

'With a Pinch of Salt'

Men and Salt: A Workplace Intervention

A Men's Health Forum report for the Food Standards Agency

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Date of Report: **December 2008**



A report prepared for The Food Standards Agency (FSA) by Men's Health Forum (MHF) and the Royal Mail Group with support from the Centre for Men's Health, Leeds Met University.

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Acknowledgements

The Men's Health Forum would like to acknowledge the following individuals and organisations that provided support and assistance throughout this study:

Royal Mail Group

Dr Su Wang, Group Head of Health

Tim Rowse, his management team and the operational managers

Pam Birdy, Mark Henson (Royal Mail volunteers)

Quadrant

David Llewellyn

The kitchen and canteen staff at the mail centre

Westminster University

Szilvia Varnai, Shoma Deb, Deepali Talwar

Ealing Primary Care Trust

Melissa Arkinstall Jane Darroch, Harmit Bhuller, Diane Amin, Harminder Batra, Yasmeen Iquabal, Kimberly Bailey, May Al Mudaffer

Sainsbury's

Hannah Arnold

Tesco

Jo Carter, Jackie Barnett and Kate Sutcliffe

The Men's Health Forum would like to particularly thank Isabella Surpless for her professionalism and commitment in managing this project, the results of which are summarised in this report and for the generous support of Royal Mail who seconded Isabella to this project.

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1. Executive Summary

1.1 Background

In the UK, 85% of men eat too much salt¹. There is a large body of evidence indicating that a diet containing too much salt is linked to raised blood pressure, which in turn is associated with increased risk of cardiovascular diseases². Research has shown that men's knowledge and attitudes towards key health issues such as nutrition and weight often provide a key barrier to improving the health of men³.

The primary aim of this project was to develop, pilot and evaluate a workplace-based health improvement intervention with the intention of learning the most effective ways of communicating the FSA's key salt messages to men on low incomes.

1.2 Method

Intervention Design

The intervention and subsequent evaluation took place at the Royal Mail's Greenford Mail Centre, Middlesex, a facility with 2,000 employees, two thirds of whom are men from a wide range of age groups and ethnic backgrounds. The intervention was a multi-component targeted intervention consisting of:

- Low(er) salt products offered in the canteen
- Dissemination of the Men's Health Forum's *Living Healthily Manual*
- Mini health sessions
- Input from Ealing Primary Care Trust
- A health information tool for dining tables
- Low salt tasting sessions
- Article in the Royal Mail newspaper 'Courier'

¹ FSA (2008) Salt. <http://www.salt.gov.uk/> Accessed August 2008

² Cook NR, Cutler JA, Obarzanek E, Buring JE, Rexrode KM, Shiriki KK, Appel LJ & Whelton KW. (2007) Long term effects of dietary sodium reduction on cardiovascular disease outcomes: observational follow-up of the trials of hypertension prevention (TOHP). *British Medical Journal* 334:885-893

³ MHF (2005) Hazardous Waist? Tackling the epidemic of excess weight in men. Available from: http://www.menshealthforum.org.uk/uploaded_files/Hazardouswaist.pdf

- Locker post cards

Evaluation Methods

The evaluation used a before and after multi-method design using structured questionnaires, focus groups and in-depth interviews. 389 people in total were recruited to the evaluation study, 272 were male, 83 were female (34 not recorded).

1.3 Key Findings

- Significant increases were found in men's perceptions of the importance of salt to health between baseline and follow-up
- Significant improvements were found in men's awareness of three out of the four key FSA messages
- There was a significant reduction in the proportion of men who reported 'always' adding salt to food when cooking; however there was also a significant increase in the proportion of men adding salt to food 'most times'
- The majority of participants expressed positive opinions about the intervention
- A relatively large proportion of men found the dissemination strategies useful
- There was a mixed response to low(er) salt products offered in the canteen
- Implementation of the intervention was adversely affected by poor timing and redundancies

1.4 Conclusions

The evaluation study has demonstrated that a workplace intervention targeted at men can produce positive change in men's reported awareness of the impact of salt on health and can contribute to positive changes in the claimed health behaviours of men. Engagement with partner organisations helped produce a diverse range of intervention components as well as helping other partners meet their corporate social objectives. The evaluation showed that

men are likely to value different methods of delivery from women. Gender sensitivity therefore is important in both the design and implementation of an intervention.

Summary of Key Learning Points

- Successful implementation of a workplace intervention is highly dependent on being able to gain a good understanding of the organisation involved.
- Timing of a workplace intervention is critical and initiatives should engage with the business to understand their operating context and the drivers which will both facilitate and potentially impede the project's progress
- Engagement with partner organisations such as food suppliers, caterers and employees can help facilitate positive change in canteen food, whilst maintaining commercial viability. Working together may also assist partners fulfil their corporate social responsibilities.
- A tailored gendered-sensitive workplace intervention can be more effective in facilitating positive change in men's awareness of the impact of salt on health.

2. Background

In the UK, 85% of men eat too much salt⁴. There is a large body of evidence indicating that a diet containing too much salt is linked to raised blood pressure, which in turn is associated with increased risk of cardiovascular diseases⁵. Whilst mortality figures for cardiovascular diseases (CVD) are similar for men and women, men with CVD die at a younger age and have a lower life expectancy⁶. Research has shown that men's knowledge and attitudes towards key health issues such as nutrition and weight often provide a key barrier to improving the health of men⁷.

Men have traditionally been poor users of mainstream health promotion services and have often been perceived to be difficult to reach and engage⁸. A lack of involvement with health services, and resulting late diagnosis have been acknowledged as key factors in the relatively high mortality rates amongst men⁹. Since 1994, the Men's Health Forum (MHF) has sought to make the case for greater 'gender sensitivity' in health policy and practice and, through an extensive project portfolio, it has built an evidence base of what works in engaging men in health interventions across a range of issues.

There is evidence to show that an effective method of encouraging healthy eating in men is through the incorporation of 'informed choices' within health promotion literature, made available in a range of venues, including the

⁴ FSA (2008) Salt. <http://www.salt.gov.uk/> Accessed August 2008.

⁵ Cook NR, Cutler JA, Obarzanek E, Buring JE, Rexrode KM, Shiriki KK, Appel LJ & Whelton KW. (2007) Long term effects of dietary sodium reduction on cardiovascular disease outcomes: observational follow-up of the trials of hypertension prevention (TOHP). *British Medical Journal* 334:885-893.

⁶ MHF (2003) Tackling high blood pressure in men: A briefing for the All Party Group on Men's Health. Available from: http://www.menshealthforum.org.uk/uploaded_files/APPGMHBPbriefing.pdf.

⁷ MHF (2005) Hazardous Waist? Tackling the epidemic of excess weight in men. Available from: http://www.menshealthforum.org.uk/uploaded_files/Hazardouswaist.pdf.

⁸ Robertson S & Williamson P. (2005) Men and health promotion in the UK: Ten years further on?, *Health Education Journal* 64(4):293-301.

⁹ White AK, Banks I. (2004) Help-Seeking in men and the problems of late diagnosis. In: Kirby R, Carson C, Kirby M, Farag R. eds. *Mens's health* (2nd) London, Martin Dunitz & Parthenon Publishing.

workplace¹⁰. The Food Standards Agency (FSA) with its partners has been working on planned projects and interventions designed to reduce salt intakes in well defined target groups. Men in the workplace is one such group. The FSA therefore funded MHF to develop and evaluate a workplace-based intervention which aimed to communicate the FSA's key salt messages to male manual workers. These key messages are:

1. Adults should eat no more than 6g of salt a day
2. Too much salt is bad for your heart
3. Around 75% of the salt we eat is already in everyday foods
4. Check the label and choose options lower in salt

¹⁰ Gough, B & Conner M.T. (2006) Barriers to healthy eating amongst men: A qualitative analysis. *Social Science & Medicine*. 62: 387-395

3. Aims and objectives

This section outlines the project aims and specific research objectives.

Research Aim

To develop, pilot and evaluate a workplace-based health improvement intervention with the intention of learning the most effective ways of communicating the FSA's key salt messages to men on low incomes.

Objectives

- To raise awareness of the health implications of salt
- To improve knowledge of the four key FSA salt messages
- To present the information in a male-friendly way
- To present and demonstrate alternatives to a high salt diet and therefore enable men to make healthier food choices
- To signpost men to sources for further education
- To evaluate whether any changes in knowledge had occurred in relation to the four key FSA salt messages
- To determine the specific modes of communication which are most effective in influencing men in the workplace
Produce a written report detailing the outcomes of the project and recommendations for further work.

4. Method

4.1 Intervention Design

4.1.1 Context

The intervention and subsequent evaluation took place at Greenford Mail Centre, Middlesex. The mail centre has approximately 2,000 employees, two-thirds of whom were male. Men from a range of age groups and ethnic backgrounds are employed in the Mail Centre.

4.1.2 Planning the intervention

In January and February 2008 before the implementation of the workplace intervention, data collection took place to help inform the development of the activities that would be delivered. This also provided the opportunity to gather baseline data. A mixed method approach to gathering data in this phase was adopted, involving the use of focus groups and a structured questionnaire. For further details on the recruitment, sampling and the process of collecting data, see the section on evaluation design (see section 5).

4.1.3 Details of the intervention

The intervention took place for one month during March and April, 2008 and comprised the following activities.

a. Low(er) salt products offered in the canteen

During the intervention, some low(er) salt food products were brought into the canteen to supplement some of the existing low(er) salt food items already on sale. This was done on the understanding that, if sales of the products were poor, they would subsequently be removed; if sales were positive, however, they would continue to be sold. Canteen staff were instructed to mark low(er) salt options with blue stickers so that these items could be easily identifiable

by employees. Posters in the canteen explained to the employees what the blue stickers denoted.

Items which were marked as low(er) in salt included:

- Lower salt cereals
- Lower salt snack bars
- Lower salt sandwiches (including chicken salad on malted wholegrain bread, chunky egg mayonnaise)
- Lower salt crisps
- Lower salt sausage roll
- Lower salt burgers

b. Disseminating the Men's Health Forum's *Living Healthily* Mini-Manual during WTLL

A short time slot (5-10 minutes) was secured in the Royal Mail's Work Time Listening and Learning (WTLL) session during one week in March, a period of time usually reserved for business issues. Qualitative data collected in the pre-intervention focus groups showed that male employees were keen to be provided with the MHF Haynes *Living Healthily* Mini-Manual. Mini Manuals are 16 or 32 page A5 health information guides written and produced by the Men's Health Forum. The *Living Healthily* mini-manual was a 16-page guide produced in association with the Food Standards Agency. Focus group data had indicated that employees viewed the WTLL sessions as the best way of disseminating the manuals to employees of Royal Mail. Sufficient copies of the mini-manual were supplied by the MHF for every employee in the mail centre to receive one free of charge. Manuals were distributed to managers with a 'crib-sheet' which they could use to help contextualise the booklets and assist with the delivery of the intervention.

c. Mini health sessions

Several respondents during the pre-intervention focus groups indicated that presentations from 'experts' would support learning about health messages. Based on this finding, it was agreed that 'mini health' sessions would be

offered during the intervention on an *ad hoc* basis to small groups. A 10 minute session was designed to focus on healthy eating, with a specific emphasis on salt. The intention was that project volunteers (who included RM 'peer mentors' with no prior knowledge of the health implications of salt intake and students of nutrition from Westminster University) would deliver these sessions to groups of employees in the canteen or rest areas during staff breaks. The FSA prepared and delivered a salt learning presentation for the volunteers in order to ensure everyone had a good base level of knowledge.

d. Input from Ealing Primary Care Trust

Ealing Primary Care Trust (PCT) were invited to be involved with the Intervention. Their input took several forms:

- Eight healthy cookery sessions, each lasting 30 minutes, were offered to employees of the mail centre.
- A stand promoting healthy eating and low salt food tasting: This stand was set up for two days and was run by cookery club leaders from the PCT who were trained in healthy eating and able to talk knowledgeably to the postmen and women who came to visit the stand. How many times was this done?
- Low salt, healthy eating cookery lessons in the canteen kitchen. How many times was this done? and by who?
- Posters and handouts. – how were these displayed/ distributed?

e. Table talkers

Table talkers are clear stand-up paper holders in which a flier can be placed. These were placed on all the canteen tables, in the IT room and on the tables of the mail centre rest area. One side of the flier displayed the lower salt options that the canteen was offering during the intervention and the other side displayed the FSA four key salt messages.

f. Low salt tasting sessions

Low salt tasting sessions were organised in the mail centre. Low and reduced salt foods were supplied by Tesco and Sainsbury's. Information displays, posters and leaflets were also available during these tasting sessions

g. Article in the Royal Mail newspaper, 'Courier'

'Courier' is the Royal Mail's monthly newspaper which is delivered, free of charge, to every employee in the organisation (approximately 180,000 people). An article was published in the March edition of the newspaper which highlighted the intervention. The article included a number of facts about salt and its affect on health with the aim of raising further awareness of the issues. Furthermore, the article aimed to signpost employees to intervention activities taking place in Greenford mail centre.

h. Posters and fliers in the rest area

Posters and fliers promoting awareness of the key issues were also placed in the rest area, an area of the mail centre located on the sorting floor. The aim of this component was to capture men who do not attend the canteen.

i. Locker post cards

Postcards featuring the 4 key FSA salt messages were designed, produced and pinned to every locker across the mail centre.

j. Healthy lunch option

Whilst not part of the original intervention, links between the Royal Mail and the PCT helped facilitate a 'healthy food experiment' which was designed and conducted by the PCT at the mail centre. The aim of the experiment was to test popularity of a healthy lunch option. The meal was designed to appeal to the high numbers of Asian staff working for RM and was delivered during one day in April for employees.

4.2. Evaluation Methods

4.2.1 Evaluation design

Evaluation data was collected at points before and after the salt intervention. Quantitative data was collected using a structured questionnaire and qualitative data was gathered using focus groups.

Pre-intervention

Prior to the commencement of the intervention, questionnaires were completed by a sample of Greenford mail centre postmen and women with the intention of ascertaining their current levels of knowledge and understandings of how salt impacts on health outcomes (see appendix 1). Those who completed the survey did so voluntarily. In order to ensure that all of the workforce had an opportunity to complete the survey a slot in the WTLL schedule was negotiated with the management at the mail centre.

The survey was designed to capture the following information:

- Key demographic variables.
- A baseline understanding of how important respondents believe high levels of salt is to their health.
- Pre-intervention knowledge of the four key FSA salt messages.
- Individuals' current salt consumption habits.
- Feedback on a variety of different communication methods that might be used during the intervention.

The survey was intentionally simple and designed to fit on one page of A4, to ensure speed of completion and to limit the impact of the research on work time. An information sheet was written for the managers leading the WTLL session so that the survey could be appropriately introduced to employees and responses could be provided to any questions or concerns raised by participants. Once completed, the surveys were returned to the participants'

line manager. These were then collated and sent to a market research agency (Brahm) for analysis.

In addition to staff questionnaires, qualitative data was also collected using focus groups. Four focus groups were conducted with the three different mail centre shifts (earlies x 1, lates x 2 and nights x 1). The focus groups took place during working hours and each was 90 minutes in duration. A qualitative approach was used to gain further insight on pre-intervention knowledge and understanding of salt in the diet and health in general. Furthermore, this approach provided the opportunity to test and develop ideas on how best to communicate these messages to staff within a workplace setting.

Recruitment for the focus groups was undertaken by shift managers. Managers were asked to recruit up to eight men of any age or ethnicity for each focus group. The only requirements were that:

- Health was not mentioned when recruiting for the focus groups in order to avoid a health-interest bias in the sample.
- The men should be able to speak English and be willing to actively participate in a small group.

The focus group discussion guide (see appendix 4) was designed to help provide a comfortable setting which was conducive to free, easy and open dialogue. A suitable venue was located within the mail centre and refreshments were provided. The focus groups took place within working hours.

Twenty-nine men in total participated in the focus group discussions. The men ranged in age from 19-65 years and reported varying amounts of time working for Royal Mail. The sample also reflected the ethnically diverse composition of the overall workforce.

Sample

In total, 389 completed surveys were collected for analysis. Two thirds (69.9%, n=272) of the participants providing the information were male. The majority (77.1%, n=300) of participants stated that they were between the ages of 25 and 64 with only 5.4% (n=21) under the age of 25 and 0.5% (n=2) over the age of 65. A large proportion of participants (51.4%, n=200) defined themselves as Asian, with 24.7% (n=96) defining themselves as White and 12.1% (n=47) defining themselves as Black.

Figure 1 Sample Descriptives

Gender	% (n)
Male	69.9 (272)
Female	21.3 (83)
Not stated	8.7 (34)
Total	100 (389)

Age Group	% (n)
16-24	5.4 (21)
25-44	41.1 (160)
45-64	36.0 (140)
65+	0.5 (2)
Not stated	17.5 (68)
Total	100 (389)

Work Pattern	% (n)
Earlies	24.7 (96)
Lates	42.2 (164)
Nights	16.7 (65)
Managerial	5.1 (20)
Admin.	1.8 (7)
Not stated	9.5 (37)
Total	100 (389)

Ethnicity	% (n)
White	24.7 (96)
Black	12.1 (47)
Asian	51.4 (200)
Chinese	1.3 (5)
Other	2.8 (11)
Not stated	7.7 (30)
Total	100 (389)

Marital Status	% (n)
Single	22.9 (89)
Married	63.0 (245)
Co-habiting	4.6 (18)
In relationship	2.6 (10)
Not stated	6.9 (27)
Total	100 (389)

Department	% (n)
Networked connections	9.8 (38)
Processing	76.6 (298)
Not stated	13.6 (53)
Total	100 (389)

The majority (63.0%, n=245) of participants returning information on marital status reported being married, with 22.9% (n=89) stating that they were single. Staff working a variety of work patterns were represented, with 42.2% (n=164) stating that they worked 'lates', 24.7% (n=96) reporting that they worked 'earlies'. A full breakdown of the sample statistics is shown in figure 1.

Post-intervention

Following from the intervention, data was collected to ascertain whether any reported changes in knowledge and understanding had occurred as a result of the workplace-based intervention. As with the pre-intervention data collection, questionnaires (see appendix 2) and focus groups (see appendix 5) were used. 66% (50% of males n=83, 83% of females, n=71) of the participants returned questionnaires at follow-up, a retention rate typical of this form of research.

Four focus groups were conducted post-intervention with the three different mail centre shifts (earlies x 1, lates x 2 and nights x 1). The focus groups aimed to gain a qualitative perspective on the understanding of high salt intakes and the effect on health and to evaluate which intervention activities had been useful, how they could be improved upon and which other activities may have been welcomed.

The three shift managers were once again asked to provide a group of up to eight men of any age or ethnicity. The only requirements for recruitment were:

- Approximately half of the sample had to have taken part in the pre-intervention focus groups.
- The men should be able to speak English and willing to actively participate in a small group discussion.

The sample consisted of 27 men of varying ages, ethnicities and experience within the organisation. Finally, in-depth stakeholder interviews were carried out with mail centre canteen managers to determine their thoughts on the intervention and how it could be improved upon.

5. Key Findings

5.1 Participant perceptions

Participants voiced positive opinions on the intervention as a whole, the use of the workplace as a setting, and the length and the intensity of the intervention. Participants also praised the intervention's lack of reliance on posters. However, concerns over the narrow focus of the intervention, with some participants stating that a more holistic approach to diet and nutrition would be preferred. Royal Mail employees who worked night shifts voiced unease over the reach of the intervention.

"We'd like a bit of focus on other issues like fat. Or what certain vegetables or vitamins do for you. A wider picture. But it's definitely worthwhile."

"I heard something about Tesco and Sainsbury's and cooking lessons, but these things don't happen on the night shift – ever"

During the intervention a number of issues were captured by the evaluation that related to the processes of conducting this particular approach in the workplace setting. These issues have been broadly discussed here under the intervention activity headings. A breakdown of statistics from this section can be found in appendix 3.

Low(er) salt products offered in the canteen

During the intervention itself, there were mixed responses to some of the low(er) salt products that were available in the canteen. The lower salt sausage rolls received several negative comments from staff and so were therefore removed from sale after the first two weeks. However, no negative comments were received about the lower salt burgers and these have remained on the menu since the end of the intervention. Similarly, the lower salt crisps have been a popular choice despite being more expensive than the usual crisps sold in the canteen.

The system of identifying low(er) salt products by using blue stickers worked well. Findings from the survey indicated that the blue sticker system was considered one of the most useful means of helping people make informed choices about their salt intake. A total of 84 men and 40 women responded to the survey question about this component of the intervention, of which 32% of men and 30% of women found this approach extremely or very useful. The sticker system also proved to be labour intensive, however, and frequent checks and reminders to the canteen staff had to be made to ensure that products were being appropriately labelled.

Disseminating the Men's Health Forum's Living Healthily Manual during WTLL

It was apparent from the post-intervention focus groups that not all employees received the Living Healthily manual. A total of 92 men (and 51 women) responded to questions about the usefulness of this component. 43% of men found the component either extremely useful or very useful in helping them to make informed decisions about salt and their health. As the manual is aimed at men, it is perhaps not surprising that women found it less helpful (25% of women found the booklet either extremely useful or very useful).

Mini Health Sessions – 'Project People Chatting'

Approximately 10 'mini health' sessions were delivered in total. There was a high drop out rate from volunteers recruited to deliver the session, this may have been due in part to a lack of confidence in their skills as facilitators as well as time constraints. Just 55 men and 39 women answered questions relating to the perceived usefulness of this component, of which 27% of men stated the session was either extremely or very useful. This compared to 59% of women.

Input from Ealing Primary Care Trust

There was only a low level of interest in the healthy cookery sessions. Only 12% of the 73 men who responded to questions relating to input from Ealing

PCT reported that they found this component either extremely or very useful, compared to 40% of women.

Table talkers

Evaluation feedback from both the survey and focus groups indicate that messages displayed on the canteen tables were well received. Of the 98 men and 58 women who rated this component, 29% of men and 33% women indicated that they found them either extremely or very useful as means of a communicating about salt and health. There was evidence that the table talkers helped to stimulate conversation during meal times, especially when there was also related activity taking place in the canteen, e.g. a low salt tasting session.

“There was always stuff on the tables [in the canteen] and I did hear it start conversations about salt.”

However there was also evidence from the focus groups that men had been saturated with information. Table talkers are a permanent feature within the mail centres canteen and some participants talked about how repeated use of this dissemination strategy had meant employees had become blasé about their content.

*“Nobody takes any notice of these anymore, they’ve been so overdone
On the tables in the canteen, I sometimes look at what’s on the stands if I’m on my own eating”*

Low salt tasting sessions

The lower-salt samples proved popular in the mail centre and made a contribution to raising the awareness of a diet low in salt. However, the survey findings indicated that women found this type of event a more useful way to learn about salt and health than men. Of the 84 men who rated this component of the intervention, just 7% of them rated the exercise extremely or very useful, compared to 36% of women.

“It was good to be able to sample stuff that my wife might not pick up at the shops in case we don’t like it. It’s expensive to branch out and try things if you end up not liking them and not eating them. But samples like this means you might like them and then you might switch to eating low salt”

Article in the Royal Mail newspaper ‘Courier’

The article in the ‘Courier’ newspaper was not considered to be one of the more useful components of the intervention by male participants. Only 16% of the 83 men who rated the article stated that it was either extremely or very useful compared to 43% of women.

Posters and fliers in the rest area

Relative to other components of the intervention, a high proportion of men who responded to questions about the posters and fliers in the rest area felt that they were either extremely useful or very useful (29%, n=90). However, once again women found this more useful with 50% of the 54 who responded saying the component was either extremely or very useful.

Locker postcards

Attempts were made to ensure universal distribution of locker postcards. Despite this focus group data showed that not all men had seen the locker postcards. Of the 95 men who rated this component, 24% of men stated that they found the locker postcards either extremely or very useful, this compared to 33% of the 57 women who rated the component.

5.2 Barriers to implementation

The project as a whole ran for approximately six months and unfortunately this fell across the Christmas period, which is by far the busiest period of activity for Royal Mail. This effectively reduced the preparation time for the intervention by one month, potentially impacting on 'buy in' from RM managers. This was a limitation outside the control of the project partners and had been caused by the unavoidable delay in the commencement of the project due to the need to seek further funding.

Implementation and evaluation of the intervention was also affected by a large scale operational change program which was underway at the time of the research. This is likely to have impacted on staff engagement with the intervention and recruitment and retention rates for the evaluation study.

"We have a lot of stress here, especially now with the re-sign. There's no explanation for it, it's very tiring. We're all just waiting to find out if we still have a job."

5.3 Impact of the Intervention

Perceived Importance of Salt to Health

The questionnaire data showed a significant post intervention increase of 19% in men reporting salt to be either 'very important' or 'extremely important' to their health (41% to 60%). This compares to a 13% increase amongst women within the study (48% to 61%) (see Appendix 1).

Awareness of the four key messages

1) Too Much Salt is Bad for Your Heart

There were significant increases between baseline and follow-up in the proportion of men who believed salt intake to be associated with heart disease (51% to 62%), heart attack (46% to 61%) and stroke (32% to 43%). There was a small increase in the proportion of men who believed salt intake to be associated with hypertension, (72% to 74%) although however this difference was not statistically significant. Women's awareness of the link between salt

and hypertension was greater than men's, both at baseline and follow-up (92% and 90% respectively).

2) Adults should eat no more than 6g of salt a day

Questionnaire data showed significant increases in the proportion of men who were able to correctly identify the advised maximum daily intake of salt between baseline and follow-up (29% to 64%). There was also a significant increase between baseline and follow-up in the proportion of women who were able to correctly identify the advised figure (36% to 54%).

3) 75% of the salt we eat is already in everyday foods

Survey data showed no significant changes in male participant's awareness of the amount of salt you can get from everyday foods. Just 19% of men were able to identify 75% as the correct figure at baseline, at follow-up only 13% chose 75%. A similar trend was observed amongst female participants. Focus groups revealed confusion concerning the definition of 'everyday foods'.

'Everyday' foods – does that apply to white rice? Or curries? How do I know what they mean by everyday food?

*What do they mean by everyday food? That could mean anything you eat?
Does that mean the banana I have every morning for breakfast?*

4) Check the label and choose options lower in salt

Questionnaire data revealed a significant increase in the proportion of men who reported to check food labels for salt content prior to purchase or eating between baseline and follow up (11% to 26%). There was also a significant fall in the proportion of men reporting never checking salt levels on food labels between baseline and follow up (39% to 23%). There were no significant changes seen amongst women. Data from focus groups however revealed that most men still considered the checking of labels to be an arduous and difficult task and that checking labels for fat and calories is still far more likely than checking for salt content.

There was also a significant increase in the proportion of men who reported that the salt content in food always influences whether a product is purchased or not (11% to 30%). Alongside this, there was a significant decrease in the proportion of men reporting that salt content never influences whether they buy something or not. There were no significant changes seen in women.

5.4 Adding salt to Food

The proportion of men who reported 'always' adding salt to food when cooking decreased significantly between baseline and follow up (48% to 23%). However there was also a significant increase in the proportion of men reporting adding salt to food 'most times' (22%-37%). The habit of adding salt at the table appears not to have changed.

6. Conclusions

Several important lessons have been learnt from the delivery and evaluation of the multi-component intervention. It is clear that the timing of the intervention is important to ensure successful implementation within the workplace. In the current project, implementation was severely affected by the need for further fundraising at the start of the project, an extremely busy operational period for Royal Mail and an organisation-wide operational change programme although close liaison with managerial staff ensured that the impact of these disruptions was kept to a minimum.

Royal Mail employees who worked night shifts did not engage in the intervention to the same extent as day shift workers. A number of the components such as the tasting sessions and the visits from Tesco and Sainsbury's were delivered within normal, daytime work hours, therefore did not reach all employees. While the views of night-shift workers were sought in the research phases of the project, it was not possible to commit the project's stakeholders to providing specific services for night-shift workers. It may therefore be surmised that interventions must be specifically designed for work-places with multi-shift working patterns and that resources be available to respond to these.

Successful partnerships were formed with the local PCT and supermarkets based upon principles of mutual benefit. The development of strategic partnerships not only ensured the development of a multi-component intervention but also assisted partners to fulfill their corporate social responsibilities and in the case of the PCT, to help meet obligations created by the gender equality duty.

The evaluation study has identified a number of positive outcomes which may be linked to the intervention. Despite the difficulties widely-perceived to impede effective engagement with men on health lifestyle issue, this projects data

showed an increase in male participants' reported awareness of the importance of salt to health and three of the four key messages as put forth by the FSA. However, there was some confusion over the terminology used within the key messages and participants also found it difficult to remember more specific details of the messages, most notably in respect of message three 'around 75% of the salt we eat is already in everyday foods'.

Comparison of baseline and follow up data also showed significant improvements in male participants' perceived importance of high salt intakes to health. There were also significant improvements in the proportion of men who reported checking the salt content of food. A gender comparison shows a greater improvement within male participants compared to women on these issues.

The mode of delivery considered to be most useful by men was WTLL Living Healthily pamphlets, followed by blue dot food marking, posters and leaflets/fliers in the rest-area (rather than the canteen) and messages on the tables in the canteen. Women who took part in the intervention reported that they found the more interactive delivery methods of greater use, thus emphasising the importance of gender sensitivity in design and delivery of interventions promoting health.

The evaluation study had a number of limitations, however. Baseline measures showed gender disparities in awareness of key issues, therefore making it difficult to assess change between genders. There was a relatively high rate of attrition amongst men taking part in the study. Differences in rates of attrition between genders make it difficult to formulate direct comparison between men and women as one cannot ascertain whether changes are as a result of the intervention or attrition. Further to this, the evaluation was unable to assess the impact of other socio-cultural factors such as ethnicity, age and social class on the reception of the intervention.

8. Recommendations and Learning points

- Successful implementation of a workplace intervention is highly dependent on being able to gain a good understanding of the organisation involved.
- Timing of a workplace intervention is critical and initiatives should engage with the business to understand their operating context and the drivers which will both facilitate and potentially impede the project's progress
- Engagement with partner organisations such as food suppliers, caterers and employees can help facilitate positive change in canteen food, whilst maintaining commercial viability. Working together may also assist partners fulfil their corporate social responsibilities.
- A tailored gendered-sensitive workplace intervention can be more effective in facilitating positive change in men's awareness of the impact of salt on health.

Glossary

Before and after study: A research study which measures change in a population, sample or group of individuals between two time points, separated by an event or intervention.

Brahm: An independent communication and marketing agency based in Headingley, Leeds.

Cardiovascular disease: A broad term denoting all diseases of the heart and circulation¹¹.

Courier: The newspaper of the Royal Mail Group.

Focus group: A data collection method used to gather qualitative data. Focus groups usually consist of a small group of participants selected from a wider population and a facilitator to guide discussion.

Food standards agency (FSA): An independent Government department set up to protect the public's health and consumer interests in relation to food.

Gender Equality Duty: The Gender Duty or Gender Equality Duty came into effect in April 2007. It places a legal obligation on public authorities to promote equality of opportunity between men and women¹².

Hypertension: Commonly referred to as high blood pressure.

Men's Health Forum (MHF): An independent charitable body that works with a wide range of individuals and organisations to tackle issues affecting the health and wellbeing of boys and men in England and Wales.

Mixed method approach: An approach to research which aims to collect both qualitative and quantitative data.

Peer mentors: Peer mentors are individuals recruited from a given population group and trained to support others within that population.

Primary Care Trust (PCT): There are approximately 150 PCTs in the country, each covering a separate local area. Their task is to manage primary care services.

¹¹ British Heart foundation.

http://www.bhf.org.uk/living_with_heart_conditions/understanding_heart_conditions/types_of_heart_conditions/coronary_heart_disease.aspx Accessed, September 2008

¹² Department of Health

<http://www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/Genderequality/index.htm> Accessed, September 2008

Qualitative data: A form of data focusing on gaining meaning through analysis of what people say, their activities and the signs, symbols and objects which people give meaning to. Methods used to gain qualitative data include focus groups, interviews and participant observation.

Quantitative data: A form of data focusing on numbers and frequencies. The methods used to gain quantitative data include structured questionnaires, psychometric tests and experiments .

Statistically significant: Something which upon analysis has been shown unlikely to have occurred by chance.

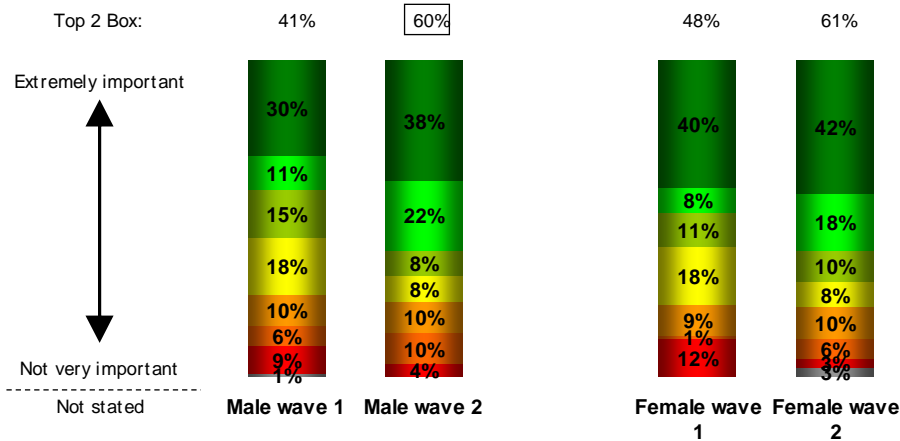
Structured questionnaire: A printed survey with a clear structure of questions from which quantitative data is gained

Work Time Listening and Learning (WTLL): A Royal Mail initiative in which a weekly half hour slot is used to enable line managers to communicate with their team of staff.

Appendices

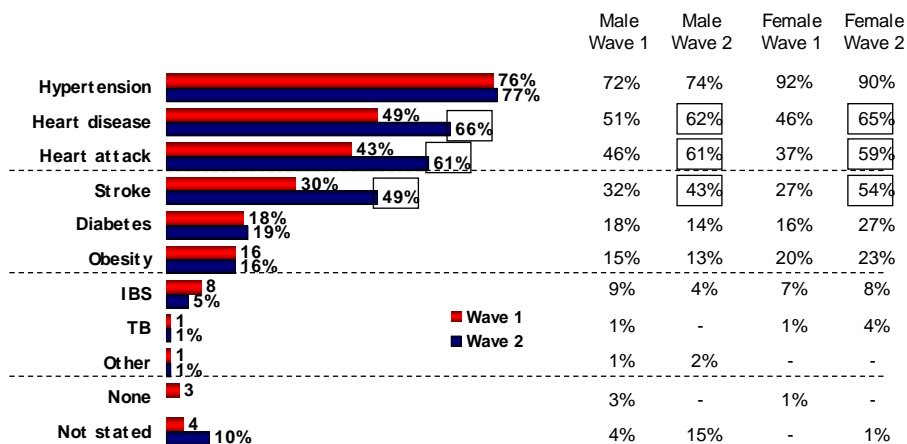
Appendix 1 – Quantitative results

Men have shown a greater uplift in perceived importance than women



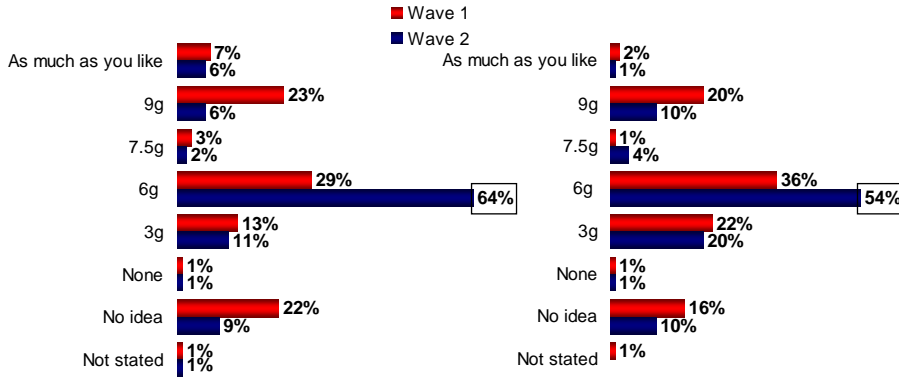
Data Source: Q1 How important do you think the amount of salt you eat is to your health?
 Base sizes: Male wave 1 (272), Male wave 2 (136), Female wave 1 (83), Female wave 2 (71)

Significant improvement in awareness of health issues caused by consuming too much salt



Data Source: Q6 What conditions do you believe salt intake is closely associated with?
 Base sizes: All wave 1 (389), All wave 2 (257), Male wave 1 (272), Male wave 2 (136), Female wave 1 (83), Female wave 2 (71)

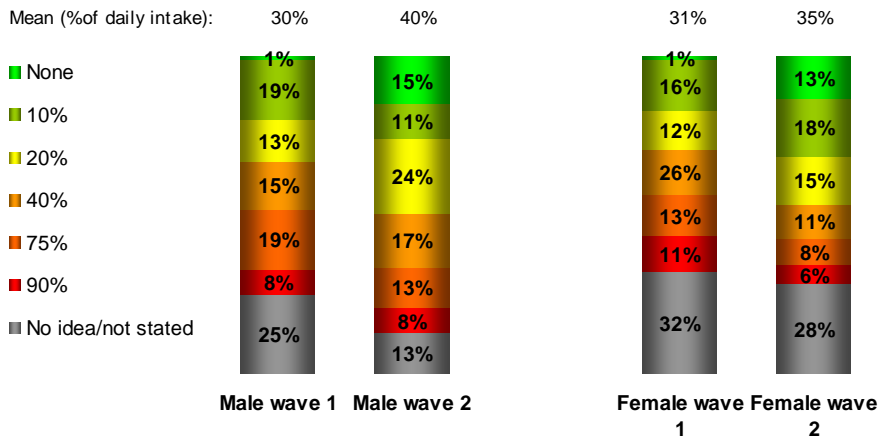
Men have shown the greatest improvement in terms of understanding maximum daily intake



Data Source: Q5 What is the maximum amount of salt an adult should have in a day?
 Base sizes: Male wave 1 (272), Male wave 2 (136), Female wave 1 (83), Female wave 2 (71)



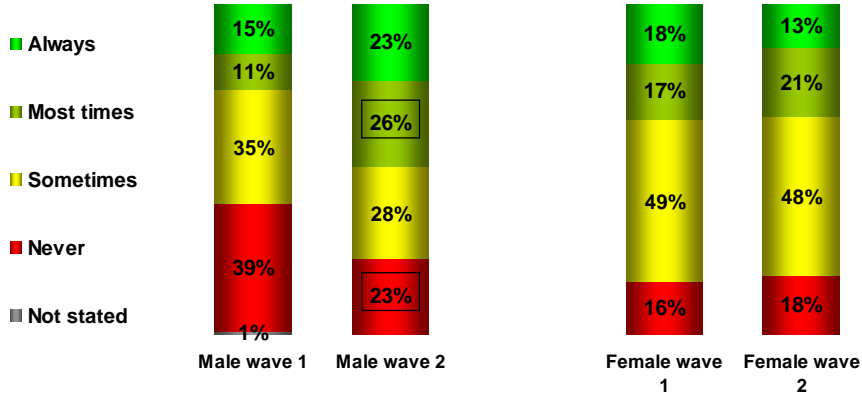
Neither men nor women have understood the 75% salt message



Data Source: Q2 How much of your daily intake of salt do you think you can get from 'everyday foods'?
 Base sizes: Male wave 1 (272), Male wave 2 (136), Female wave 1 (83), Female wave 2 (71)



Men have shown a significant improvement in checking salt whereas women have not



Data Source: Q3 Do you currently check the labels of packaged foods before purchasing/eating to find out the salt content?

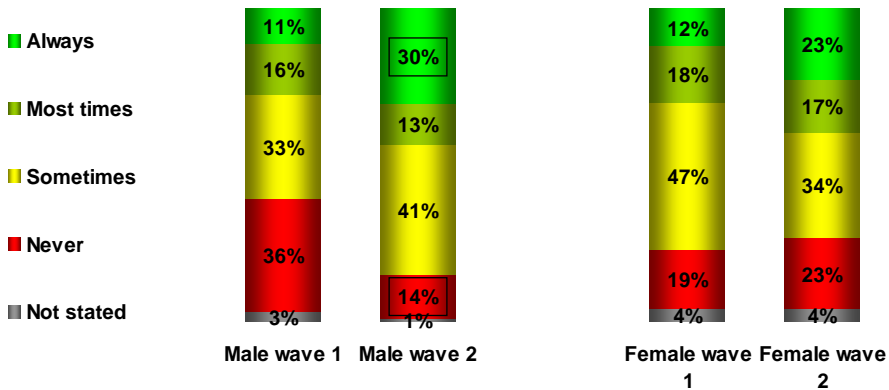
Base sizes: Male wave 1 (272), Male wave 2 (136), Female wave 1 (83), Female wave 2 (71)

15

6 June 2008



Men are now more likely than women to be influenced by the salt content of food



Data Source: Q4 Does the salt content of a food influence whether you buy it or not?

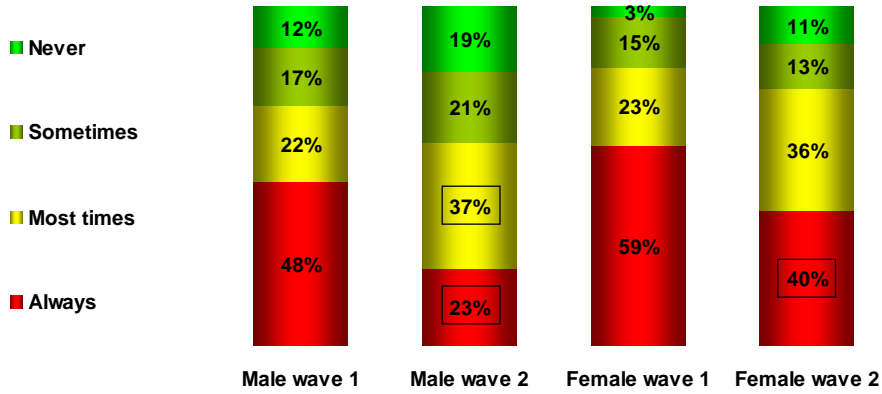
Base sizes: Male wave 1 (272), Male wave 2 (136), Female wave 1 (83), Female wave 2 (71)

17

6 June 2008



Men are now less likely than women to add salt when they cook



Data Source: Q7 Do you add salt when you cook? NB: Question format changed at wave 2
 Base sizes: Those who claim to do most of the cooking at home, Male wave 1 (149), Male wave 2 (91), Female wave 1 (79), Female wave 2 (70)



	Male Top 2 box	Female Top 2 box
WTLL living healthily pamphlet (92, 51)	43%	25%
Project people chatting (55, 39)	27%	59%
Posters & fliers in rest area (90, 54)	29%	50%
Table talkers (98, 58)	29%	33%
Blue dots (84, 40)	32%	30%
Locker postcards (95, 57)	24%	33%
Courier article (83, 42)	16%	43%
Input from Ealing PCT (73, 50)	12%	40%
Tesco visit (81, 54)	11%	33%
Half salt cornflake taster session (84, 53)	7%	36%

Data Source: Q10 How useful were the following communications in helping you to make informed decisions about your salt intake?
 Base sizes: see above

Appendix 2 - Pre-intervention questionnaire

Royal Mail Group plc

Pre-Intervention Salt Survey

1)

How healthy do you think your lifestyle is generally? Please tick one box only.

1- not very healthy	<input type="checkbox"/>	5	<input type="checkbox"/>
2	<input type="checkbox"/>	6	<input type="checkbox"/>
3	<input type="checkbox"/>	7 – extremely healthy	<input type="checkbox"/>
4	<input type="checkbox"/>		

2) How important do you think the amount of salt you eat is to your health? Please tick one box only.

1- not very important	<input type="checkbox"/>	5	<input type="checkbox"/>
2	<input type="checkbox"/>	6	<input type="checkbox"/>
3	<input type="checkbox"/>	7 – extremely important	<input type="checkbox"/>
4	<input type="checkbox"/>		

3) How much of your daily intake of salt do you think you get from 'everyday foods'? E.g. bread, tinned soups, crisps, biscuits etc? Please tick one box only.

None	<input type="checkbox"/>
10%	<input type="checkbox"/>
40%	<input type="checkbox"/>
20%	<input type="checkbox"/>
75%	<input type="checkbox"/>
90%	<input type="checkbox"/>
No idea!	<input type="checkbox"/>

4) Do you currently check the labels of packaged foods before purchasing/eating to find out the salt content? Please tick one box only.

Always	<input type="checkbox"/>	Most times	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never	<input type="checkbox"/>
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5) Does the salt content of a food influence whether you buy it or not? Please tick one box only.

Always	<input type="checkbox"/>	Most times	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never	<input type="checkbox"/>
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6) What is the maximum amount of salt an adult can have in a day? Please tick one box only.

As much as you like	<input type="checkbox"/>	7.5g	<input type="checkbox"/>
6g	<input type="checkbox"/>	None	<input type="checkbox"/>
9g	<input type="checkbox"/>	No idea	<input type="checkbox"/>
3g	<input type="checkbox"/>		

7) What conditions do you believe salt intake is closely associated with? Please tick as many

boxes as apply

Hypertension (high blood pressure)	<input type="checkbox"/>	Obesity	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	Heart attack	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
IBS (irritable bowel syndrome)	<input type="checkbox"/>	TB (Tuberculosis)	<input type="checkbox"/>
None	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

8) Do you do *most* of the cooking at home? Please tick one box only.

Yes	<input type="checkbox"/>	Go to Q9
No	<input type="checkbox"/>	Go to Q10

9) If YES, do you add salt when you cook? Please tick one box only.

Always	<input type="checkbox"/>	Most times	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never	<input type="checkbox"/>
--------	--------------------------	------------	--------------------------	-----------	--------------------------	-------	--------------------------

10) If NO, does the cook of your household add salt to your food? Please tick one box only.

Always	<input type="checkbox"/>	Most times	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never	<input type="checkbox"/>
--------	--------------------------	------------	--------------------------	-----------	--------------------------	-------	--------------------------

11) Do you add salt to your food at the table? Please tick one box only.

Always	<input type="checkbox"/>	Most times	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never	<input type="checkbox"/>
--------	--------------------------	------------	--------------------------	-----------	--------------------------	-------	--------------------------

12) How would you prefer us to tell you about key health messages? Please mark 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 next to your choices. 1 = most preferred, 10 = least preferred

Leaflets	<input type="checkbox"/>	WTLL	<input type="checkbox"/>
Fliers	<input type="checkbox"/>	Courier	<input type="checkbox"/>
Posters	<input type="checkbox"/>	Visit from health bus	<input type="checkbox"/>
Events (e.g. food tasting)	<input type="checkbox"/>	Messages in canteen	<input type="checkbox"/>
1on1 discussion with a health advisor	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Please circle the answers that best describe you below.

13) Age:	16-24	25-45	46-65	66+	
14) Ethnicity:	White	Black	Asian	Chinese	Other -----
15) Work pattern:	Earlys	Lates	Nights	Manager	Admin
16) Gender:	Male	Female			
17) Marital status:	Single, widowed, divorced	Married	Co-habiting	In relationship, but not living together	

Appendix 3 - Post intervention questionnaire

Royal Mail Group plc

Wellbeing survey Post-Intervention Salt Survey

1) How important do you think the amount of salt you eat is to your health? Please tick one box only.

1- not very important	<input type="checkbox"/>				5	<input type="checkbox"/>
	2				6	<input type="checkbox"/>
	3	7 – extremely important				<input type="checkbox"/>
	4					<input type="checkbox"/>

2) How much of your daily intake of salt do you think you get from 'everyday foods'? E.g. bread, tinned soups, crisps, biscuits etc? Please tick one box only.

None	<input type="checkbox"/>				75%	<input type="checkbox"/>
10%	<input type="checkbox"/>				90%	<input type="checkbox"/>
40%	<input type="checkbox"/>				No idea!	<input type="checkbox"/>
20%	<input type="checkbox"/>					

3) Do you currently check the labels of packaged foods before purchasing/eating to find out the salt content? Please tick one box only.

Always	<input type="checkbox"/>	Most times	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never	<input type="checkbox"/>
--------	--------------------------	------------	--------------------------	-----------	--------------------------	-------	--------------------------

4) Does the salt content of a food influence whether you buy it or not? Please tick one box only.

Always	<input type="checkbox"/>	Most times	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never	<input type="checkbox"/>
--------	--------------------------	------------	--------------------------	-----------	--------------------------	-------	--------------------------

5) What is the maximum amount of salt an adult can have in a day? Please tick one box only.

As much as you like	<input type="checkbox"/>				7.5g	<input type="checkbox"/>
6g	<input type="checkbox"/>				None	<input type="checkbox"/>
9g	<input type="checkbox"/>				No idea	<input type="checkbox"/>
3g	<input type="checkbox"/>					

6) What conditions do you believe salt intake is closely associated with? Please tick as many boxes as apply

Hypertension (high blood pressure)	<input type="checkbox"/>	Obesity	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	Heart attack	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
IBS (irritable bowel syndrome)	<input type="checkbox"/>	TB (Tuberculosis)	<input type="checkbox"/>
None	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

IF YOU DO MOST OF THE COOKING AT HOME

7) Do you add salt when you cook? Please tick one box only.

Always Most times Sometimes Never Not applicable

IF YOU DON'T DO MOST OF THE COOKING AT HOME

8) Does the cook of your household add salt to your food? Please tick one box only.

Always Most times Sometimes Never Not applicable

9) Do you add salt to your food at the table? Please tick one box only.

Always Most times Sometimes Never

10) How useful were the following communications in helping you to make informed decisions about your salt intake? Please tick one box only per communication.

	Didn't see this	Not at all useful				Extremely useful		
		1	2	3	4	5	6	7
WTLL living healthily pamphlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tesco low salt visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Trust visit (low salt snack tasters, information, advice, cookery sessions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half salt cornflake taster session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courier article on the salt project at Greenford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Messages on tables in canteen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue dots on lower salt foods in canteen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini posters on lockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters and fliers on tables in the rest area of the mail centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'Project people' chatting to you about salt in the canteen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please circle the answers that best describe you below.

11) Age:	16-24	25-45	46-65	66+	
12) Ethnicity:	White	Black	Asian	Chinese	Other -----
13) Work pattern:	Earlys	Lates	Nights	Manager	Admin
14) Gender:	Male	Female			
15) Marital status:	Single, widowed, divorced	Married	Co-habiting	In relationship, but not living together	

16) If you have any other comments about the low salt information programme and activities of the last month at Greenford Mail Centre then please write them in below.

Appendix 4 - Pre-Intervention Salt Focus Group Discussion Guide

Rationale

To understand what RM male manual workers know about the FSA key health messages regarding dietary salt and health. Also to glean ideas on how they would prefer to be communicated with regarding this issue. What type of communications will have most impact? We will feed these findings into our intervention.

Equipment required:

Flip chart and paper

Post it's

Pens/pencils

Stimulus:

- nutritional tables cut out from packages – I.S.
- health messages to test (fliers, Adverts / leaflets). FSA / MHF to provide. Internet search.

Introductions (10 mins)

Aim: to set session up session & put respondents at their ease.

Introduce myself as moderator. Thank for coming. Explain that MRS code of conduct requires us to record group. Confidentiality: nothing an individual says goes further than this room (unless someone from the group takes it out). Give brief explanation of why they are here without mentioning salt specifically.

Activity 1

Break into pairs, introduce yourself to your partner. Then everyone presents their partner back to the group.

Find out – name, family, how long worked with RM, any hobbies.

- Out of 5 how interested in their health are you currently? (1 very uninterested, 5 very interested)

Attitudes to health and healthy eating generally (20mins)

Aim: to get respondents thinking about health generally, bringing to the front of their mind all their banked knowledge.

Questions to facilitate discussion:

- How interested would you say you are in your health?
- How do you define health? What is 'health' to you?

- What areas of your health are you particularly concerned with? (Probe heart health; stroke, heart attack, hypertension)
- How do you currently try to keep healthy? What do you actually DO currently and why? (Probe: diet)
- What else do you know you could/should do to keep healthy but don't currently do?
- Why should they do these things? Why don't they currently do these things? What are the barriers? (Probe diet: price, convenience, offering, home cook)
- Thinking about your family who is 'guardian' of the family health? (Probe: how far do they take responsibility for their own health, how far do they rely on their mothers/wives/no-one)
- Probe if the married / partnered men look after themselves / looked after better than the single men.
- Where do you get your health information from? (Probe: word or mouth, doctors, health articles, internet...) (How many times a yr on average does a man visit his doctor? Ans:2)

Knowledge & understanding of salt in reference to health (30 mins)

Aim: to see what base level of knowledge & understanding of salt messages that exists currently.

Questions to facilitate discussion:

- Where do/did you get/pick up your ideas on how to eat? When do you think these ideas were formed? Are they changing ideas? Or do they remain relatively constant?
- What health messages have you heard regarding salt?
- Do you add salt to your food?
- Do you cook? If so do you add salt to your cooking?
- Who does the majority of the cooking in your household? Do you know if they add salt to the cooking?

Go through each FSA key salt message and gauge prior knowledge and reaction:

Message 1: Too much salt is bad for your heart?

- Did you know that?
- Do you know *why* that is?
- Do you know that heart disease is the leading single cause of death for British men?
- Do the reasons why it is matter to you or is it enough just to know it is?

Message 2: Adults should eat no more than 6g of salt a day (children less)

- Did you know that?
- How much do you think that is? (Probe: examples of 6g of salt, a teaspoon, a tablespoon, a cup full? Etc)

Message 3: 75% of the salt we eat is already in 'everyday' foods

- Do you know that 75% of the salt we eat is already in 'everyday' foods? Does that surprise you?
- What do you think is meant by 'everyday' foods?
- Probe: What does that mean for our salt intake and our health?

Message 4: Check the label and choose options lower in salt

- Do you eat processed/ready prepared foods currently? (Give examples; burgers, pizza, crisps, biscuits, cake, salted nuts)

Activity 2

(Aim: to get respondents to focus on salt in their diets)

Everyone to list on post-its all of the processed/ready prepared foods they eat regularly and to think about how often they eat these foods.

- How regularly do you eat processed/ready prepared foods? (probe: 1/2/3x daily, weekly, occasionally)
- Do you know where to check for salt content?
- How often, if ever, do you check the labels of these processed/ready prepared foods for salt content? If not, why not?
- Do you ever change your purchase for a lower salt alternative? If not, Why not?

Provide cuts outs of backs of packs that show nutritional breakdown

Break into 2 groups of 4. Ask them to see what they could eat to get no more than 6g of salt in one day.

Note how easy it is for respondents to understand nutritional breakdown.

Spokesperson from each group to report back.

Probe: how easy was it to use the nutritional breakdown?

How best to communicate salt/health messages (30 mins)

Aim: to find out which communications work best with this audience; what types of messages, placed where, and at what times?.

- Which health messages (doesn't have to be salt related) do you remember and why?

- What was it about the message that made you remember it?

Probe: use of humour, scare-mongering, shocking facts, personal histories, generalised reports, science studies, use of scientific explanation, the why? Any other comms methods??

Activity 3

Divide group into 2. Hand out some 'mock-up'/past health messages. Get reaction to the different types of comms.

- In What *format* do you like to receive health messages?

Probe: leaflet, booklet, postcard, health talk, practical e.g. health/blood pressure test...

Podcasts, internet, magazines, TV, radio, What size leaflet? What size writing? Which languages? Is English OK or is it prohibitive? Illustrations? Lots of information or succinct messages?

- *When* is the best time to receive health messages?

Probe: at lunch, break times, after work, WTLL sessions...

- *Where* is best to receive health messages?

(Probe: at home, at work, WTLL, in the canteen, in the toilets, in the locker room...?)

Discuss & respondents to write ideas on post-its. I collect.

Show 'Little book of Salt' & Haynes Living Healthily Manual & Which?

Shoppers card – quick feedback.

Each group to feedback a summary of format, when, where & feedback on FSA/MHF/Which? materials

Activity 4

Group to divide into 2 groups of 3 & 1 group of 2.

Each group to Brainstorm ways that would attract their attention to messages.

Each group to brainstorm:

1. How could you make a salt/health message impactful? By making the message *funny* /shocking / interesting?

2. What do you consider is the most impactful message around salt and health? Thinking about all that we have talked about today, what surprised you/interested you most? What message would make you and others listen/think.

Close

Thank you for attending.

Appendix 5 - Post-Intervention Salt Focus Group Discussion Guide

Rationale

To assess the salt Intervention in terms of:

- salt message 'memorability'
- which communications channels / methods worked best
- any behavioural change (specifically related to salt and/or health generally)
- recommendations for development

Equipment required:

Flip chart and paper

Post it's

Pens/pencils

Stimulus:

Nutritional tables cut out from packages

Introductions (10 mins)

Aim: to set session up session & put respondents at their ease.

Introduce myself as moderator. Thank for coming. Explain that MRS code of conduct requires us to record group. Confidentiality: nothing an individual says goes further than this room (unless someone from the group takes it out).

Give brief explanation of why they are here without mentioning salt specifically.

Activity 1

Break into pairs, introduce yourself to your partner. Then everyone presents their partner back to the group.

Find out – name, family, how long worked with RM, any hobbies.

- Out of 5 how interested in their health are you currently? (1 very uninterested, 5 very interested)

Attitudes to health and healthy eating generally (10mins)

Aim: to get respondents thinking about health generally, bringing to the front of their mind all their banked knowledge. To get a feel for whether respondents are any more interested in health generally than at the last round of focus groups (pre-Intervention).

Questions to facilitate discussion:

- How interested would you say you are in your health?
- How do you define health? What is 'health' to you?
- What areas of your health are you particularly concerned with? (Probe heart health; stroke, heart attack, hypertension)
- How do you currently try to keep healthy? What do you actually DO currently and why? (Probe: diet)
- What else do you know you could/should do to keep healthy but don't currently do?
- Why should they do these things? Why don't they currently do these things? What are the barriers? (Probe diet: price, convenience, offering, home cook)
- Thinking about your family who is 'guardian' of the family health? (Probe: how far do they take responsibility for their own health, how far do they rely on their mothers/wives/no-one)
- Probe if the married / partnered men look after themselves / looked after better than the single men.
- Where do you get your health information from? (Probe: word or mouth, doctors, health articles, internet...) (How many times a yr on average does a man visit his doctor? Ans:2)
- Where would you like to get your health information from? Where would be the easiest place for you?

Level of awareness of Salt Campaign (10 mins)

Aim: to get a free-flow download for what people thought of the campaign. How far did the campaign penetrate? Have people noticed it at all? What's the general feel for the campaign, appropriate 'noise' level / too much / too little?

Questions to facilitate discussion:

- have you noticed an emphasis on salt, salt reduction and salt health in the mail centre over the last 4 or 5 weeks?
- If so, what did you think of it?
- What have you noticed? Has anything particularly interested you?
- Have you learnt anything new – probe to see if any salt messages come up spontaneously?
- If not, find out where they work, whether they visit the canteen, where they tend to hang out whilst on breaks.

Knowledge & understanding of salt in reference to health (20 mins)

Aim: to see if the level of knowledge & understanding of salt messages has increased as a result of the campaign.

Questions to facilitate discussion:

- What have you learnt about salt over the last few weeks? What health messages have you heard? [See what comes up spontaneously and the probe individual messages]
- Has anyone heard what the maximum amount of salt we should eat per day?
- Can you picture in your head how much that is? [refer to teaspoon]
- Does anyone know what health conditions are associated with eating too much salt? What can happen to you if you eat too much?
- How would you go about finding out how much salt you were eating in a day? How can you try and regulate how much you eat daily?
- Where do we find most of the salt in our diet?
- Do you add salt to your food?
- Do you cook? If so do you add salt to your cooking?
- Who does the majority of the cooking in your household? Do you know if they add salt to the cooking?

[Probe the above but do not 'give away' answers unless they come up spontaneously. Following the above discussion Go through each FSA key salt message that did NOT arise spontaneously, see if by nudging them they remember anything about the message! Probe for accuracy of comprehension.]

Message 1: Too much salt is bad for your heart?

- Did you know that?
- Do you know *why* that is?
- Do you know that heart disease is the leading single cause of death for British men?

Message 2: Adults should eat no more than 6g of salt a day (children less)

- Did you know that?
- How much do you think that is? (Probe: examples of 6g of salt, a teaspoon, a tablespoon, a cup full? Etc)

Message 3: 75% of the salt we eat is already in 'everyday' foods

- Do you know that 75% of the salt we eat is already in 'everyday' foods? Does that surprise you?
What do you think is meant by 'everyday' foods?
Probe: What does that mean for our salt intake and our health?

Message 4: Check the label and choose options lower in salt

- Do you eat processed/ready prepared foods currently? (Give examples; burgers, pizza, crisps, biscuits, cake, salted nuts)
- Do you ever check the labels on foods to check the salt content now? Did you before? Are you more likely to check now?
- Do you think you understand how to check labels now?
- Do you understand the Sodium / salt link?

Activity 2

Reading labels exercise

Aim: To ascertain if people are any better equipped now to read labels and to find and understand the salt content.

Provide cuts outs of backs of packs that show nutritional breakdown

- How much salt is in this pack?
- How much of your daily allowance of salt is that roughly?
- How easy is it to read the label?
- Has anyone got a label that talks about sodium instead of salt?

Unearthing the useful / less useful comms methods / tools (25 mins)

Aim: to ascertain which methods of communication are the most effective with this audience. Which are least effective? How we could improve upon the comms we did. Probe for other ways that would have been useful.

Questions to facilitate discussion:

- As we've discussed there has been a salt campaign taking place in Greenford mail centre over the last 4/5 weeks. Could you tell me what you have noticed going on? [Allow free-flow discussion]
- Probe list of activities / events to discover whether respondents had
 - a) noticed them / test impact
 - b) how effective / memorable / they are
 - c) how they have been improved

WTLL living healthily pamphlet

Tesco low salt visit

Primary Care Trust visit (low salt snack tasters, information, advice, cookery sessions)

Half salt cornflake taster session

Courier article on the salt project at Greenford

Messages on tables in canteen

Blue dots on lower salt foods in canteen

Mini posters on lockers

Posters and fliers on tables in the rest area of the mail centre

'Project people' chatting to you about salt in the canteen

- As a result of the knowledge you have gained regarding salt and health have you made / will you make any changes to your eating / shopping / food purchasing habits?

Activity 3

Group 1: Those that agree that they *have* made changes or that they *will* make changes to their salt intake to write down on post-its what those changes are / will be and how they will go about making them practically.

Group 2: Those that are anti-change to write down on post-its why they don't believe change is necessary for them. Obviously we haven't convinced you that reducing salt is important for your health. It would be interesting for us to understand why that is and perhaps how we could do it better if we tried again!

Groups/ individuals to report back to wider group.

Improvements for next time (15 mins)

Aim: to ensure that we understand / get ideas on how to make things better for other campaigns

Questions to facilitate discussion:

- Can you think of any ways of anything that would have made the salt campaign better / more memorable for you?
- What else could have been done? What else would you have wanted to have been done?
- Overall is this the sort of campaign that RM should organise for its employees? Would you like to see similar campaigns again?
- Test idea of 'measurement machine' – explain concept – is this a good idea? Would you use it? Would you use it regularly? Would you be prepared to pay 10p for its use? Should this be the sort of thing that RM provides for its employees?

Thank you and close.