Healthy Lung Phase 1 Events Evaluation Report

Date: 23 March 2017

Independently Evaluated by Research Works Ltd
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CHATs form

RWL form
1. Project Background

The Healthy Lung programme of Phase 1 community events is an important investment by Liverpool CCG (LCCG) in engaging with hard to reach audiences at risk of lung disease, in specific wards in Liverpool. The programme approach has been tailored to specific areas and toward populations known to be at high risk of lung disease; it is an innovative programme approach. The Community Health Ambassador Teams (CHATs) and NHS Respiratory team delivered this new, progressive and very important community engagement programme. LCCG is keen to be able to demonstrate the impacts of this important programme in Liverpool.

Why Conduct an Evaluation of the Events?

Evaluations are an essential part of public health programme delivery – they focus on learning and understanding the impacts of events on participants and help plan future activity.

LCCG wants to demonstrate the impacts of the events with participant evidence. This evidence is crucial to the LCCGs understanding of the following:

- **Who is participating – for example men, women, age and smoking status.**
  This evidence will indicate whether the programme is meeting the high risk patient populations required.

- **Number and type of interventions**
  This evidence is very valuable to commissioners in assessing impact of the event approach.

- **Number of spirometry and referrals**
  This evidence is crucial for commissioners’ understanding of potential impacts on service.

- **Impact on the participants**
  This gathers evidence of impacts on participants’ before and after the interaction – this is a standard measure of any campaign/programme of engagement.

This evaluation report aims to provide insight on a number of levels: understanding the local high risk audiences, assessing benefits to high risk patients through the engagement approach adopted by the team and assessing return on investment by the CCG.
2. Evaluation Method & Sample

The healthy lung community events involved events of different scale with different levels of engagement:

- High engagement: involving high engagement activity with Health Care Professionals (HCPs) carrying out further non-diagnostic spirometry testing if appropriate.
- Medium engagement: where the engagement was brief intervention, without spirometry.
- Low engagement: where engagement was focused on raising awareness through the provision of a leaflet or minimal conversation.

Event detail

In total 87 community events were undertaken between 4th February 2016 and 4th January 2017 in four GP Neighbourhood areas: Everton, Norris Green, Picton and Speke. The events targeted Local Authority wards known to have significant populations of the target ‘high risk’ audiences (see table below). The total number of people who had an interaction or engagement was 1,943.

<table>
<thead>
<tr>
<th>Number of Events</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Wards:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speke / Garston</td>
<td>5</td>
<td>11</td>
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</tr>
<tr>
<td>Princes Park</td>
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<td>0</td>
<td>1</td>
<td>4</td>
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<tr>
<td>Norris Green</td>
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<td>1</td>
<td>11</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Everton</td>
<td>1</td>
<td>8</td>
<td>11</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Wavertree</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Kensington and Fairfield</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Allerton and Hunts Cross</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Central</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Picton</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>423</td>
<td>605</td>
<td>462</td>
<td>453</td>
<td>1943</td>
</tr>
</tbody>
</table>

This evaluation captured feedback through two channels across the range of community events:

- Members of the Community Health Ambassador Teams (CHATS) completed an initial questionnaire with attendees (it should be noted that, as the team was focused on their engagement activity, quality of completion of this initial questionnaire was variable). The questionnaire captured: demographic data; smoking status; whether or not advice or referral to local services was offered in relation to smoking; healthy eating and diet; exercise and finally feedback on the perceived impacts of the event.
• Research Works Ltd (RWL) completed a separate interview with a proportion of people who had a spirometry test at the high engagement events (n=11). This interview assessed pre/post knowledge, attitudes and likely future behaviours as a result of the high engagement.

• A note when reading the data: where results do not sum to 100% or where combined responses do not add up to 100% (e.g. strongly/tend to agree) this is because component scores have been rounded up or down for clarity of reporting.
3. Summary of Findings

The evaluation data suggests that the programme did successfully reach the required target audience. A majority of participants (73%) were aged 50 years plus. In addition the events achieved a reasonable gender mix: 38% men and 58% women. In addition, 17% of attendees stated they were current smokers and 17% were ex-smokers, which is a key target audience for the events.

There were 813 spirometry tests undertaken across the period of the engagement activities. A majority of those tested were aged 50 years or older (70%) and over a quarter were current smokers (28%). Further, of those tested 38% were men and 62% were women. Looking at the sample of smokers specifically, two thirds (67%) of those currently smoking had a spirometry test. Around 1 in 5 people (18%) of those tested had an abnormal result and were referred to their GP for further testing.

There are indications that the engagement positively motivated people to consider their lifestyle; 50% of those who participated in high/medium engagement stated that they would be likely to take action following their talk in relation to looking after their lungs. In terms of actions they would be likely to take, ‘reading the materials’ was the most common first response to likely action (78%). This was followed by almost half (46%) stating they would try to exercise more; 41% would look at their diet and try to eat healthily; 12% would try to quit smoking (which equates to 29% of current smokers).

Comparison of pre and post engagement data, which was gathered through the RWL form, shows a significant increase in awareness of the importance of a healthy lifestyle for lung health following the engagement; while almost half (49%) of the RWL sample were ‘very aware’ before their engagement, this figure significantly rose to 89% ‘very aware’ after their engagement.

The data from the RWL interviews strongly suggests that the engagement had a positive effect on likelihood of attending a lung health clinic; 86% of this sample stated that the event would encourage them to attend a Lung Health Clinic if they were invited.

A majority of the RWL sample agreed strongly that the event had raised awareness of the importance of lifestyle (82%) and knowledge of the signs and symptoms of lung conditions. Moreover, over half (56%) agreed that the event ‘helps reduce people’s fear of lung conditions such as cancer’, which is quite a significant figure given that previous insight had shown that fear of cancer remains strong amongst this target group.

Further to this, many strongly agreed that the event raised propensity to go to the doctor if signs of a lung condition are noticed (81%). An overwhelming majority stated that they would be encouraged to seek advice as a result of knowing more about signs and symptoms (91%).

An overwhelming majority of the RWL sample rated the event as ‘very good’ (89%) or ‘good’ (10%); a clear indication of the positive impact that the event made on the target audience.
The verbatim feedback indicates that the quality of the event delivery was a key factor in the very positive ratings reported by attendees. The CHATs team and HCPs clearly made people feel at ease and, consequently attendees were able to take on board the advice and information being offered. The community-based nature of the event was another important factor for participants; typically they felt comfortable and believed this enhanced a sense of community. Furthermore, many felt the session was reassuring and that the engagement provided a positive incentive to consider a healthy lifestyle.

4. Main Findings

4.1 Profile of event participants – gender, age ethnicity

Almost 4 in 10 participants at the events were men (38%), with 6 in 10 women (58%) participating. Previous qualitative insight highlighted the challenge of engaging men in their lung health and therefore this level of participation is clearly positive. Almost three quarters (73%) of participants fell within the target age range of 50 years and older.
A majority of participants were White English/Welsh/Scottish/N.Irish at 82%. The remaining 18% included key audience groups (Asian and Black British) and smaller ethnic populations including Arab, Afghan, Kurd, Algerian and Kuwaiti.

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White English/Welsh/Scottish/N.Irish</td>
<td>82%</td>
</tr>
<tr>
<td>Other White</td>
<td>2%</td>
</tr>
<tr>
<td>Asian/Asian British: Indian, Pakistani, Bangladeshi</td>
<td>1.34%</td>
</tr>
<tr>
<td>Asian/Asian British: Chinese</td>
<td>0.15%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>0.57%</td>
</tr>
<tr>
<td>Black/Black British: African</td>
<td>2.73%</td>
</tr>
<tr>
<td>Black/Black British: Caribbean</td>
<td>0.36%</td>
</tr>
<tr>
<td>Black/Black British: other</td>
<td>0.31%</td>
</tr>
<tr>
<td>Arab</td>
<td>1.75%</td>
</tr>
<tr>
<td>Other ethnic groups</td>
<td></td>
</tr>
<tr>
<td>Afghan, Kurd, Yemin, Algerian, Kuwait</td>
<td>0.45%</td>
</tr>
</tbody>
</table>

Base: All High, Medium and Low engagement (1943)
Profile of event participants – disability and long term conditions

Two in ten participants stated they had a disability, with a quarter of this group (24%) currently smoking and 83% falling within the target age range. Almost a third (32%) stated they had a long term condition. Of those with a LTC, a quarter were smoking currently (27%) and 83% were in the target age range.
4.2 Lifestyle – smoking status and level of advice/referral offered

Almost two in ten stated they were smokers (17%); two thirds (62%) were in the target age range and 40% were men. A majority of smokers are smoking for 20 years+ (60%), with 30% smoking 20+ cigarettes a day. Two-thirds had previously tried to quit smoking (67%). Four in ten who had attempted to quit did so without support (42%). Fag Ends (28%) followed by NRT patches (19%), Electronic cigarettes (E-cigs) (10%) and the Pharmacy (6%) were the support options typically used.

A majority of ex-smokers had also been smoking 20 years+ (60%) with 44% stating they had smoked 20+ cigarettes a day.
Seven in ten smokers (70%) were offered quit advice and support. Almost half (45%) were offered onward referral into the stop smoking service; 38% were men and 50% were in the target age range.

Stop Smoking: advice/support/referral offered

<table>
<thead>
<tr>
<th>Smoking advice/support offered</th>
<th>Onward referral into smoking services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>70%</td>
</tr>
<tr>
<td>No</td>
<td>18%</td>
</tr>
<tr>
<td>No data</td>
<td>11%</td>
</tr>
<tr>
<td>No data</td>
<td>17%</td>
</tr>
<tr>
<td>No data</td>
<td>38%</td>
</tr>
<tr>
<td>No data</td>
<td>45%</td>
</tr>
</tbody>
</table>

Base: All current smoking (332)
4.3 Lifestyle – physical activity and healthy eating

Two thirds of participants were offered physical activity advice and support (66%); almost a quarter of participants (22%) were offered onward referral into physical activity services. Two thirds of those referred were in the target age range (67%) and a third of those referred were current smokers (32%).

Physical Activity: advice/support/referral offered

<table>
<thead>
<tr>
<th> </th>
<th>Physical Activity advice/support offered</th>
<th> </th>
<th>Onward referral into physical activity services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>66%</td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>7%</td>
<td>22%</td>
<td></td>
</tr>
</tbody>
</table>
| No data | 27% | | | Base: All high and medium engagement (1591)
Two thirds of participants (65%) were offered healthy eating advice; almost a quarter were offered onward referral into healthy eating services (22%). Two thirds of those who were referred were in the target age group (66%) and a third of those referred were currently smoking (33%).

Healthy Eating: advice/support/referral offered
4.4 Spirometry Testing

There were 813 spirometry tests undertaken across the period of the engagement activities. A majority of those tested were 50 years plus (70%) and over a quarter were smoking currently (28%). Of those tested 38% were men and 62% were women.

Looking at the sample of smokers specifically, two thirds (67%) of those currently smoking had a spirometry test. Around 1 in 5 people (18%) of those tested had an abnormal result and were referred to their GP for further testing.
4.5 Consideration of lung health

Post CHATs Team Engagement Feedback -

All those who had a medium or high engagement answered questions regarding the potential impact of the event. A half of this sample (50%) stated that they would be likely to take action following their brief intervention about looking after their lungs.

In terms of actions they would be likely to take, ‘reading the materials’ was the most common first response to likely action (78%). This was followed by almost half (46%) stating they would try to exercise more; 41% would look at their diet and try to eat healthily; 12% would try to quit smoking (which equates to 29% of current smokers).

Consideration of lung health

On a scale of 1-10 how often had you thought about the health of your lungs before today – 10 is very often and 1 is not often at all

Overall score 5 or less 38%
Overall score 6 or more 20%

No Data 42%

Base: All high and medium engagement (1591)
Impact on engagement – likely to take action

Base: All high and medium engagement (1591) and All stating yes, will take action (790).
4.6 Awareness of the importance of having a healthy lifestyle for lung health

R WL interviews with 411 high engagement participants

Comparison of pre and post engagement data shows a significant increase in awareness of the importance of a healthy lifestyle for lung health; almost half (49%) of the sample were ‘very aware’ pre their engagement rising to 89% ‘very aware’ after their engagement.

Awareness pre and post engagement increased significantly amongst current smokers. Of those ‘very aware’ of the importance of lung health pre consultation, 18% were currently smoking; of those ‘very aware’ post consultation, the percentage of smokers increases to 27%.

Awareness of the importance of a healthy lifestyle was high amongst the target age group before consultation; 71% of those who were ‘very aware’ pre-consultation were in the target age range. This figure increases marginally post-consultation to 73% of those ‘very aware’ being in the target age range.

**Q1.** Before having this consultation today, how aware were you of the importance of having a healthy lifestyle for your lung health specifically?

- Very Aware: 49%
- Slightly aware: 26%
- Neither aware/unaware: 5%
- Unaware: 12%
- Not at all aware: 8%

**Q2.** And after the consultation how aware are you now of the importance of having a healthy lifestyle for your lung health specifically?

- Very Aware: 89%
- Slightly aware: 8%
- Neither aware/unaware: 1%
- Unaware: 0%
- Not at all aware: 0%

*Base: All completing RWL form (411)*
4.7 Awareness of different lifestyle activities affecting lung health

Before the engagement, a majority of the sample were aware that smoking affects lung health (87%), with lower awareness for exercise (53%) and diet/healthy eating (42%).

Following the engagement, participants were asked what they now know would affect their lung health. Knowledge of exercise increased to 87% and diet/healthy eating increased to 83%. Smoking decreased slightly to 83%. This shift is not significant and is a function of the question wording with respondents focusing on what was ‘new’ information post their engagement.

Looking at our sample of current smokers, 87% stated that smoking affects lung health pre- and post-engagement.
4.8 Impact of engagement on knowledge of symptoms

Participants recalled a wide range of symptoms from their conversations with the CHATs team and the Health Care professionals. The top five recalled included: ‘being more breathless than usual when exercising and moving around (62%); ‘having a cough most of the time, that lasts for 3 weeks or more’ (60%); ‘chest tightness’ (58%); ‘coughing up blood’ (8%) and ‘weight loss’ (56%).

An overwhelming majority stated that they would be encouraged to seek advice as a result of knowing more about signs and symptoms (91%).

Q5 Which of these common symptoms did you learn about at this event today?

- More breathless than usual, increasing breathlessness with… (62%)
- Having a cough most of the time, that lasts for 3wks or more (60%)
- Chest tightness (58%)
- Coughing up blood (58%)
- Weight loss (56%)
- Wheezing (56%)
- A change in a cough that you have had for a long time (53%)
- Loss of appetite (52%)
- An ache or pain in the chest or shoulder (50%)
- Frequent chest infections (50%)
- Hoarseness (47%)

Base: All completing RWL form (411)
4.9 Impact of engagement on likelihood of attending a Lung Health Clinic

The data strongly suggests that the engagement had a positive effect on likelihood of attending a lung clinic if the person was invited. This sample included only those who had a spirometry (and as a result were identified as being at higher risk); therefore the findings are a good indication of the successful impact of the engagement.

86% of the sample stated that the event would encourage them to attend a Lung Health Clinic if they were invited. Those currently smoking were equally positive; 86% of smokers would be encouraged to attend if invited.

Q11b. Overall, would this event encourage you to attend a Lung Health Clinic if you were invited?

Base: All completing RWL form (411)
4.10 Impact of engagement on attitudes and awareness of good lung health

A majority strongly agreed that the event had raised awareness of the importance of lifestyle (82%) and also strongly agreed that the event raised propensity to go to the doctor if signs of a lung condition are noticed (81%).

Over half (56%) agreed that the event ‘helps reduce people’s fear of lung conditions such as cancer’; which is quite a significant figure as other insight shows that fear of cancer remains strong amongst this target group. The percentage of current smokers agreeing with this statement is lower at 48%; this can also be seen as a positive finding, given that other insight suggests that smokers have a greater fear of cancer than non-smokers.

Q12. Impact of the event on people’s views of lung health

Base: All completing RWL form (411)
4.11 How became aware of the event and views on leaflet

Promotional materials in the local community were the most common means of finding out about the event (43%); word of mouth was also important with 30% stating that was how they learnt about the event. ‘Word of mouth’ communication is often quoted as the most powerful communication channel; people are clearly more influenced by it more than by traditional above the line communications. It also suggests that people had positive things to say to friends and family about the events which then encouraged attendance.

Q13. How did you find out about this event today?

- Saw promotional materials such as posters or flyers in local pharmacy: 43%
- Word of mouth friends/family: 30%
- Word of mouth community leaders/GP surgeries/pharmacists: 13%
- Was told about it by the healthy lung team at one of the smaller events: 9%
- Saw promotional materials e.g. posters, banners or flyers in GP surgery: 3%
- Saw promotional materials such as posters or flyers in other community venues: 3%

Base: All completing RWL form (411)
A clear majority positively rated the leaflet provided – 58% rated it as ‘very good’ and a further 20% rated it as ‘good’. This is a positive indication of a successful engagement with this at risk audience. Previous insight with this audience has emphasised the need for written communication in support of health interventions. Nobody rated the leaflet as ‘poor’. Finally, 21% were ‘unsure’ or ‘didn’t know’ how to rate the leaflet; largely due to lack of time to read it properly. They did however emphasise the value of it as it gave an opportunity to read over the information discussed at their own pace at home.

Q14. How would you rate the leaflet you have been given today?
4.12 Rating of the event

An overwhelming majority rated the event as ‘very good’ (89%) or ‘good’ (10%); a clear indication of the positive impact the event made on the target audience.

The verbatim feedback obtained indicated that the quality of delivery of the events was a key factor in the very positive rating of the events. The CHATs team and HCPs clearly made people feel at ease and, consequently, able to take on board the advice and information being offered. The community based nature of the event was another important factor for participants; they felt very comfortable and believed this enhanced a sense of community. Furthermore, many found it reassuring and the engagement provided a positive incentive to consider a healthy lifestyle.

“Pre-chat, lung check, nice and polite, not patronising and very informative”
“I feel a lot more confident in finding out any potential risks”

“Easy to talk to people, open and informative”

“How friendly and approachable all the people are. It's not scary or intimidating”

“Brings older community out, makes me feel more assured”

“It was not scary or pushy and it was done at a pace that was easy to take it the info that was given to you, Location is great away from doctors and more men will come here”

“Lung test and finding out I'm fine - a great relief”

“Reassurance from the lung test - I had cancer 14 years ago”

“Information about what you can do about keeping a healthy lifestyle. Getting everything checked out in a happy environment, also getting results straight away makes you feel better than waiting in the doctors”

“All the information makes you feel better about yourself; chatting with the girls made me more aware of symptoms to look out for”

“All the community here trying to achieve a healthy lifestyle, this is very good”

“Relaxing and friendly not like a clinic - got told a lot of information about health”

“Relaxing, talking to you and not down at you. My doctor makes me feel guilty, the team gave more helpful information”

“Friendly, very well organized, so you not waiting around too long. Advice was very good from the girls”

“It’s opened my eyes to parts of my body I didn’t think about”
5. Conclusions and Recommendations

The evaluation data clearly indicates that the Healthy Lung Phase 1 community events were very successful:

- The events reached the required target audience in terms of age, gender and smoking status.
- The high proportion of men engaged is an important indicator of the success of this community based approach; men generally but particularly from the target wards are known to be ‘hard to reach’ and reluctant to attend clinics or present at their GP.
- A sizable number (1 in 5) of those having a spirometry test were referred with an abnormal result to their GP. This adds further to evidence supporting the community based approach toward identifying people with potential lung conditions, who would not necessarily have gone to their GP.
- Likelihood of attending a lung health clinic was high, indicating the impact of the intervention on awareness and motivation levels.
- Equally, the events raised awareness of signs and symptoms of lung conditions as well as the importance of lifestyle activities such as healthy eating, exercise, not smoking for ‘good’ lung health.
- Participants clearly gained from the engagement in terms of awareness and knowledge about good lung health. Equally the overall rating of the event and spontaneous feedback from participants emphasised the positive sense of wellbeing gained from the interaction. This audience clearly responded positively to the friendly and professional interaction in their own community.

Overall, the evaluation recommends the consideration of this intervention model for future behaviour change programmes with high risk audiences from the wards targeted.

Also, the evaluation recommends consideration of the evaluation approach which involves data gathering by the event engagement team. Consideration should be given to (a) a shorter questionnaire or (b) a dedicated research team allocated allowing the engagement team to focus on their core task.
6. Appendices

CHATS Form completed across high, medium and low engagement events

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<thead>
<tr>
<th>Event:</th>
<th>Respondent number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of engagement</td>
<td>High</td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>Age:</td>
<td>Under 40 years</td>
</tr>
<tr>
<td>Postcode</td>
<td>Please record first 4 letters/numbers only</td>
</tr>
</tbody>
</table>
### Healthy Eating

**Q3. Advice/support offered?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**Q4. Onward referral into services?**

| Yes | 1 |

### Smoking

**Q5. Does the person smoke tobacco at all nowadays? (Including cigarettes, roll-your-own and shisha? But not E-Cigarettes, just tobacco).**

| Yes, have quit in the last year | 1 |
| Ask Q7                           |   |
| Yes- quit longer than 12 months  | 2 |
| Ask Q7                           |   |

**Q6. Has the person previously smoked tobacco?**

<p>| Yes | 1 |
| Ask Q7 |   |
| No | 2 |
| Ask Q6 |   |</p>
<table>
<thead>
<tr>
<th>Q7. What do/did they smoke?</th>
<th>No (End of section)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>1</td>
</tr>
<tr>
<td>Roll-you-own</td>
<td>2</td>
</tr>
<tr>
<td>Shisha or Hookah</td>
<td>3</td>
</tr>
<tr>
<td>Marijuana/cannabis cigarettes</td>
<td>4</td>
</tr>
<tr>
<td>Bidi (small, thin, hand-rolled cigarettes comprised of tobacco wrapped in leaves)</td>
<td>5</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q8. How many cigarettes, roll you own or bidi’s do/did they smoke on a typical day?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IF VARIES OR UNSURE PROMPT AND ASK FOR BEST ESTIMATE</td>
<td></td>
</tr>
<tr>
<td>1-9</td>
<td>1</td>
</tr>
<tr>
<td>10-19</td>
<td>2</td>
</tr>
<tr>
<td>20+</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q9. How many years have they or did they smoke tobacco for?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>1</td>
</tr>
<tr>
<td>1 year up to 2 years</td>
<td>2</td>
</tr>
<tr>
<td>2 years, up to 5 years</td>
<td>3</td>
</tr>
<tr>
<td>5 years, up to 10 years</td>
<td>4</td>
</tr>
<tr>
<td>10 years, up to 20 years</td>
<td>5</td>
</tr>
<tr>
<td>20 years or more</td>
<td>6</td>
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</tbody>
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<thead>
<tr>
<th>Q10. Have they tried to stop using tobacco before?</th>
<th>Yes Ask Q10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Go to Q12</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q11 How many previous quit attempts?</th>
<th>One/two attempts</th>
<th>Three – four</th>
<th>More than four</th>
<th>Can’t remember</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q12 What support did they use?</th>
<th>Fag Ends stop smoking support</th>
<th>Pharmacy</th>
<th>NRT (patches)</th>
<th>E-ciggs</th>
<th>Online support</th>
<th>Did not use any other support</th>
<th>Don’t know/can’t remember</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q13 What is/was the main reason stopping them from quitting tobacco permanently?</th>
<th>I enjoy it</th>
<th>It’s a habit</th>
<th>Friends/family smoke</th>
<th>I’m addicted</th>
<th>For me/my moment</th>
<th>It relaxes me/relieves stress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q14. Do they use e-cigarettes?</td>
<td>Yes</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>-------------------------------</td>
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<tr>
<td></td>
<td>No</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q15. Stop smoking Advice/support offered?</td>
<td>Yes</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q16. Onward referral into stop smoking services?</td>
<td>Yes</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHATs Team please ask the following questions at the end of the conversation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q17 On a scale of 1-10 how often had you thought about the health of your lungs before today?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Explain Scale: Where 10 is very often and 1 is not often at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Q18 Do you think you will take action following your talk today to look after your lungs?</td>
<td>Yes</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q19 If yes, what action(s)?</td>
<td>try to quit smoking;</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>contact a local quit smoking service;</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>try to exercise more;</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Look for local exercise support/service;</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>look at my diet and try to eat healthily;</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>look for local support/services to help eat healthily</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>read the materials I’ve picked up today</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attend the next lung health event where lung checks are offered</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other, (write response)</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q20 How confident (on a scale of 1-10) do you feel about taking action to look after your lungs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain Scale: Where 10 is very confident and 1 is not confident at all</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Q21 Would you be willing to provide a case study for the healthy lung programme?
Yes 1
No 2

Q22 Are you interested in volunteering for the healthy lung programme?
Yes 1
No 2

Q23 If yes to either of above, please provide details on page 9:

For completion by the Spirometry team:

Q24. Was the person able to undertake a spirometry check?
Yes 1
No 2

If no, please specify the reason:

Q25. Was the person referred to their GP for further testing?
Yes 1
No 2

If yes, Q26 Would you be willing to be contacted by the CHATS team in a couple of weeks’ time to see how you got on making an appointment and if you require any further help?
Yes 1
No 2

Q27 If yes to above, please provide details on page 9:
Healthy Lung High/Medium Engagement Events
Data Capture Form FINAL 22nd Feb

Interviewer write in respondent number (ask member of the CHATs team for this number please)

Respondent number: ________________________________
Event and Ward: ________________________________

Q1. **Before having this consultation today**, how aware were you of the importance of having a healthy lifestyle for your lung health specifically?

Q2. **And after this consultation** how aware are you now of the importance of having a healthy lifestyle for your lung health?

- Very aware 1
- Slightly aware 2
- Neither aware/unaware 3
- Unaware 4
- Not at all aware 5

Q3. **Before the consultation today**, which of the different lifestyle activities discussed did you know would affect your lung health? Do not prompt,

Q4. **And after this consultation**, which of the different lifestyle activities discussed do you now know would affect your lung health?

- Smoking 1
- Diet/healthy eating 2
- Exercise 3
- Did not know 4

Q5a Can you remember from your discussion today, what are the signs or symptoms of potential lung conditions?

Write in signs/symptoms recalled: _______________________________________________________

Can’t remember any specifically 1

Q5b Showcard and which of these common symptoms did you learn about at this event today?

- Having a cough most of the time, that last for 3 weeks or more 1
- A change in a cough that you have had for a long time 2
- Weight loss 3
- Loss of appetite 4
- Being more breathless than usual and increasing breathlessness when exercising and moving around 5
• Chest tightness
• An ache or pain in the chest or shoulder
• Frequent chest infections
• Coughing up blood
• Hoarseness
• Wheezing

Can’t remember

Q6. Did you know about any of these signs or symptoms of potential lung problems before today?

• Yes
• No

• If yes, which ones were you aware of?
Write in__________________________________________

Q7 Does knowing more about signs and symptoms potentially encourage you to seek advice if you had one of them?

• Yes, it would encourage me to seek advice
• It might encourage me to seek advice
• I’m not sure if I’d seek advice

Q8 Where would you go for advice if you were concerned about a symptom of a lung condition?

GP/Doctor
Discuss with spouse/partner/family
Look online
Talk with pharmacist
Other write in

Q9a To what extent is it helpful to know signs and symptoms of a potential lung condition?

• Very helpful
• Quite helpful
• Neither helpful/nor unhelpful
• Quite unhelpful
• Very unhelpful

Q9b Why do you say that?
Q 10a  How important is early diagnosis of lung conditions, such as cancer, for getting treatment early and increasing chances of survival?

- Very important 1
- Quite important 2
- Not sure 3
- Not very important 4
- Not at all important 5

Q10b  Why do you say that?

Q11a  GPs in your area will be inviting people aged 50 to 70 to a Lung Health clinic in the near future. If you received an invitation and having attended this event, how likely would you be to attend?

- Very likely 1
- Quite likely 2
- Unsure 3
- Quite unlikely 4
- Very unlikely 5

Q11b  Overall, would this event encourage you to attend a Lung Health clinic if you were invited?

- Yes, definitely 1
- Yes, probably 2
- Not sure 3
- No, probably not 4
- No definitely not 5
- Don’t Know 6

Q11c  If a member of your family or a close friend received an invitation to attend a Lung Health Clinic. Would you mention what you have learnt at this event today and encourage them to attend the clinic?

- Yes, definitely
- Yes, probably
- Not sure
• No. probably not
• No definitely not
• Don’t Know

Q12 Having had this consultation, how strongly do you agree with these statements about the impact of the event on people’s views of lung health
Showcard

Read Out statements

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This event has raised awareness of the importance of lifestyle for good lung health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. This event will encourage people to take action to improve their lung health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. This event will encourage people to contact local services such as quit smoking and exercise services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. This event encourage people to go to the doctor if they have signs of a lung condition</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. This event help reduce people’s fear of lung conditions such as cancer</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q13 How did you find out about this event today?

• Saw promotional materials such as posters, banners or flyers in my GP surgery
• Saw promotional materials such as posters or flyers in local pharmacy
• Saw promotional materials such as posters or flyers in other community venues
• Word of mouth (e.g. through community leaders/ GP surgeries/pharmacists)
• Word of mouth friends/family
• Was told about it by the healthy lung team at one of the smaller events

Q14 How would you rate the leaflet you have been given today?

• Very good
• Good
• Unsure
• Poor 4
• Very poor 5

Q15 How likely are you to share and discuss the information following this event?
• Very likely 1
• Quite likely 2
• Unsure 3
• Quite unlikely 4
• Very unlikely 5

Q16a Overall how would you rate this event today?
• Very good 1
• Good 2
• Not so good 3
• Not good at all 4

Q16b Why do you say that? (Prompt – what was the best part of the event, healthy lung check, advice given, info on services?)

Thank Respondent & Close Interview