Healthy Foundations Life-stage Segmentation Model Toolkit

Version 1: April-June 2010

DH INFORMATION READER BOX	
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Description	The Healthy Foundations Life-stage Segmentation Model uses consumer insight to inform local and national health improvement activities, and deliver interventions that will support the achievement of the key public health priorities, PSA targets and the QIPP agenda. The deeper level of understanding of both motivations and environmental influences provided by the Healthy Foundations survey can also be used when developing LAA's, DH, NHS and LA capacity to deal with identified local health needs, and can be a key tool in delivering "NHS 2010-2015: from good to great."
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For Recipient's Use	

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For more information

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KEY TO ICONS


Smoking


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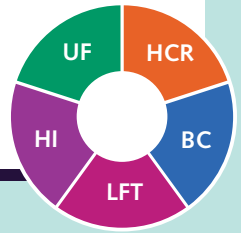
Exercise


Mental Health



Welcome

Welcome to the Healthy Foundations Life-stage Segmentation Model Toolkit.

Healthy Foundations is a lifestyle segmentation project, and one of the key outcomes from the Department of Health's (DH) Ambitions for Health, a strategic framework for maximising the potential of social marketing and health-related behaviour (2008). This behaviour change framework sets out how DH plans to ensure that all policy development and public health interventions are informed by our understanding of what motivates people and how these motivations are affected by their social and material circumstances.

The DH, working with academic and commercial research agencies, has developed a segmentation of the adult population of England based on behaviour, attitudes and lifestyles.

Originally aimed at social marketing and behaviour change practitioners, the project set out to map the key drivers of behaviour across six public health priority areas:

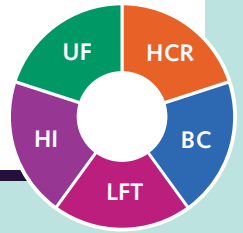
- Smoking
- Obesity
- Alcohol
- Substance misuse
- Sexual health
- Mental health

In addition, the survey also measured physical activity.

The Segmentation Model, which builds on existing research and knowledge, is one of the most rigorously constructed public sector segmentation models to date. It offers social marketing, behaviour change and public health practitioners insights into the needs, lifestyles and motivations of different individuals and groups within society.

Its ultimate aim is to create a powerful insight tool to help understand subgroups of the population and focus resources where they are most needed. The Segmentation Model offers a fresh and nuanced approach to the development and use of insight. When added to demographic, behavioural and epidemiological data, it will be a vital tool for ensuring that people are at the heart of policy-making and service delivery. The Segmentation Model makes it possible to tailor interventions or services to particular 'segments', with a view to improving effectiveness and efficiency by promoting a more targeted use of resources.

This toolkit shows how to use the Segmentation Model to achieve a deeper understanding of local audiences and devise health behaviour change interventions that have more impact. Providing background information, case studies, implementation tips and more, it is a key resource for practitioners looking to meet local needs and deliver successful and cost effective interventions.



Background and methodology

Segmentation can be a powerful tool to help understand population subgroups and focus resources where they are most needed. Moving beyond demographics and factoring in attitudinal and psychographic data (a person's overall approach to life, including personality traits, values, and beliefs) provides a rounder picture of individuals and is a good starting point for developing tailored interventions.

When segmenting populations, the aim should be to define a small number of groups so that all members of a particular group are as similar to each other, and as different from the other groups, as possible.

A good segmentation should:

- Build on current knowledge;
- Provide a language for understanding people;
- Add value and greater sophistication when developing and targeting interventions;
- Not be too complicated and be accessible to local practitioners who should be able to re-create the segments in their own research.

With these guidelines in mind, DH has developed a segmentation of health-related attitudes and behaviour.

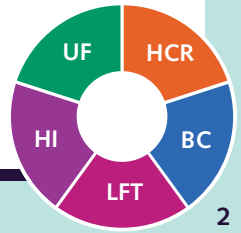
Over the past two years, a number of research studies have been conducted to develop the segmentation. They included:

1. A literature review and consultations with internal DH staff, Strategic Health Authority (SHA) and Primary Care Trust (PCT) representatives, public health research experts, marketing segmentation experts, statisticians and social researchers from the public and private sectors.

2. A large scale quantitative survey to construct and size the segments. A random sample of 4,928 people aged 16-75 years old were interviewed for one hour in their homes using computer assisted personal interviewing.

3. Large scale qualitative research and ethnography, comprising 52 focus groups and 45 immersion interviews to explore in depth their lifestyle, motivations and the behavioural intervention approaches that might work.

The Healthy Foundations Segmentation Project is a central part of the Ambitions for Health framework. Using consumer insight to inform local and national health improvement activities, robust research has resulted in a model designed to help practitioners deliver interventions to support the achievement of the six key public health priorities and the quality, innovation, productivity and prevention (QIPP) agenda.



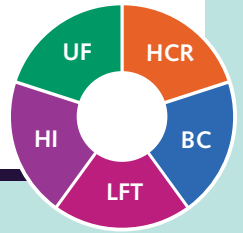
What the Segmentation Model is here to do

The Segmentation Model is a powerful strategic tool that can help planners, managers and commissioners to locate the Healthy Foundations segments to understand their needs, develop policies and allocate resources.

It gives a detailed strategic view of target audiences, drawing on data from a range of sources, and an understanding of their needs and motivations that goes beyond just health issues. This insight can be used to inform communications, shape effective policies/interventions and bring about service changes.

The Segmentation Model was originally designed to inform commissioning at national strategic level, but has since been developed and refined for local application. Stable and replicable, the Segmentation Model allows people to identify and target local segments, and is aimed at those involved in planning, designing and developing social marketing and behaviour change programmes in SHAs, PCTs, Public Health Observatories (PHOs) and Local Authorities (LAs) and their partners.

Senior managers and commissioners will be crucial champions of the programme and can help embed it across mainstream health interventions. Local communications teams will also play a key role in raising awareness of the Model and disseminating results and good practice.



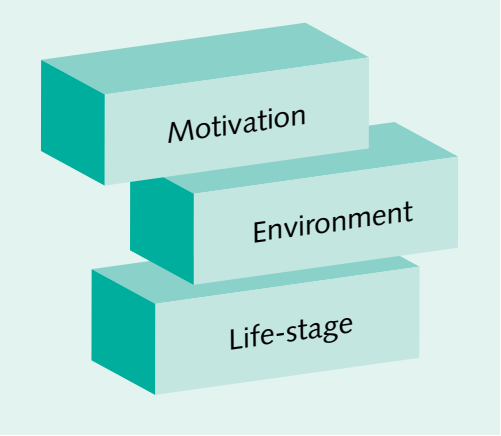
The Healthy Foundations Life-stage Segmentation Model: Pen portraits

The Segmentation Model consists of **five core motivational segments** which can be further divided by different levels of social and material deprivation (see **Analysis by deprivation**). These groups can be found within every social stratum in society – from the most deprived areas to the most affluent areas.

The full Segmentation Model captures the complex dynamics between an individual's personal motivation to live healthily (the *motivation* dimension) and how these vary within the context of their social and material circumstances (the *environment* dimension of the segmentation). The segmentation also captures the variation by life-stage i.e. the *life-stage* dimension of the segmentation (see **Analysis by life-stage**).

The adult segmentation aims to provide a number of 'building blocks' that can be used to understand attitudes or behaviour. The blocks can be used individually or together.

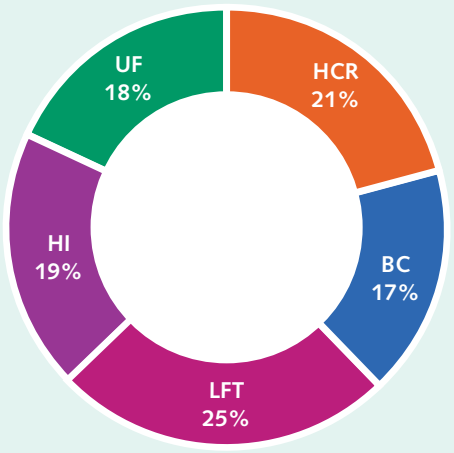
The building blocks:



Based on in-depth research (see **Background and methodology**), these three dimensions have been identified as important influences on health behaviours. It is not intended that they be communicated directly to the audiences, but act as a guide to service and intervention planners.

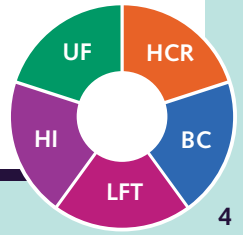
The core of the segmentation is the "*motivation*" dimension of the work. Using cluster analysis methods, a range of psychosocial attitudes and constructs – such as self esteem, locus of control, fatalism, short termism, goal setting and self efficacy – we created five segment types.

Nationally, the five core motivational segments break down as follows:

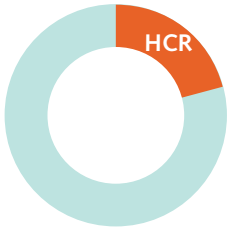


Key:

- Health Conscious Realists **(HCR)**
- Balanced Compensators **(BC)**
- Live for Todays **(LFT)**
- Hedonistic Immortals **(HI)**
- Unconfident Fatalists **(UF)**



Health Conscious Realists (HCR)



What are they like?

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.

INSIGHTS ↘

Segment size

21% = 8.0 million adults

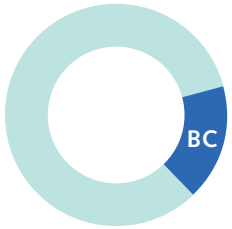
Profile

- Female bias in this segment
- They are more likely to live in less deprived areas
- Segment with an older than average age

Behaviours

- Display positive health behaviours
- Highly motivated
- In control of their lives and their health
- Low incidence of drug and smoking use
- Eat healthily.

Balanced Compensators (BC)



What are they like?

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.

INSIGHTS ↘

Segment size

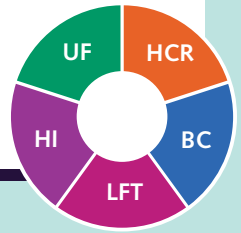
17% = 6.5 million adults

Profile

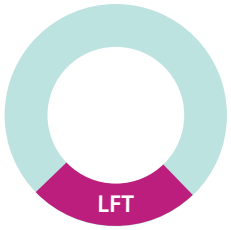
- Stronger male bias within this segment
- Highest proportion of people in full time work

Behaviours

- Generally positive health behaviours
- Exercise regularly
- Eat healthily
- Low prevalence of smoking and drug use



Live for Todays (LFT)



What are they like?

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, but also 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 get ill in the future.

They tend to live in deprived areas which gets them down and they don't feel that good about themselves, but feel more positive about life than the "Unconfident Fatalists". They are the segment who are most resistant to change and don't acknowledge that their health needs to change, unlike the "Unconfident Fatalists".

INSIGHTS

Segment size

25% = 9.5 million adults

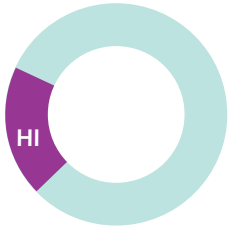
Profile

- Tend to come from more deprived areas

Behaviours

- Exhibit fairly poor health behaviours
- Hold short-term view of life
- Fatalistic about life
- More likely to smoke and drink heavily
- Little concern for their future wellbeing

Hedonistic Immortals (HI)



What are they like?

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.

INSIGHTS

Segment size

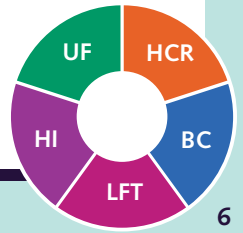
19% = 7.2 million adults

Profile

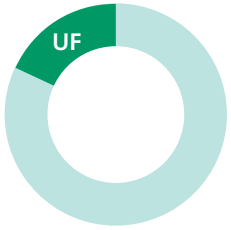
- Segment with a younger average age
- More likely to come from less deprived areas

Behaviours

- Motivated by environment and risk
- Display lack of concern for their health and wellbeing
- Most likely to drink heavily
- Higher-than-average incidence of drug taking



Unconfident Fatalists (UF)



What are they like?

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.

INSIGHTS ↘

Segment size

18% = 6.8 million adults

Profile

- Segment with an older average age
- Tend to live in most deprived areas
- Least likely to be in paid work
- More likely to be retired

Behaviours

- Exhibit the most negative health behaviours
- Hold negative perceptions of a healthy lifestyle
- Often fatalistic about their own health

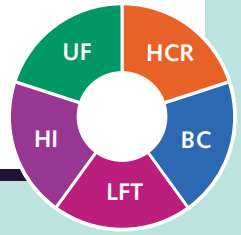
Summary of motivational differences between the Motivation Segments

	Health Conscious Realists	Balanced Compensators	Live for Today	Hedonistic Immortals	Unconfident Fatalists
Value health	High	High	Med	Low	Med
Control over health	High	High	Med	Med	Low
Healthy lifestyle is easy/enjoyable	High	High	Low	Med	Low
Health fatalism	Low	Med	High	Low	High
Risk taking	Low	High	Med	High	Med
Short termism	Low	Med	High	Low	High
Self esteem	High	High	Med	High	Low

Key:

More positive motivation

More negative motivation



Analysis by Deprivation

These five segments are present in all areas of England including the most affluent areas and the most deprived areas. The five segments have been divided by levels of deprivation using the Indices of Multiple Deprivation (IMD) resulting in 11 distinct segments.

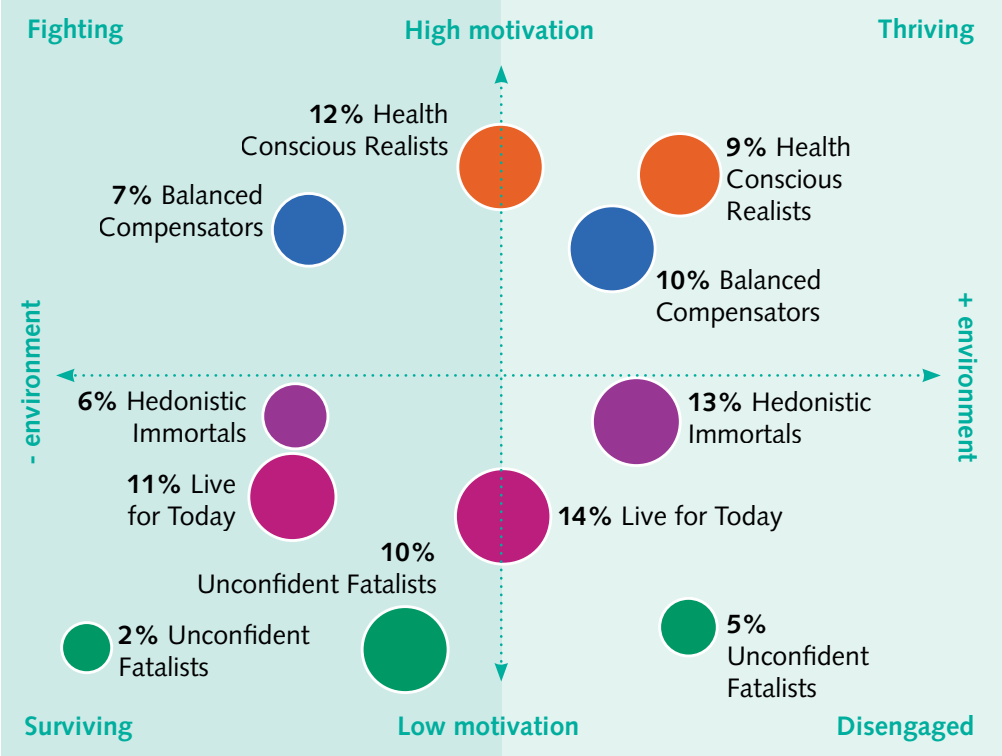
The percentages next to each segment bubble represent the adult population in England. Even the smallest segment – Unconfident Fatalists living in the most deprived areas of England – represents approximately 800,000 adults aged 16-74 (2% of the adult population).

The segmentation captures the dynamics between an individual's personal motivation to live healthily (the *motivation* dimension of the segmentation) and how these motivations vary within the context of their social and material circumstances (the *environment* dimension of the segmentation).

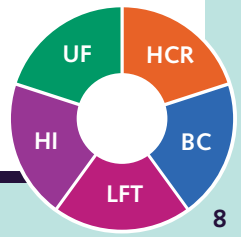
The segmentation also captures the variation in these measures by life-stage.

Looking at the segmentation chart, the quadrant names "fighters", "survivors", "thrivers" and "disengaged", summarise the general state of the segments within each quadrant.

Dividing the motivation segment by IMD (indices of multiple deprivation)



Note: A complex statistical procedure was used to split each of the segments into distinct groups, which maximised the differences in behaviour between the groups whilst capturing the different circumstances in which people live i.e. those living in more deprived areas and those living in less deprived areas. Most of the segments split into two distinct groups with the exception of the Unconfident Fatalists which split into three distinct groups. Unconfident Fatalists are represented in three places on the horizontal (environment) axis, while the other segments are shown only in two places.



Survivors

Hedonistic Immortals, Live for Todays and Unconfident Fatalists living in more deprived areas.

These tend to be people living in negative health environments who have a low level of motivation to look after their health. Within this group there will be many people with unhealthy behaviours, and a higher proportion than average will have poor health. Their position on the motivation scale indicates that they feel less in control of their health and have less confidence in their ability to do anything about improving it or preventing ill health. Their position on the environment dimension indicates that they will be living in more deprived circumstances, which will make it more difficult for them to change their lifestyle.

Moreover, in some of the most deprived communities in England, the social norms make it difficult for those wishing to change. For example, smoking prevalence can be over 50 per cent in some areas, making it harder to give up. If one of the main purposes of segmentation is to target resources where they are needed, these segments would clearly be a priority for appropriately tailored interventions and services.

Fighters

Health Conscious Realists and Balanced Compensators living in more deprived areas.

They live in negative health environments but rise above their norms, and have a higher level of motivation to look after their health.

These segments live in the same conditions as the "surviving" group; indeed, some of them may be in the same family. There may be a number of reasons why they have managed to maintain a healthier lifestyle and exhibit a degree of resilience to the deprivation surrounding them. Whatever the reasons which emerge from research, this group has great potential to influence their "survivor group" peers.

Disengaged

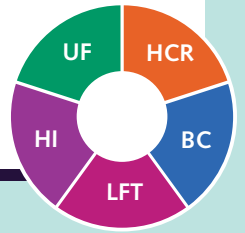
Hedonistic Immortals, Live for Todays and Unconfident Fatalists who are living in less deprived areas.

These people live in more positive environments and for a range of reasons have a low level of motivation or ability to look after their health.

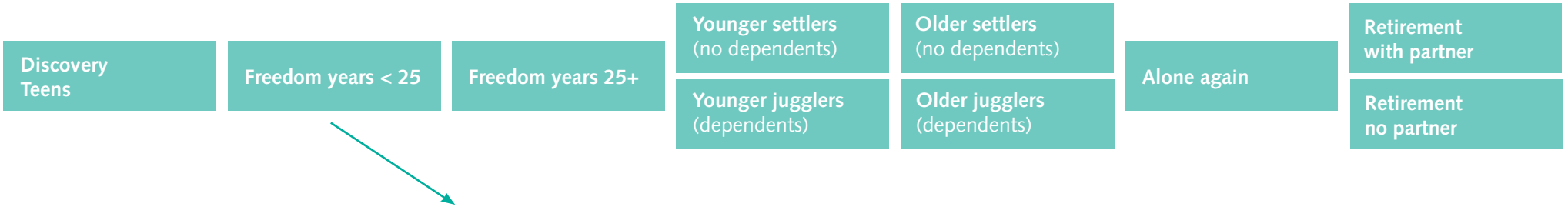
Thrivers

Health Conscious Realists and Balanced Compensators living in less deprived environment.

People in this group are more motivated to look after their health and feel more able to do so. They tend to be surrounded by the resources and positive norms to make that happen.

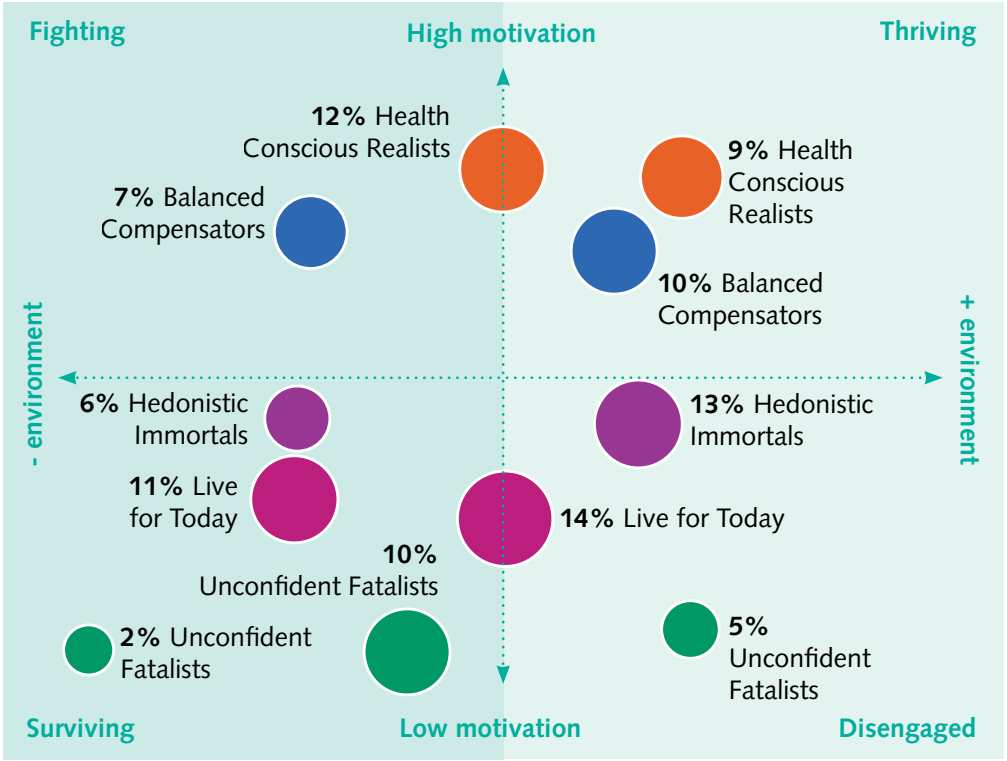


Analysis by Life-stage



As a person travels through different life-stages, there are numerous events and opportunities associated with that life-stage which can encourage healthy or unhealthy behaviours. In this segmentation, life-stage has been defined by ten groups. Within each group the distribution of the segments can be calculated. For example, the "Freedom years under 25" life-stage will have its own distribution of Balanced Compensators, Unconfident Fatalists, and so on.

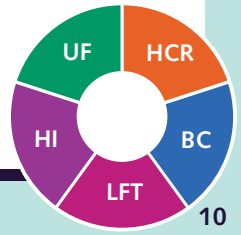
Dividing the motivation segment by IMD (indices of multiple deprivation)



Further information about the Segmentation Model will be available online at **www.dh.gov.uk/socialmarketingportal**. This includes:

- The qualitative and quantitative full and summary reports
- The Healthy Foundations survey
- Regional contacts
- Contact details for local 'superusers', who will provide technical support in each region
- The 'profiling tool' – see **A profiling tool**
- Data on each segment at SHA level (available from May 2010)

A full explanation of the life-stages is available in the **Appendices**.



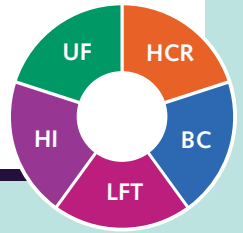
A profiling tool ('golden questions')

The Healthy Foundations profiling tool is intended to provide health practitioners with a means to develop a deeper understanding of their local population. It is a robust and reliable tool that can be used to segment respondents to a high degree of accuracy (c. 88%) using just 19 'golden questions' on a local health survey.

Respondents are asked to rate, or agree or disagree with statements on a range of topics, from the control they have over their own health, to level to which they enjoy a healthy lifestyle, or feel that it is important.

Practitioners can ask the 'golden questions' at ward, PCT or any other level to segment a particular audience and obtain further insight into a local community and the behaviours that shape health outcomes. Employing such insight will result in a more holistic way of helping people to change their unhealthy behaviour or to maintain healthy behaviour – rather than always taking a disease- or issues-based approach. There is rarely a 'one-size-fits-all' solution that will work across the population. It is hoped that future social marketing and health promotion programmes will be built on shared insight into audiences, clearly defined through segmentation analysis.

The profiling tool will shortly be available online for you to try out.



How practitioners are using the Segmentation Model

Here we provide first-hand accounts from some of the PCT 'early adopter sites' that are already using the Segmentation Model.

"The idea is that the segmentation is based mainly on primary care and other health and social care data."

NHS Tower Hamlets

"At Tower Hamlets we've been working with Experian, the information services company, to produce a bespoke segmentation for the borough. Our aim is to link Experian's classification tool, MOSAIC, which provides in-depth understanding of consumer behaviour, with the Segmentation Model in order to provide a detailed picture of our local population.

The idea is that the segmentation is based mainly on primary care and other health and social care data, supplemented by other lifestyle and commercial data used by Experian. We will also link it in with data from a Health and Lifestyle survey carried out by Ipsos MORI in Tower Hamlets in 2009.

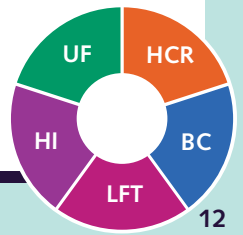
Our area has very high levels of deprivation, and health issues can rarely be solved by traditional medical interventions. We are looking at behavioural drivers to better understand the health inequalities, needs and potential for change among local people.

We know that there will be little motivational data within the bespoke Tower Hamlets MOSAIC, so our plan is to link the data contained in the Healthy Foundations Life-style Segmentation Model with our local segmentation using the TGI hooks that will be present in both datasets. We can then see how well the Healthy Foundations segmentation matches the MOSAIC segmentation, which should help us to identify motivational and attitudinal types.

From there, we will map our motivational insights against service use and assumed service preference. If the match appears valid, we can begin using the motivational data to design interventions that are targeted, tailored, and hopefully very effective."

Tim Madelin,
Senior Public Health Strategist

"Our aim is to link Experian's classification tool, MOSAIC, which provides in-depth understanding of consumer behaviour, with the Segmentation Model."



DH: Healthy Foundations Pilot Site Ashton, Leigh & Wigan PCT

"The Healthy Foundations Segmentation Model is being used to better understand the characteristics and motivations of populations in relation to awareness and uptake of lifestyle services across the borough of Wigan in order to inform future commissioning strategies.

The pilot work in Wigan will initially focus on an analysis of Health Trainer service uptake by using the Segmentation Model within the service evaluation. Work is being undertaken in partnership with the University of Central Lancashire (UCLAN) to attempt to retrospectively categorise service users against the population segments using the People & Places geo-demographic tool. The algorithm, which has been developed as part of the Healthy Foundations programme, will be used with new clients to identify the population segment they belong to.

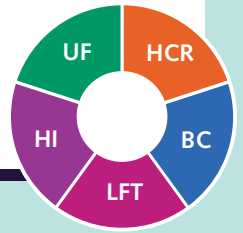
On-going evaluation work involving the use of diaries, quantitative data collection and focus groups will then be used to assess the impacts and experience of users against the different population segments.

The evaluation will support developments specific to the Health Trainer service, but will also inform the way that the service interacts and is positioned alongside other behavioural change interventions such as Stop Smoking services, community weight management, specialist weight management and Find & Treat (local Cardio-Vascular Disease screening programme). The Segmentation Model will be used to influence local commissioning strategies for lifestyle and behavioural change interventions and to support more effective targeting of programmes and interventions in order to stimulate and support behaviour change."

Claire Roberts,
Public Health Development Manager

"The pilot work in Wigan will initially focus on an analysis of Health Trainer service uptake by using the Segmentation Model within the service evaluation."

"The Segmentation Model will be used to influence local commissioning strategies for lifestyle and behavioural change interventions."



"We also suggested that they use the Model to devise possible intervention approaches by segment."

Brilliant Futures and East Cambridgeshire Health and Wellbeing Partnership

"Brilliant Futures are providing coaching and consultancy services to the East Cambridgeshire Heath and Wellbeing Partnership. The Partnership wants to research the local population in order to shape behaviour change interventions aimed at reducing health inequalities. The project is targeting Littleport, the most deprived area in East Cambridgeshire.

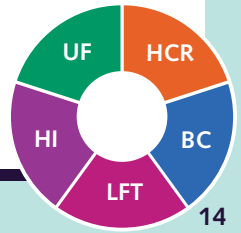
We recommended that the Partnership made use of the Healthy Foundations Segmentation Model to provide insight into the motivations and environmental drivers of health behaviours amongst the population of Littleport. We also suggested that they use the Model to devise possible intervention approaches by segment.

The information generated by the Model will be used alongside insight from stakeholders and other geo-demographic profiling data held by the PCT.

The Partnership has responded very favourably to our suggestions, and is keen to try the new approach. The project will begin with primary research using the Healthy Foundations profiling tool, with 250 face-to-face, door-to-door interviews with people over 16 in Littleport. The proposed interventions will then be tested with the target audience via existing community channels before development begins in earnest."

Richard Donaldson,
Senior Associate

"The Partnership has responded very favourably to our suggestions, and is keen to try the new approach."



How DH is using the Segmentation Model

In this section we provide four examples of how the Segmentation Model is being used by the DH.

Change4Life

In Summer 2009, the Change4Life team was given access to the Healthy Foundations database to help further our understanding of middle aged adults, the next target audience for the Change4Life campaign.

Data for adults aged 31 to 60 was cut by weight status (healthy weight, overweight, obese, very obese) and gave us some useful insight into their differences in terms of attitudes and behaviours. For example, key differentiators for people with healthy weight were that they were more likely to perceive a healthy lifestyle as enjoyable and have high self-confidence. For the obese, key differentiators were that they were more likely to say that a healthy lifestyle is not easy, have low self-confidence and have a high level of fatalism when older. These insights were used to inform our qualitative research, which in turn has been used to help develop our marketing strategy for our next target audience of 'middle-aged' adults.

Lucy Brady, Research Analyst, Planning and Insight Team, Department of Health

Mental Health

Healthy Foundations data shows that there is a strong correlation between poor mental health (GHQ) scores and health risk behaviours such as smoking, alcohol, drug misuse, obesity, sexual health and insufficient physical exercise and fruit and vegetable intake. As the GHQ score increases, these health risk behaviours become more pronounced.

The only exception to this is alcohol which only shows a negative relationship with women. This pattern may reflect that alcohol consumption is high across society.

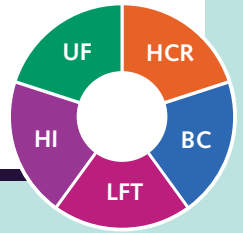
Dr Jo Nurse, National Lead for Public Mental Health and Well-being and responsibility for excess seasonal deaths, Department of Health

Cancer Services and End-of-Life Care

The Cancer and End-of-Life Care branch, in conjunction with our strategic partners, Cancer Research UK (CRUK), have used the **profiling tool** to segment perceptions of cancer amongst the general public.

Our research is yet to be completed, but in the groups I viewed, it was clear that we were witnessing some kind of balancing behaviours (Balanced Compensators, Male, 50+). For example, one respondent consciously checked for lumps and anything out of the ordinary around his body. Unfortunately, he also smoked more than 20 cigarettes per day. As I understand the demographic, this behavioural pattern is consistent with the segmentation.

Justin Kerr-Stevens, Communications Manager, Cancer Services and End-of-Life Care, Department of Health



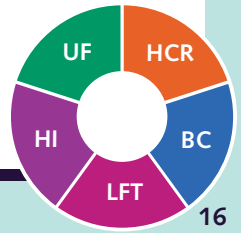
COPD

We have used the health motivation profiles set out in the Healthy Foundations research and overlaid them on the segmentation work we have undertaken to support the prevention and early identification of chronic obstructive pulmonary disease (COPD). In doing this, we have used the Healthy Foundations segments to support the identification and design of targeted activity/ interventions which might motivate behaviour change. One key insight is that many within our main target group – routine and manual workers (R&Ms) – are Unconfident Fatalists. However, it is clear that changing the behaviour of this group could be the hardest to achieve, given they have the least positive environment and the lowest motivation to change.

A significant insight is to develop and deliver interventions positively – both in terms of environment and positioning.

An alternative and more realistic target segment to start with may be Live for Todays. This group is also heavily influenced by their environment but has a greater motivation to change and therefore could be easier to target. We also think that many younger R&Ms fall into the Hedonistic Immortals profile and that we therefore consider the motivations and potential interventions for this group differently.

Julia Crighton,
Service Engagement Manager,
NHS Medical Directorate,
Department of Health



The local picture

The Healthy Foundations survey findings provide robust estimates of segment sizes for the general population of England and at SHA level. But for smaller areas the sample sizes are too small to be usable.

To address this issue, work is underway to see if 'synthetic estimates' can help sub-SHA areas, such as PCTs, to make improved estimates about Healthy Foundations segment sizes in their local populations. Designed in response to a fundamental question among practitioners, '*What does my patch look like*?', synthetic estimates are intended to identify clusters of segments in a given area.

The idea is that data can be overlaid on other regional and census data to provide a picture of health activities at local level.

While research into synthetic estimates is being completed, health practitioners or researchers can use the Healthy Foundations profiling tool to find and size the segments in their area.

How to evaluate

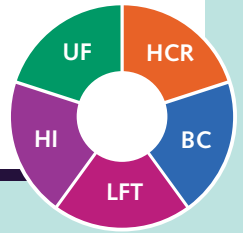
After using the Segmentation Model to target, tailor and deliver local health interventions, practitioners will need to evaluate their work.

A good evaluation enables practitioners to look back at work completed, identify areas of strength and weakness, and establish key learning that will help to shape future campaigns.

Here are some top tips for evaluation:

- Set measurable, achievable and time-realistic targets
- Establish links with networks of other health professionals; this will enable access to evaluation benchmarks, principles and frameworks
- Liaise with DH and share results
- Record methodology as well as outcomes.

As Healthy Foundations gains momentum, DH is keen to hear how practitioners have used the tools, and what the results are. Please get in touch to discuss plans and achievements. Our **contact details** are at the end of this document.



Embedding the Segmentation Model

The Healthy Foundations Life-stage Segmentation Model is a mechanism for delivering tailored interventions based on a holistic understanding of people and their motivations for change. Using the Tool will enable you to tailor your interventions to local needs, helping you to work more easily and effectively across the healthy priority areas. The Strategic Segmentation Model provides audience insights, helping to fill information gaps and lending more depth and detail to current knowledge. It can help you to identify service needs and will assist in the commissioning and delivery process.

It is a vital tool for addressing health inequalities at local and national level.

However, to ensure the long-term success and sustainability of the Model, it needs to be adopted and embraced cross-organisationally.

To embed it fully, the Model should be promoted and used at all levels, and championed from top to bottom of your organisation.

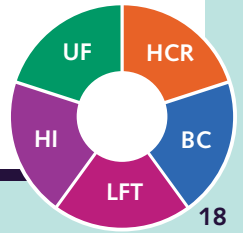
Key benefits

The Segmentation Model proposes a new approach to creating better health behaviour change interventions. Its solid evidence base means that it can be presented as part of a compelling case for the use of insight in health service delivery.

The key benefits that the Segmentation Model could potentially bring to an organisation include:

- **Deep and wide audience insight:** Builds a rich picture of your target audience to enable understanding beyond just health issues and uses quantitative and qualitative data sources, including attitudinal, demographic and behavioural data to help shape effective interventions
- **Support for the prevention agenda:** Helps early identification of those segments of the population who are more at risk of adopting unhealthy behaviours
- **People-centred approach:** Places citizens at the heart of approaches to achieving health equality
- **Saved time and resources:** No need to 're-invent the wheel', as the Segmentation Model is based on sound evidence and intelligence about what motivates people, how they behave, their perceived barriers to change and what interventions will help them change
- **Identification of local and national policy priorities:** Providing a cross issue analysis of people attitudes and behaviour will help Ministers, commissioners, senior managers and officials make more effective decisions about policy priorities and interventions.

So, if you have been inspired by what you have seen and heard about the Segmentation Model, don't keep it to yourself. Pass it on to others around you, and start to embed its thinking and vision into your everyday working life. This way we can achieve lasting positive change for better public health.



Frequently Asked Questions (FAQs)

Q How will HF help practitioners?

A The Healthy Foundations Life-stage Segmentation Project enables practitioners to:

- Provide a consistent and holistic approach to segmentation across the different public service agreement (PSA) target areas
- Develop a better understanding of how a person's attitudes and motivations interact with their social circumstances to lead to negative or positive change
- To better understand the common motivational and environmental drivers of multiple poor health behaviours
- Assist the commissioning process in developing targeted services
- Better targeted efforts and resources at specific groups in most need e.g the 'Live for Todays'
- Provide a quality benchmark for future segmentation research e.g. robust, cross-issue quantitative and qualitative research.

Q What HF tools will be available to practitioners?

A The Healthy Foundations Segmentation tools either being developed, or developed already are as follows:

- Using Healthy Foundations data together with information from established market research tools e.g the Target Group Index (TGI)
- Synthetic estimation/population profiles of segment sizes in regions
- Online reporting tool – allowing cross tabulation of specific research variables, segments and regions
- Profiling tool – for use at regional or PCT level
- This toolkit.

Early examples from Healthy Foundations Policy Areas (Change 4 Life), Mental Health and SHAs/PHOs will be available as work in progress examples.

Q How much does it cost?

A Most of the HF segmentation tools and associated insight are free to access (via web portal for Government employees with a .gsi email account – registration required). DH are inviting key delivery colleagues to a series of ten regional training events, which will explain more about the Segmentation Model.

Additional tools, and implementation of the segmentation, will have cost and resource implications for practitioners. However the aim of the Segmentation Model is to help practitioners and to make their work more targeted, more efficient.

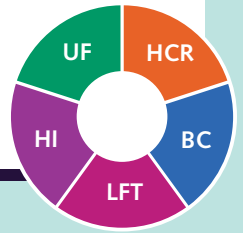
Q How can a social marketing approach tackle health inequalities?

A A concern about interventions that aim to change behaviour is that they can contribute to a widening of health inequalities. Ineffectively targeted interventions can disproportionately affect those who are more able to act on the messages. Using insight and segmentation can limit this effect and ensure that interventions can better help those who need them.

Q Is the Healthy Foundations segmentation the only social marketing activity of its kind being carried out by the DH?

A No, the HF model is part of Ambitions for Health, the DH framework for social marketing activity in England. For more information visit: **http://bit.ly/bJhpJH**

Other segmentations used by social marketing practitioners in public health include Health Acorn, MOSAIC, People and Places, and OAC. Segmentations specific to public health areas, such as obesity and alcohol, also exist.



Life-stage categories

Life-stages were constructed based on those suggested by the initial hypothesis. A validated life-stage model was constructed following the Healthy Foundations survey. The life-stages are based on a number of different elements:

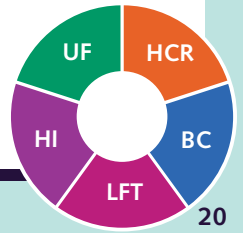
- Age
- Presence of children
- Presence of partner
- Whether they have significant caring responsibilities
- Working status (whether retired or not)

The following tables describes the variables which contribute to the life-stage categories.

Life-stage definitions

Category	Where this is derived from
Discovery teens	• Any respondent aged 12-15
Freedom years under 25	• Age 16-24 • Have no partner in household and have never had a partner • Have no children in the household and no children outside of the household • Have no caring responsibilities • Not retired
Freedom years 25 and over	• Age 25+ • Have no partner in household and have never had a partner • Have no children in the household and no children outside of the household • Have no caring responsibilities • Not retired
Young settlers	• Age 16-44 • With partner • Have no children in the household • Have no caring responsibilities • Not retired
Older settlers	• Age 45-64 • With partner • Have no children in the household • Have no caring responsibilities • Not retired

Category	Where this is derived from
Young jugglers	• Age 16-44 • Have children in household or have caring responsibilities • Not retired
Older jugglers	• Age 45-64 • Have children in household or have caring responsibilities • Not retired
Alone again	• Age 18+ (The majority are over 30) • Have no partner in household • Have no children in household • Have no caring responsibilities • Not retired • Have had a partner in the past or have children outside of the household
Active retirement with partner	• Retired • With partner
Active retirement without partner	• Retired • Have no partner in household



For more information

Email the Healthy Foundations Project Team:
socialmarketing@dh.gsi.gov.uk or
Telephone **020 7972 4507**.

DH Department of Health

NHS