt that the time they devote to looking after their family's interests, as well as working, leaves them little time and energy to look after their own health and wellbeing. When asked about the barriers to making healthy lifestyle choices, two said:

"Motivation, cannot seem to get started, I know what to do [regarding eating healthily and exercise] but cannot seem to get started, then there's real life looking after children, after house and worries about money." (British African female)

"Too much stress in life, no rest ever. Juggling work, home, family, kids and bills, finances are hard. Always problems never no rest [sic]. Never get time to think about myself." (Pakistani female).

Exercise or sports sessions and healthy eating sessions on purchasing food, preparing food and nutritional content were most commonly requested as activities that people felt would help them to be healthier.

Of the respondents to the question about where they wanted activities to take place, 90% requested venues in their local area: local community centre's, followed by GP surgeries, colleges, workplaces, universities and youth clubs.

Young People

"Most people talked about access to cheap, fast food as the main thing that stops people being healthy." (Facilitator for young people's focus group)

"No I don't consider myself to be healthy because I eat too much junk food. It is easy to get, cheap, affordable, and saves me time." (Young Pakistani female)

A total of 84 young people aged between 14 and 24 either completed questionnaires or attended one of three focus groups. These took place in youth clubs, Bradford University and at a number of GP surgeries with predominantly South Asian and white people.

Being healthy

Generally, the young people participating in this project do not feel healthy and identified many barriers to making healthy choices.

In one of the focus groups, with six Asian young people aged 18-24, only one person said they felt they were healthy. Being healthy to this person meant being a healthy weight, which the remainder of the group did not feel they were.

Other responses to the question, 'what does being healthy mean to you?' were:

"Eating healthy and having a healthy mind." (White male teenager)

"A stress free life." (Indian male teenager)

"A lot. But like I said I'm too lazy." (White female teenager)

"Being active. Less stressed, being able to do things well." (Pakistani male teenager)

"Eat fruit and veg and exercise." (White male teenager)

"That I can exercise and become a better version of myself." (Pakistani female teenager)

"Being happy, feeling fresh. Mental health is not good, I can't sleep. Feel ill always." (Pakistani female teenager)

Some of the young people, especially gym members, felt that being slim made them fit in better at schools and universities and gave them more self-confidence. They felt that looking good was essential. In these cases, being healthy and looking good were synonymous with each other.

"I have joined the gym and changed my diet because I want to look pretty and slim before I join uni." (Pakistani female)

25/01/2019

COMFORT BREAK

WHY ARE WE HERE?!?!

Current trends and implications

Barriers and influences

What is different about the
ABCD approach

METHODOLOGY

- Questionnaires
- Focus groups
- Timescale
- Target groups
- Story/narrative based, non judgmental approach
- Switch off internal voice which offers solutions
- Recognising positives within communities and individuals and their strengths

NEXT STEPS

- Time to have a go!!
- Questions
- Agreeing dates and process for collating information

25/01/2019

HOW SHOULD WE DEFINE HEALTH?

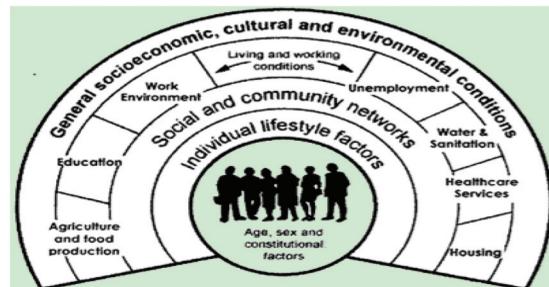
According to:

- BMI 2011: 343 doi: <https://doi.org/10.1136/bmi.d4163> (Published 26 July 2011) this as: BMI 2011;343.d4163
- The WHO definition of health as complete wellbeing is no longer fit for purpose given the rise of chronic disease. Machteld Huber and colleagues propose changing the emphasis towards the ability, and emotional challenges

WHAT ARE THE BARRIERS TO BEING HEALTHY

Determinants of health

Sheffield Hallam University /Trent Public Health Observatory 2002



Hierarchy of Health Tools for change, Joseph Rowntree 1995



WHAT DOES THIS MEAN TO BRADFORD?

Bradford Health Profile 2017
Life Expectancy in the UK

ANY QUESTIONS?

"Being slim and happy." (Pakistani female teenager)

Some of the people we spoke to at the university and GP surgeries were visibly upset when they shared stories of parents or family members who had suffered from strokes, heart attacks and talked about their concerns around high blood pressure and type 2 diabetes, which affected many of their extended family. Some said that it made them think more about their health and whether they would be in the same position.

Barriers to a healthier lifestyle

When talking about what stops people being healthy, the group talked about access to cheap fast food, lack of time and the stresses of modern life.

The link between pleasure, socialising and having a good time with food was more apparent than with other groups and was mentioned in most questionnaires. They mentioned the prevalence of fast food joints in Bradford.

An interesting note for this age group was the language used to describe food, which was noticeably different to those aged over 24, and included "enticing" "provocative", "tempting" and "irresistible".

"Eating bad [sic] is more fun." (White male teenager)

"My eating habits aren't very good - eating a lot of junk and fast food."
(Young Indian female)

"I eat a lot of junk food and don't maintain certain food groups."
(Young Pakistani female)

"Food I eat is not always healthy - takeaway/fried food, I try to go to the gym but do get lazy and slack." (British Pakistani female)

There was a perception that eating healthily was expensive and was difficult to do with little money. Twelve said that supermarkets could play a part in reducing the price of fruit and vegetables.

Drugs and alcohol were also mentioned as some of the influences affecting healthy lifestyle choices for white young people.

Unlike the other groups, several mentioned their use of social media as the medium they use to read, discuss and socialise with other people, and also recognised that the use of which was stopping them from moving more often.

Awareness of campaigns

This group in general were aware of national health campaigns, with one Pakistani teenager saying that campaigns "**get you thinking about feeling healthy as no-one reminds you.**" (Female Pakistani teenager)

Another said: "**[I] made changes due to health campaigns, [which] gave me a daily target and provides me with a feel good factor.**" (Female Pakistani teenager)

What would help?

Activities that individuals in this group would be interested in attending were: zumba, pilates, weights and boxing classes. They also mentioned subsidised gym sessions, as the cost of a gym membership is currently a deterrent.

Of the 24 young people completing the surveys, all stated that any activity would need to be at places where they are already in attendance such as the local gym, GP surgeries, youth clubs, colleges, universities and schools.

A small number of higher education students felt that having access to free drinking water at study and work places would be beneficial.

People with Disabilities

A total of four focus groups and eight questionnaires were completed with groups of visually impaired and D/deaf or hearing impaired individuals. There were also nine people with impaired mobility.

Being healthy

For many, being healthy was equated to being happy, while for others it was more specific:

"Having sight to see what you're eating."

(Attendee of focus group at Bradford Association of Visual Impaired People (BAVIP)

"Being happy." (White British female, at the Deaf Centre)

Appendices

1.0 Facilitator Training Pack

25/01/2019



WELCOME & INTRODUCTIONS

- Who we are:
- CNet
- Commissioned by City CCG to undertake this research
- Engaging Communities CIC Ltd
- Working with CNet on this research

SESSION AIMS

- To recognise that 'being healthy' means different things to different people
- To understand the wider determinants of health and how these lead to health inequalities
- To understand the Asset Based Community Development (ABCD) approach
- To understand the purpose of this consultation
- To confidently use the questionnaire in 1-2-1 settings

INTRODUCTIONS:

Name Crossword:
Introduce ourselves, using the flipchart
stating if known, where our
1st Name came from

WHAT DOES BEING HEALTHY MEAN TO YOU?

HEALTH DEFINITION

- A state of complete physical mental and social wellbeing, not merely the absence of disease or infirmity (WHO, 1946)
- Health is not an activity, It is not jogging, or eating well, or not smoking, or living in a good environment, or being employed. Rather it is the outcome of these and other activities as well. People are more, or less, healthy according to the resources which they have in their everyday lives. Health is the outcome of these factors combined in the lives of individuals and communities (Glasgow City Health Plan 1995)

Suggestions were given on how to tackle the city's rising weight gain, especially amongst younger people, including increasing taxation on premises and venue, and stricter processes for licensing new food places. We have not undertaken a total count but would make an estimate that there are a minimum of 100 fast food outlets in the Bradford City CCG footprint.

6. These outlets are based in the poorest communities in Bradford. With money and time being given as two keys influences on healthy living and a portion of chicken and chips being available at an average price of £1.50, this will have a clear connection with the rise in obesity levels and long term related illness.

7. The ORCHA - Living Well, Living Healthy website is one method of engaging young people who are social media savvy and prefer this method to the traditional flyer, poster or letter format. We have links with youth clubs and contacts at Bradford University where this can be promoted.

In conclusion, The Healthy Lifestyle Project will aim to deliver changes in participants' attitudes, knowledge and motivation around healthy living by delivering and assessing the activities outlined above, leading to long-term behaviour change.

Our hope is that when people are provided with local opportunities and activities, which are directly based on their own requests, the interventions will be effective. Where possible, these will build onto existing activities.

We think that one of the strengths in our approach will be working with people who have a direct link with communities. By skilling up part time staff and volunteers, we hope that these activities will be ongoing and not dependent on wages and funding like other projects.

Barriers to a healthier lifestyle

It was evident that many of these individuals felt lonely and isolated due to their disabilities. This caused many to feel unhealthy due to poor mental health and wellbeing.

Many of the participants agreed that living alone means that they do not bother to cook for themselves. When family or friends come round, they "make the effort", but it is not the same when they are on their own. One participant went on to say that it is at these times that they start to enjoy eating "bad food".

All the groups shared the same feelings that there are too many easily accessible, cheap and unhealthy takeaways available. They acknowledged that having a takeaway delivered to the doorstep was convenient.

"Junk food is cheap, healthy food is expensive."

"Takeaways, especially some in Bradford near BTM are cheaper. You can get burger and chips for £1.50."

Financial restraints and limited budgets impacted on them eating healthily and they felt that the cost of fresh foods was far higher than that of unhealthy foods. Individuals also highlighted that packs of fruit in particular were sometimes cheaper to purchase than individual pieces of fruit, so if they are on their own, they have to pay more or things go off before they are eaten.

The idea of having cheaper foods available or some sort of a voucher scheme for people to purchase individual portions of fruit and vegetables at reduced prices was discussed and liked by most in one of the focus groups.

In a focus group with Bradford Deaf Community Association the facilitator shared that since many of the group members' first language is BSL, and there is no written equivalent, written English can be problematic. Consideration of this is crucial to ensure clear messages are being passed onto the Deaf community. Written format is not suitable for everyone and nor is providing an interpreter, so often information can be lost in translation.

"[I want] information about health in a way I can understand it, like BSL."

Only two people in a group of visually impaired individuals could read braille, but welcomed the idea of having audio messages available.

Awareness of campaigns

The groups were generally aware of many health campaigns. Some had taken the advice of the stop smoking campaign and made changes.

However, awareness of campaigns was not across the board. Some examples of campaigns were shown to a focus group of deaf individuals at Bradford Talking Media. As these were not in BSL, the group did not fully understand them. They recognised logos but none of the campaigns had helped anyone make any positive lifestyle changes. It was also raised that many of the health campaigns on television did not have subtitles or an interpreter doing BSL to convey the message.

What would help?

Suggestions for interventions or activities to help the disabled people we spoke to stay healthy included:

- Having BSL interpreters available for individuals who are D/deaf or hearing impaired when they visit the GP and hospital so they can understand what is being said and stay healthy
- Swimming sessions and exercise groups of people with similar abilities
- Cooking classes for disabled people
- Disabled people being able to access all activities and facilities and their carers being offered reduced fees
- Support with additional insurance costs for walking groups for people with disabilities.

Men

A focus group was held in Frizinghall Community Centre and questionnaires were also completed with taxi drivers, men attending GP surgeries and also at community projects.

Conclusion

1. In general, and as shown by the table in Appendix 5.4, people were aware of key health messages – eat five portions of fruit and vegetables a day, move more often, cut sugar, salts, “bad” fats and processed food, and stop smoking. The elderly community were more likely to say that they were aware of the flu jab campaign.
2. Having knowledge around healthy lifestyle practices and applying that knowledge are two distinct things. Amongst the different groups, people talked about healthy behaviours and how they had difficulty in putting these behaviours into practice.
3. Mixed messages in the media around nutrition – what is “good” for us and what is “bad” for us - were not mentioned in a single focus group as one of the influences or barriers to people living healthier lifestyles. This was quite a surprise as it is a factor mentioned often in reports and media debates, but was not evident across the people we spoke to.
4. The South Asian community stated that it would be worthwhile to promote health messages and use Masjids more to spread health messages and campaigns. They felt that these were more appropriate rather than madrasahs, which were more heavily focused on learning Arabic and scripture. The Masjids have large audiences of men, and in several larger mosques, women too, who attend for speeches and talks that usually take place on a Friday but also occasionally at special readings.
5. Young people were less likely to be suffering with ill health, however food and calorific intake from low nutritional food groups were of wide concern.

The proliferation and rise of cafes, bistros, ice cream gelato bars, fast food joints and American diners in the town centre and outlying areas such as Leeds Road (BD3) Manningham Lane (BD8) and Great Horton Road (BD7) were also of concern for older people.

"Pop in" Health Check Stations

We will provide training and equipment to volunteers at local venues in communities for height and waist measurement, Body Mass Index measurement, waist measurement - a determining factor for developing type 2 diabetes – and blood pressure checks.

Taxi depots and community organisations will be approached for a wider reach and inclusion of more males. We will provide a static health check station and waiting area information section around being active, nutrition and water intake.

Not wanting to duplicate existing work, we aim to reach spaces and groups not usually involved in service activity and where needed we will signpost to existing voluntary community sector activity.

Community Devised Resources

The content of these resources will be identified by the groups and individuals, if they perceive there to be a gap in current materials available i.e. food and mood diaries, recipe cards on favorite traditional dishes cooked in a healthier way, tips for shopping at the supermarket on a low budget. Ways of coping with stress i.e. simple cards with basic points around breathing and stretching.

These resources will contain advice and guidance and will be devised by local people.

We are working on the belief that local people and groups can be the starting point for community action and behaviour change.

Being healthy

We had a variety of responses to the question about what being healthy means to an individual:

"Lots of talking, and getting headspace through meditation."

"Being fit, active and not being depressed."

"Sleeping well, being full of energy and eating well."

"I don't drink, don't smoke, go to gym 4 times a week."

Barriers to a healthier lifestyle

It was clear that for some of the men we spoke to, they saw their occupation as detrimental to their health:

"Jobs in Bradford are now sedentary: call centres, taxi driving or working in food places. Our parents worked in the mills and were more active."

(Pakistani male, taxi driver)

"We are in jobs which are bad for our health." (Pakistani male taxi driver)

Some talked about their long working hours in jobs that offer little flexibility in terms of when they work, making it difficult to find time for family life, still less to exercise or go out.

"After work there is no time to do anything, and I do need to take some activity."
(Pakistani male taxi driver)

This sense of pressure came up frequently, from home life as well as working life – for one it was “too much work” and for another, “family/life pressures”, when they described what leads them to unhealthy lifestyle patterns.

Awareness of campaigns

The stop smoking campaigns rated high in terms of effectiveness, with the group referring to this campaign as having helped people change their habit. When talking about the campaign, one Pakistani taxi driver told us:

"I know about 60 people who have stopped smoking because of the campaign."

What would help?

The majority of respondents suggested that the workplace was somewhere to share more information around healthy eating, water intake and moving more.

There were requests for more drop-in health sessions at health centres, GP practices or community settings, to check blood pressure, weight and diabetes risk, so that people would not have to make an appointment.

South Asian Women

Focus groups were held with South Asian women at Sharing Voices and a mix of focus groups and questionnaire sessions were held in Women Zone Community Centre and West Bowling Community Centre. Questionnaire sessions were held in Listers Health, a women's only gym.

The women we spoke to were Pakistani, Bangladeshi, Indian and Gujarati.

Being healthy

In answer to the question of what being healthy means to each individual, there were again a wide variety of responses, which touched on a holistic view of health. This group of participants were the only group who quoted the word spiritual in their responses.

"Feeling well and practicing healthy eating, exercise and relaxation techniques."

(Pakistani female)

"Be[ing] positive in life, being genuinely happy."

(Individual at a focus group with Indian and Pakistani females)

"Not impaired to doing [sic] what I need to. Not feeling rubbish."

(Pakistani young mum)

"Not feeling poorly, feeling well. Being thinner than I am." (Pakistani young mum)

"Connecting with your inner self, whatever beliefs you have." (Pakistani female)

For white communities, support with planning and devising recipes for healthy meals on a budget was a priority.

The programme content will therefore differ in terms of approach based on the community it is targeting; for white communities there will be more of a focus on healthy shopping on a budget at supermarkets and food preparation. For the South Asian community there will be sessions on healthy Asian cooking and going back to traditional recipes from Pakistan and Bangladesh, which have more vegetables, less meat, smaller portions and dessert as a treat.

We would aim to deliver three food preparation and nutritional information sessions aimed at white, South Asian communities and new arrivals to the UK. These will be based on the Eat Well Plate template.

The sessions will be delivered in communities. Centre's with access to growing areas or spare plots of land suitable for seeding and planting in spring will be approached.

Family Based Sports Sessions

We will pilot a series of sports sessions – zumba, badminton and pilates – and also kick start some family-based games sessions such as rounder's, cricket, netball.

The request for exercise sessions for women featured heavily in the South Asian women's responses. More than half of the white women respondents who had identified cheap exercise and sport sessions as the activities they wanted also requested that the session be women only. So we will deliver a number of sessions in both Asian and white communities that are for women only.

For men we will deliver a programme of weekly sports sessions such as badminton, indoor bowling and table tennis at community centre's based in their local areas.

These activities will be advertised at local taxi ranks and licensing depot, in fast food outlets, in the vicinity of the community centre's and shared out amongst CNet networks and community forums.

These will not be free sessions as we do not want to create a culture of dependency that will be not sustainable in the long run.

For some people living in the inner city and on low incomes, there are parts of Bradford, Shipley, Bingley, Haworth and further that they have never visited.

We can support the groups with pedometers, water bottles and, where on low or no income, make a contribution towards appropriate footwear. We will buy in walk leader training and work with disabled groups on the best way to support and skills up their volunteers.

Weight Management

The aim is to run a 12-week weight management programme that will include weigh-ins, body measurements, and a food and mood diary, combined with a fortnightly discussion group, sessions on stress management, and a subsidised gym membership of 50%. Fourteen women who have a BMI measurement classified as obese and higher will be recruited to take part.

This will be a pilot using a peer-led model of support, with people sharing stories of their experiences and encouraging peers.

One popular assumption is that people do not want reminding about their weight and find the term obese offensive, and that the topic should be approached delicately.

However, this piece of research found, particularly from female participants aged between 24 and 40 years of age completing questionnaires at GP surgeries and at community centre's, that a sizable number of women were requesting a more "disciplined" approach to their weight management.

We aim to run two programmes, one based in a white social housing estate and another based in the South Asian community. These will be pilot programmes and will include objectives tailored to what we heard from the groups we spoke to.

Cooking and Preparing Culturally Appropriate Food

It was specifically South Asian communities who wanted to know how to cook their usual dishes, such as samosas, pakoras and curry, in a healthy way. People often stated that they did not know how to prepare their usual dishes in a healthy way that satisfied them, with one person saying "an oven baked samosa is not a proper samosa".

"Feeing well, physically, mentally, emotionally and spiritually, feeling at peace."
(Pakistani young mum)

"Being nice and slim. No spots, good skin." *(Pakistani female)*

In our conversations at the gym, we heard that women had joined following recommendations from health professionals, with the majority there to combat obesity.

Some of the women we spoke to have personal trainers and felt this was having positive impacts on their eating and drinking choices.

Barriers to a healthier lifestyle

In terms of the barriers to being healthy, a number of women highlighted that they feel stressed due to family pressures or pressures of studying, and have no or very little time for themselves. They talked about the time they devote to working, cooking, cleaning and making sure that others have what they need rather than caring for themselves.

As one Asian female said at a local community centre:

"Too much stress in life, no rest ever. Juggling work, home, family, kids and finances is hard. Always problems, never no rest [sic], never get time to think about myself. If I had time to look after myself I would be healthier, physically and definitely emotionally too."

One Pakistani gym member in her mid-20s refused to complete a questionnaire saying she felt the NHS did not help when they needed it as her father had gone through a serious illness and not received the support needed. She went on to say, and gave permission for us to note:

"You can go to the gym, drink your water and take your vitamins, but if you don't deal with the ** going on in your heart and head you're still going to be unhealthy."**

Awareness of campaigns

Women were aware of campaigns for five a day, flu jabs, stopping smoking, what to do when you have had a cough for more than three weeks, when to go to A & E and campaigns around walking more.

The five a day campaign was rated as highly effective as many said this had made them go on to eat five pieces of fruit and vegetables a day. Their children were learning about this at primary school, coming home and sharing it with families. Other campaigns were seen as less successful - many women admitted ignoring health campaigns if they felt they did not directly affect them.

Many also felt leaflets and posters lying in community centers and GP surgeries did not help promote campaigns and some took no interest. Others could not read and felt that trained outreach workers who talk to people helped explain much more.

“Good promotion, but just a leaflet is not much help, better to have one to one support.”

“Read them but don’t absorb them [messages], then forget, so not a lot of impact.”

“Don’t provide much information, just an initial message.”

What would help?

When asked about what would help women to be healthier, several wanted female only swimming sessions, with many women complaining that session timings at the only pool currently providing this (Bowling Pool) were not suitable for working women or that the sessions were oversubscribed.

They also wanted other forms of exercise:

“I would attend a women’s walking group if there was one in the area.”

“Low cost exercise classes. Activities for mums and children, more local sports teams and activities.”

Many mentioned being helped to prepare and eat healthier food, help to read food labels and also weight management.

“Teaching Asian people about alternative healthy options as we cannot leave Asian food.”

“Need advice and support, more confidence and advice to eating healthy, somewhere local.”

The goals for this phase will be to pilot a number of projects across the Bradford City CCG area. These will be community led, and delivered in communities, by local people. Being locally focused the skills, knowledge and awareness will be retained within communities and the people living there.

- Increase awareness and more dialogue around what is meant by healthy eating
- Adapt the messages in a culturally appropriate way with discussion and demonstrations based on foods commonly used by our communities
- Increase exercise and movement by providing activities based in local communities and led by local people
- Create more arenas for wider discussions within communities around health and wellbeing. Our approach will be to work with part time staff and volunteers
- Provide pop up health check stations in community centres, gyms and also work places
- Pilot a more structured approach to weight management incorporating emotional resilience and wellbeing
- We will work with local groups to develop easy to read /use information/recipe and motivational cards

Activities will run in the Bradford City CCG footprint area, and be targeted at the under 40 age range.

Walking Groups

Both men and women aged 24 and over expressed an interest in attending structured walking activities.

Our proposal will be to pilot three walking groups, and to train volunteers from their respective community centre's to train and lead the walks.

Proposed Pilot Interventions

Phase Two of the project will see us delivering some key interventions directly based on the findings and information gleaned through the research undertaken in Autumn 2018. These interventions will take place between February and September 2019.

It is hoped that as these were directly identified by people themselves there will be more of a sense of ownership and greater participation. We have already established relationships and gained buy in with the key organisations working directly with individuals.

When planning and delivering each project we will be working closely with identified voluntary and community sector organisations and looking at how we ensure any project is owned, planned and delivered by people within the community, thereby working towards sustainability. There will be a small cost to each person to take part, which will be as low as possible. It is important since free activities will not sustain themselves in the long run.

Key to the continuation of any activities will be the strong relationships developed with part time staff and volunteers. When they are trained or have taken part in the setting up and delivery of any project, they will have the skills and knowledge to share amongst their peers and also act as a role model for friends, family and the wider community. The principle will be the ripple effect in a small area, be it a community centre or a street.

To evaluate the outcomes of each intervention our assessment methods will be to complete a questionnaire with each participant at the start of each programme, a mid-way assessment and then a final questionnaire to measure any changes in behaviour. We will also evaluate the project using individual case studies.

At the end of Phase Two we will collate a report with details of outcomes and impact.

We will ensure that all interventions will be designed and delivered in and through the daily flow of activities of work and community life.

"Healthy cooking classes and cheaper exercise classes, with correct information on vitamins. Want yoga and mindfulness sessions."

"Sharing recipes with each other that are healthy. Awareness of healthy cooking and how to cook. Sometimes kids come home hungry from school as portions are too small."

"I need motivating, how to ignore junk food craving."

New Arrivals in the UK

"[I] had more access to fresh fruit and vegetables back home, it was a healthier diet, food prices are higher in the UK for organic food." (Moroccan female)

'New arrivals in the UK' refers to individuals we spoke to who have arrived in the UK within the past two years. Some have British citizenship, whilst others have asylum status or refugee status. Countries of origin were Syria, Iraq, Iran, Democratic Republic of Congo, Eritrea, Morocco, Poland and Hungary.

A total of four focus groups and three questionnaire sessions were held at Bradford Immigration and Asylum Seekers Support and Advice Network (BIASAN), Bevan House and Food for Life. These sessions were led by trained volunteers, who also supported with interpreting the questions. Languages spoken ranged from Arabic to Dari. Several participants in this group completed the questionnaires at GP surgeries.

Being healthy

Being mentally well and strong, feeling settled and being able to live without worry came up as strong themes in response to the question about what being healthy means. Good physical health was also important.

"Having no underlying worries about the future." (Moroccan male)

"Sound mental/emotional health, healthy body and healthy food." (Arab male)

"Have a good life/money, food, friends, work." (Female from Middle East)

"Eating healthy, being happy/being in a good state emotionally" (African male)

Barriers to a healthier lifestyle

Financial constraints and stress were two of the main factors people in this group identified as affecting their health and wellbeing and ability to make healthy lifestyle choices. Three of the people participating were on no income.

The majority also felt that the diet in the UK is unhealthier than in their country of origin.

"Sweet, fatty, processed foods are more widely available here and eaten more often."

"More money needed to eat better."

"Too many fast-food outlets. It is problematic."

"White rice and bread is not good; it is too available here."

Feeling bored and without purpose came up too in the focus groups, as did problems with sleeping, smoking and alcohol consumption.

"Because of stress and lack of sleep issues with smoking and alcohol use."

"Drinking too much alcohol, smoking, poor diet and lack of money. Stress and boredom sitting for too long."

"It's having nothing to do, we need to work"

"Worries about mental health, having problems sleeping, feeling useless and having no purpose."

Lack of access to an NHS dental practice was also mentioned at the three separate focus groups and across two different centres. The situation was described as "horrendous".

Awareness of campaigns

The groups were generally aware of a wide range of health campaigns – healthy eating, weight management, stop smoking and alcohol units. Breast and cervical screening were also mentioned.

I have swapped fizzy pop for flavoured water and [swapped] gums, chewy sweets for berries".

What would help?

The common thread across participants at all venues was the need for low cost exercise sessions and information on how to prepare healthy meals on a budget and with time constraints.

All who completed the question on where the activities should take place, said that they would attend if they were held in their local area.

"I'm having to search for projects in the area, need more advice, support. Need cheaper or free facilities that are either at local GP practice or community centre. And need more ladies' facilities." (Young mother)

"A fitness friend and more money, health foods are expensive, and need more education on food stuffs - better labels." (Male)

"Would like swimming and some creative classes (art) closer to my home." (Female)

"Wish for more advice on healthy living, guidance and support and more cook and eat sessions." (Female)

"More support with exercise and conscious eating, I have previously suffered with depression which contributes to lack of motivation to change." (Female)

"Give alternative recipes ideas to make food healthier from the heart point of view, would love it to include diabetic point of view too. Would like exercise advice to do at home." (Young mother)

"Cost of something like weight watchers, distance and cost to get there [are barriers] to sessions which would be likely to help, also the time it would take to get there." (Young mother)

"Too much on offer at supermarkets that are all unhealthy foods - sweets, pastries, pizza."

"Healthy foods are more expensive because they are now fashionable."

"Less time to prepare meals from scratch."

"A salad is more expensive than a burger meal."

"Healthy foods are expensive products." (Young mother)

"Too many offers at supermarkets of the wrong foods." (Young mother)

Alongside new arrivals to the UK, people in this group were the only other group to mention lack of access to an NHS dentist as a barrier to being healthy.

Awareness of campaigns

Concerning health campaigns, people in this group mentioned safe levels of alcohol consumption, stop smoking, flu jab and mental health campaigns. Several people gave examples of where they had put into practice changes for themselves and families.

"I'm aware of the flu campaign, the jab helps keep my immune system up with a boost as my system is low due to infusions for RA." (Male)

"Yes I made changes because of health messages, I stopped smoking about 5 years back and don't drink." (Male)

"Yes, I made changes, trying harder to eat healthier and aware of the stroke FAST campaign too." (Female)

"Dry Jan and stop smoking, good information, leaflets everywhere. Lots of advice on TV and children are taught at school." (Mother)

In a focus group of eight people at Food for Life, four said that they had changed the food they give to their children based on the Change for Life Campaign. Jamie Oliver was mentioned as having had a positive impact on parents and helping them think about what their children are eating. One mother stated:

This may be due to the volunteers at the centre's ensuring that relevant health messages are shared with their members and this may not be the case for the wider community who do not have access to such sessions.

What would help?

There were different viewpoints on what would help people to be healthier ranging from access to cheaper fruit and vegetables, being allowed to stay in the UK, improving housing issues and decreasing boredom.

Through the focus groups and questionnaire sessions people expressed an interest in swimming activities, opportunities for more sporting activities, such as zumba, pilates, yoga, rounders and cricket, and help to prepare healthy foods, particularly South Asian cuisine.

Having access to cheaper homegrown foods also featured high with participants.

Over Fifties

Focus groups were held at West Bowling Community Centre, Frizinghall Walking Group, Marshfield, Odsal & Bankfoot Enterprise (MOBE) and Anand Milan Group.

Being healthy

Several of this group commented that they thought a natural part of growing older was the change in their bodies and being prone to more illnesses. There was a sense that this had shaped what 'being healthy' now means to them.

"[I] have had breast cancer and two knee replacements in the last seven years, have eye sight problems. Being healthy to me means enjoying life."
(Pakistani woman in her sixties from Bradford)

For South Asian men in their sixties who all attend a local community centre, being healthy means:

"Being able to feel and use all of my body."

"Walking whenever I like."

"Bowels working."

"Not being dependent."

Eating healthily and eating certain foods in moderation was also discussed.

"I walk every day for half an hour, keep independent, keep busy."

(Pakistani male, 80+)

"I don't feel I need to improve anything. I am very active." (White female, 80+)

"I really try to eat healthily and walk a lot." (White female, 60+)

"Don't drink and eat healthy [sic] and take lots of exercise." (British African male)

Awareness of campaigns

The majority of respondents, particularly those interviewed at GP surgeries, were aware of health campaigns around moving more often. Being out in fresh air and walking were seen as important, with some respondents in their eighties saying that they try to walk every day for at least thirty minutes.

People were aware of stop smoking, flu jab and five a day campaigns but opinions varied on the benefits of these messages.

Barriers to a healthier lifestyle

For some, age and ill health were a barrier to healthy behaviours. This was not always because of a lack of will. Over half of the South Asian women in one focus group said that ill health prevented them from taking part in activities to improve their health.

"We need someone to go with us for a walk at a safe space. We are unstable on our feet and feel scared going out alone."

"Some illnesses are a natural part of getting older." (Caribbean male)

"At the age I am at, close to 70, don't have the time and energy for exercise."
(African Caribbean)

In a similar vein to the other groups the prevalence of fast food and dining out opportunities were mentioned as a main influence on unhealthy lifestyle behaviours - though not necessarily their own.

"Reduce the number of fast food outlets and tax them." (Pakistani male)

"Parents need to change their habits. Sugary and fried foods are now normal and people are craving them. But for me I can just say no and it does not affect me. If parents cannot do this the children will not." (Indian male, 80+)

White Communities

Focus groups and questionnaire sessions were delivered at: Food for Life, Blooming Buds, Ravenscliffe Community Centre and Ravenscliffe Youth Club.

In order to ensure we had a sizable representation from this group we extended our reach outside of the Bradford City CCG area, and spoke to people in BD4, BD7, BD10 and BD18 areas.

Being healthy

In response to the question about what being healthy means, people said:

"Feeling happy in myself and feeling physically and mentally capable enough to go about my life without difficulty." (Female)

"Feeling good about myself and my body. Not always snacking. I use food to make myself feel better. I get so stressed with life." (Female with teenage children)

"Not smoking, not using something to deal with stress." (Female)

Barriers to a healthier lifestyle

The main influences on living a healthy lifestyle were very similar to other groups namely stress, motivation, habits and money.

This group were also more likely to quote supermarkets and the perceived higher cost of healthy foods compared to unhealthy foods as barriers to eating healthily.