

TryThis Project Independent Evaluation

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TryThis - A Pilot Project to Examine the Efficacy of Delivering Preventative Health Information Specific to Sexual Health and Alcohol Reduction via Bluetooth Technology to Target Groups of Young People Aged 15-19 and Older Men Aged 55+

Foreword



“Teenagers have always pushed the boundaries with their behaviour. Likewise we need to push the boundaries with innovative ways to reach out to them. Most young people keep their mobile phones close at hand and it was decided to explore the potential of using Blue Tooth technology as a means of entering their lives long enough to instigate behaviour change.

Throughout this pilot study, we found high levels of participation and involvement from young people especially when it came to sharing tips for coping with sometimes challenging social and relationship situations.

The Try This pilot also has a useful legacy. For the young people whose behaviour has changed positively as a direct result of taking part, for the many young people who have read useful tips via the website and, not least, for the equipment that has been secured for North Lincolnshire to target other issues in the future.

This pilot study focussed on risky behaviours around alcohol and sexual activity. While the latest Adolescent Lifestyle Survey clearly shows the majority of North Lincolnshire’s young people give risk taking behaviours a wide berth, we still have a higher than average number of teen conceptions. Whilst some of these pregnancies are undoubtedly a conscious decision on behalf of young parents, many of them come about as a result of the combination of unplanned sex, lack of awareness of effective contraception and alcohol.

Drinking too much has many associated risks with pregnancy appearing alongside sexually transmitted infections, violence, anti-social behaviour, injury and alcohol-related harm as well as the risk of short and long term damage to health.

The Try This pilot study has demonstrated that Bluetooth interventions can contribute positively to changing young people’s behavioural intentions.

NHS North Lincolnshire recommends this report and we would like to pass on our grateful thanks to all who participated.”

Frances Cunning, Director of Public Health for North Lincolnshire.

Customer Insight Goals

- To gain a wider understanding of the contribution made by social media channels to health improvement in North Lincolnshire,
- To gain an understanding of the contribution made by social media channels to health improvement topic areas pertaining to each of the three target audiences within the pilot,
- To steer future health improvement campaigns delivered via social media and social networking channels in North Lincolnshire and make recommendations for further improvement beyond the pilot period,
- To refine design of future interventions within preventative health that target such age groups where social media is the key delivery agent,
- Medical analysis of target audience’s highly rated tips (from desk review and literature sources),
- The effectiveness of the e-campaigns in relation to the health improvement desired behaviour. This might include the value of Crowd-sourcing/peer to peer delivery of messages in the health improvement domain.
- Influence & changing behaviours. This might include detections in Perceptions, Attitudes and Views regarding health improvement content.

The local perspective

- There are an average 150 premature deaths (<75 years old) from CVD each year in North Lincolnshire.
 - In the Yorkshire and Humber region, over a third (36 %) of adults consumed above recommended levels of alcohol on at least one day in the previous week, the highest figure for any region in England. Moreover, around 9 % of women continue to drink potentially harmful levels of alcohol during pregnancy.
- It has been estimated that there are around 25,500 hazardous and harmful drinkers in North Lincolnshire, and around 5,000 dependent drinkers. Young people are also at more risk of becoming a victim of alcohol related violence.
- Teen conception rates are above the national average in North Lincolnshire and have remained so for the last 15 years. More than half of all teen conceptions in North Lincolnshire are accounted for by young men and women living in just four electoral wards.

Contents

How this report is structured

This report consists of seven sections with additional Annexes:-

An *Executive Summary* is provided overleaf containing the project highlights.

Section One provides a brief description of the project, including its aims and objectives.

Section Two outlines the research steps taken to produce the evaluation in both the baseline and post evaluation elements.

Section Three details the summary findings within the baseline evaluation and notes young people’s attitudes, intentions, behaviour and behavioural goals in relation to sexual health and drinking to excess that were captured. This chapter also includes the recommendations for the intervention pilot itself made to the Steering Committee and Project Team based on these findings.

Section Four provides a commentary upon the baseline and post-evaluation insight findings. This section also contains the quantitative Bluetooth data gathered from uptake.

Section Five outlines the conclusions and recommendations from TryThis and the learning this has for preventative health pilots in future that may opt to include Bluetooth usage.

Section Six gives a list of references used to compile this evaluation.

Section Seven logs all of the research findings from each of the ten participative research groups. The groups were undertaken in Burton Upon Stather and Winterton (CONTROL area); and, Burringham and Gunness, Kingsway with Lincoln Gardens and Town Council Ward Areas (INTERVENTION area).

Annexes I and II provide copies of the pilot’s Bluetooth content that was distributed to the target group of young people as well as a radio campaign facilitated by the Digital Inclusion Team of North Lincolnshire Council. .

All writing in ***bold, italic, orange font*** is verbatim quotes from young people’s insights captured within this exploratory pilot.

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Executive Summary

The scale of the problem

Nationally, among sexually active 13 and 14 year olds, 40 % said they were drunk or “stoned” during their first instance of sexual intercourse. In a survey of 15 and 16 year olds, 8 % have reported having unprotected sex following alcohol consumption. It is likely that alcohol misuse contributes to teenage conception and the spread of sexually transmitted infections.

Hence there is a correlation between excessive drinking and unprotected sex, as well as drinking and obesity. Long-term excessive use of alcohol causes illnesses such as liver damage, stomach cancer and heart disease which lead to early deaths. The short-term effect of binge drinking is linked to youth crime.

Binge drinking has become more widespread and socially acceptable amongst females in recent years. Rates of alcohol-specific death are correlated with socioeconomic status, as are alcohol-related accidents.

This project aims to use a mix of crowd-sourcing via social media and digital marketing to help tackle this trend of ‘unhealthy behaviour’, directly linked to premature deaths caused by a number of conditions such as CVD, stroke and diabetes .

The idea is to collect “tips” (tacit knowledge) from citizens such as how to eat well, drink sensibly, practice safe sex and quit smoking. These can be submitted, viewed and ranked online. After tips have been collected the “top tips” will be distributed to the people who are at most risk via high penetration technology, namely via Bluetooth to citizens’ mobile phones.

Background

On receipt of grant funding from the Local Government Development and Innovation Fund (LGiD), the Digital Inclusion Unit of North Lincolnshire Council (DIU) and the Participation Team within NHS North Lincolnshire, created an exploratory pilot to determine the value that Bluetooth Technology might lend to lowering health inequalities in specific target groups.

The pilot was named TryThis. It was researched, developed, implemented and evaluated within a six-month period and developed upon unfettered insight and active involvement from specific target audiences and based on a behaviour change approach. This evaluation report details the innovative methods, insight findings and practical recommendations about this exploratory pilot.

A number of suitable target audiences were determined by public health targets and input from the Director of Public Health for North Lincolnshire. Following deliberations with TryThis’ the Steering Group, priority targets for TryThis were set as:

- Young people aged 15-19 drinking to excess and/or binge drinking; and,
- Young people aged 15-19 experiencing sexual health challenges via unprotected sex.

Drinking to excess is defined as “regularly exceeding the recommended daily limits for alcohol consumption which is no more than 3-4 units per day for men and 2-3 units per day for women. One unit is equivalent 10ml of pure alcohol. Those who regularly exceed these recommended daily limits, are deemed to be drinking to excess and putting their health at risk¹”.

Sexual health improvement is defined as “the physical, emotional, psychological, social and cultural well being of a person’s sexual identity, and the capacity and freedom to enjoy and express sexuality without exploitation, oppression, physical or emotional harm²”.

Those people who experience inequalities in relation to any of these elements are deemed as having poor sexual health.

Feasibility study

In order to explore Bluetooth message usage and uptake in North Lincolnshire, a ‘feasibility study’ was set-up ahead of the exploratory pilot roll-out in a single environment. The feasibility study involved a total of 91 young people from the area and tested the uptake of Bluetooth within 15-19 year olds at a local level against national Bluetooth data.

¹ NHS Choices, 2011. Source: www.nhs.uk/Conditions/Alcohol-misuse/Pages/Definition.aspx

² The Royal College of Nursing definition of sexual health 2005. Source; www.rcn.org.uk/development/practice/diabetes/good_practice/sexual_health

Highlights of the feasibility showed that:

- 61% of mobile phone holders with a Bluetooth function opened an NHS-labelled Bluetooth message sent to their mobile; and,
- 81% of those who accepted these messages performed a prompted action or 'converted' the digital content they received. In this instance, the prompted action was to exchange the mobile phone offer for a piece of fruit at the college canteen.

In comparison to national data available at that time, local Bluetooth data within the feasibility study fared favourably and validated the main Bluetooth intervention roll-out.

High involvement of young people aged 15-19

To evaluate the main element of TryThis, three steps were undertaken by Advance Social Marketing Ltd and involved a total of 94 young people.

Step One was to set up a research method that could provide both a baseline understanding of current knowledge, behaviours and intentions of young people, as well as capture insight into their language use, views and experiences in regard to alcohol and sex. The method created an Intervention Area which covered three council ward areas. In the Intervention Area, installations were erected to distribute NHS-labelled preventative health content to target age groups. At the same time, a Control Area, which covered one council ward, was determined. Although no mast or content would be deliberately distributed within this location, the pilot took place in a live social context and the findings are appreciated and written in this context.

Step Two involved the roll-out of a simultaneous research baseline and insight gathering exercise. The baseline involved 46 young people and deployed a mixed research method by collecting quantitative scores about young people's intentions as well as rich qualitative insight about alcohol reduction and sexual health topics. Quantitative scores were totalled to provide the baseline. Insight findings were analysed to generate recommendations to TryThis developers in the DIU about how it could resonate with young people to derive the highest impact.

Following the completion of Step Two of the evaluation, the TryThis' pilot intervention was rolled out.

As a result of the roll-out, a total of 475 Bluetooth messages were received by the target groups and 200 tips about alcohol reduction and improvement of sexual health were submitted via an interactive function located on the linked-website. Further, a total of 185 young people voted on the tips submitted by their peers. Votes ranked their usefulness.

Step three completed a post-evaluation. This involved a further set of interactive research workshops, analysis and write-up of all findings into this report. In total, 48 young people participated in the post-evaluation.

Understanding the value of Bluetooth to lowering health inequalities by measuring behavioural change

In order for the evaluation to measure the value of Bluetooth to preventative health programmes, it was necessary to align the research method with a suitable behavioural theory. Since TryThis had a limited time-frame, Ajzen's Theory of Planned Behaviour (Ajzen 1985) was selected. This was because it was practical for the pilot to be measured in line with young people's intentions to change health risk behaviours, rather than actually expect to change behaviours in such a short time frame.

Striking findings

On analysis of the exploratory pilot data, the mean score findings showed the value of Bluetooth use to preventative health interventions was different for sexual health and alcohol reduction.

For sexual health, the post evaluation findings showed that the Bluetooth intervention did not largely positively affect young people's sexual health intentions towards using condoms or speaking to their partners and peer group about using condoms.

Uptake of the Bluetooth content showed that 117 young people received Bluetooth messages and based on the top ten tips ranked within the pilot, 3 tips were about sexual health. Yet despite the lower number of tips received for sexual health in contrast to alcohol, one sexual health message received the most amount of votes and was listed number one in the top ten receiving a total of 17 votes. Altogether 28 'voters' ranked the three sexual health tips in the top ten.

The pilot's interactive Bluetooth approach also generated young people-led tips to motivate others to improve their sexual health. For example, tips from the target group included *"having an STD is going to make you less popular than being a virgin"* and *"sex should be fun. Being drunk spoils that"*.

Where alcohol reduction was concerned, the post-evaluation findings showed a far greater impact on young people's intentions to change alcohol-drinking behaviours.

For example, mean scores showed that Bluetooth interventions could offer beneficial value to changing young people's intentions in relation to several alcohol consumption behaviours. This included behaviours that led to buying alcohol, slowing alcohol consumption and stopping alcohol consumption earlier.

The uptake of the Bluetooth content was also far higher for alcohol than sexual health. A total of 205 messages were received by the target age range for alcohol. Uptake data from the quantitative figures showed that 205 young people submitted tips and 64 'voters' ranked them.

In addition, TryThis' approach had generated a variety of alcohol reduction messages for future interventions to use. For example, tips included *"look after your friends – don't buy them drinks they don't want"* and *"puke makes you unpopular – FAST!"*.

Useful conclusions

It is the main conclusion of this report that Bluetooth interventions could play a powerful role in lowering young people's health inequalities in North Lincolnshire, although findings suggest that this could be health topic specific.

Importantly, findings show that not only does Bluetooth has the potential to have an impact on intentions to change behaviours of young people aged 15-19, they partly suggest that actual behaviour within this target groups could positively change as result of its usage over time. Moreover, the high participation levels and involvement of young people throughout the pilot has left a useful legacy for future preventative programmes to consider and use. Both in terms of installations located at popular destinations for young people in the area as well as message content for existing sexual health and alcohol initiatives targeting similar age groups.

Further, it is also clear that Bluetooth digital interactivity works well to engage this audience when undertaking preventative health interventions. In line with this, Bluetooth linked to a website and social networking functions could provide a practical channel for public bodies to engage a young section of society that often can be challenging to connect with. This is demonstrated by both the feasibility study and the number of votes gained across the main exploratory pilot.

Practical recommendations

Overall, several recommendations are made in line with the pilot findings.

Firstly, it is recommended that this exploratory pilot be broadened out to a wider sample size to benchmark these pilot findings across a larger geographical area. It is also recommended that this is based upon the content recommendations made within this report and aligned to the behavioural goals set within this report. Secondly, alcohol reduction programmes in particular ought to consider the inclusion of Bluetooth interventions to lower health inequalities for 15-19 year olds.

Further, it is also recommended that future sexual health and alcohol reduction programmes re-use of the top tips gathered as part of this pilot and that their use is timed to coincide with the times they will be considering or possibly engaging in the health behaviour i.e. like Friday evenings to increase impact on intentions to change behaviour. Alongside timing improvements, it is also recommended that the actual message content for alcohol and sexual health is combined in any future roll-out in line with insight findings within this study.

Lastly, it is recommended that any future Bluetooth usage to lower health inequalities should be of high, broadcast quality to ensure the resonance with young people throughout and to increase the likelihood of the content being shared amongst peer groups via social networking sites and mobile to mobile texting due to the high frequency of use by young people of these mediums.

Section One: Introduction

Project Outline

Aims

The aim of the TryThis pilot project was to explore the value and usefulness of using Bluetooth technology to deliver preventative health information in North Lincolnshire.

In order to examine the role that Bluetooth might offer future preventative health approaches, the Director of Public Health for North Lincolnshire, Frances Cunning, recommended two important health inequality targets for the pilot. The two inequality areas were: the sexual health of young people and alcohol reduction, in target groups of people living in the locality. In line with these recommendations therefore, TryThis sought specifically to address sexual and alcohol related health inequalities particular to young people aged 15-19 and older men aged 55+.

Lead agencies

The two delivery agents of the pilot intervention included the project lead and funding applicant: North Lincolnshire Council Digital Inclusion Unit (DIU); and, NHS Lincolnshire public engagement team that delivered advice and support to the overall project. Pilot funding was provided by Local Government Association Improvement and Development grant after a successful bid process led by the DIU.

Evaluation

Advance Social Marketing Ltd. was commissioned to design and deliver a pre and post evaluation for TryThis as part of the initial funding bid application. Advance Social Marketing had an additional role to inform the Bluetooth and web content at the outset of the pilot by undertaking insight gathering alongside the baseline data gathering. The full process forms the basis of this report and was tracked over a 6-month period.

Initial feasibility study

A feasibility study for the Bluetooth Pilot was first undertaken with the target group using a simple campaign at a single location and involved a college campus location in the local vicinity.

The initial Bluetooth study resulted in a number of key findings listed below:

- In the single environment of the college, over 150 phones could be detected per day (by the technology behind the pilot) due to the high mobile ownership among local North Lincolnshire students;
- An observed typical acceptance rate of Bluetooth messages during the feasibility study stood at 61%. Acceptance in this context is defined as ‘members of the target population who accept and open the messages sent to them via the Bluetooth pilot’;
- That of the 61% of those young people who accepted a Bluetooth message, 81% were compelled to use the digital vouchers provided by the Bluetooth feasibility study;
- Approximately, 40% of message recipients’ follow-on to an NHS-linked campaign website;
- 22% of those message recipients who followed on to use the NHS campaign website reported that they were likely to take further action, such as entering a competition.

The amount of viral activity is relatively small for Bluetooth messaging. Viral activity in this context is defined as that use pre-existing social networks to produce increases in awareness to achieve specific objectives (such as product sales) through self-replicating processes. Activity of this kind can be delivered by word of mouth or enhanced by the network effects of the Internet, video clips, interactive Flash games, ebooks, brandable software, images, or text messages.

Brief summary of main pilot rollout

The main pilot project was produced in animation and featured sexual health and alcohol reduction Bluetooth messages. These were delivered over multiple Bluetooth installations across each of the intervention wards and were rotated on a weekly basis for the period of two months during January and February 2011.

Overall, the main campaign was more ambitious in that: -

- The message content was animated, subsequently more involved and requiring higher handset capabilities / less compatible with older handsets;
- There was less incentive for retrieval of the messages (i.e. no user reward); and,

The tips within the content remained consistent with current preventative health advice

Audience priorities within the pilot and their implication for the evaluation

Early on in the set up of the pilot, local NHS staff advised that older men who were obese and drank excessively each week would be difficult for local NHS to access, making any evaluation research time consuming on NHS staff and financial resource.

Given this fact, the Steering Group for TryThis agreed to deploy resources upon evaluating the TryThis project specific to young people's preventative health pertaining to sexual health and alcohol reduction where community contacts were in place and could be more easily reached. This approach had the added benefit of allowing Advance Social Marketing Ltd. to strengthen the richness of data within the overall evaluation in the intervention areas of the pilot.

Therefore, the evaluation concentrates on the value and usefulness of Bluetooth technology on young people's preventative health pertaining to sexual health and drinking to excess

Section Two: Research approach

Three steps were taken to produce the evaluation.

Step one

Firstly, a control ward area (one council ward) and intervention area (3 council wards) were identified. An evaluation approach was then developed and approved by TryThis' Steering Committee. The evaluation approach was based on Ajzen's the theory of planned behaviour (GODIN ET AL, 1996) which largely focuses on intentions to change behaviour in health settings (see section below on Ajzen's theory of planned behaviour for more details).

The intervention area

The intervention area comprised of three council wards. In these wards, TryThis' Bluetooth content was deliberately delivered in partnership with local partners situated within each one. The final Bluetooth content delivered sexual health and alcohol reduction intervention messaging separately using existing NHS approved messages (please see Annex I within this report for the final executions of the content distributed to young people).

The intervention area included the following wards: Burringham and Gunness; Town; and Kingsway with Lincoln Gardens and were identified by the locations of the local organisations that wished to take part in TryThis project and accept TryThis' Bluetooth equipment.

The control area

The control area was recommended by members of the Steering Group and was located in Burton upon Stather and Winterton. Whilst it is certain that no deliberate TryThis messaging did take place in the control area, there was never going to be any guarantee that young people/participants in this research would not travel around North Lincolnshire and receive Bluetooth messages during the time of the pilot.

Theory of planned behaviour – Ajzen

As TryThis was a pilot project of a limited timeframe, it was only practical for the pilot to examine intentions to change health risk behaviours rather than actually expect to change them.

Ajzen (AJZEN 1985) expanded upon the theory of reasoned action (AJZEN, FISHBEIN 1980) and formulated the Theory of Planned Behaviour³, which emphasises the role of intention in behaviour. This theory covers cases in which a person is not in control of all factors affecting the actual performance of behaviour i.e. in a social or intimate context or distorted local norm. As a result, Ajzen's new theory stated that the incidence of actual behaviours is proportional to the amount of control an individual possesses over the behaviour and the strength of the individual's intention in performing the behaviour. In short, this theory means that that self-efficacy (i.e. valuing yourself, feeling useful and purposeful) is also important in determining the strength of the individual's intention to perform behaviour. Put together, this behavioural theory made it an ideal choice for TryThis that was looking at alcohol reduction and sexual health where peer groups are of particular influence.

In 1996, the American Journal of Health Promotion featured a review of Ajzen's theory⁴ of planned behaviour in the domain of health. The review looked to verify the efficiency of the theory to explain and predict health-related behaviours. The results of that review indicated that the theory performs very well for the explanation of intention in the field of health. Attitude toward the behavioural action and perceived behavioural control were most often the significant variables responsible for explained variations in intention. Intention remained the most important predictor of change to health behaviour, but in half of the studies reviewed perceived behavioural control significantly added to the prediction. In light of this review, the efficiency of the model seems to be ideal for explaining any changes to intention within the TryThis project across sexual health and excess alcohol consumption health-related behaviour categories. It is important to note however, that the efficiency of the theory does vary between health-related behaviour subject areas or categories.

⁴ The theory of planned behavior: A review of its applications to health-related behaviors. Godin, Gaston; Kok, Gerjo American Journal of Health Promotion, Vol 11(2), Nov-Dec 1996, 87-98

Use of incentives as participation thank you's

iTunes and Carphone Warehouse vouchers were used to thank young people for taking part in the TryThis evaluation workshops that were scheduled in their leisure time i.e. during lunch breaks, evenings, training sessions and college classes. Only three groups out of ten in total were undertaken during academic or tuition time. However, participants in these sessions were also offered participation thank you's for parity reasons. All respondents provided written consent to take part in the evaluation on this basis and all signed on receipt of such vouchers.

Step two

To initiate genuine engagement and gain quality insight from young people for the evaluation - especially to measure their intentions to change behaviour in both the intervention and control areas - an interactive method of qualitative data research gathering was devised.

A total of ten participative workshops were held within this evaluation. Each was designed to enhance the richness of the data by ensuring the workshops were highly involving, contained group and individual work and was fun and participative throughout. The workshop design served two purposes research objectives:

- Firstly, it widened the application of the research so that it could inform both the baseline and messaging within the Bluetooth content for 'sexual health' and 'drinking to excess' preventative health areas; and,
- Secondly, it provided a critical mass of data for the evaluation so that the detection of subtle changes to intentions to change could take place.

Participative workshops

Participative workshops with young adults were designed to solicit holistic insight into the levels of intention young people held that were particular to a number of sexual health and drinking behaviours. Each session lasted no more than 45 minutes in order to engage full attention of young participants (see participant profile on following pages).

The overall workshop outline is outlined below:

1. Registration, introduction of Advance Social Marketing Ltd's independence, anonymity and signing name and address to adhere to ethical and confidentiality local guidance as well as Market Research Council and Freedom of Information guidelines.
2. Ice-breaker (5mins) – what music/artists do they listen to at the moment and which technology channels/types do they use to listen to music.
3. Personal exercise - understanding and behaviours of young people (5-10 minutes).

This exercise asked participants to select a number of statements that were meaningful to them. The statements were about: Text/web/text technology usage; knowledge; understanding; intentions; and behaviour statements about either sexual health or drinking to excess. The subjects were not mixed. Attendees were advised that they were to complete this task on an individual basis. This enabled young participants to focus and become aware of the subject area on a personal level as well as becoming more aware of these five areas of interest to the pilot. The set of statements described what they did in relation to sexual health or alcohol consumption matters either by themselves or with friends.

4. Interactive group exercise – 'What happened at the weekend' pen portrait (20 minutes).

Split session into 2 x groups of 3-4 young people and use selected magazine images to create their realistic stories.

- 1 x group created a pen portrait/story board that describes a likely scenario between two people in their area. The pen portrait has to focus on sexual health or binge drinking issue. Participants will be asked to describe a sexual health or drinking local story that has a positive ending for the characters. No extremes or TV dramas!

- 1 x group created a pen portrait/story board that describes a likely scenario between two people in their area. The pen portrait has to focus on sexual health or binge drinking issue. Participants will be asked to describe a sexual health or drinking local story that has a negative ending for the characters. No extremes or TV dramas!
 - Each group had 5 minutes to feedback their story.
5. Completion of a short baseline questionnaire rating intentions to change either sexual health or excess alcohol consumption behaviours (5 mins).
 6. Collection of all questionnaires and signing for collection (5 mins).

Attending each workshop was an official youth worker or young person's custodian, teacher or representative. Within the workshops, it was their role to answer any questions or queries arising out of the sexual or alcohol-related exercises and/or questions posed within the workshop.

Step three

To complete this evaluation, 10 participative workshops were held, a total of 94 young people took part and 6 organisations were involved.

The baseline was undertaken in November/ December 2010 in both the intervention and control ward areas. Groups held in the intervention area included:

- Group 1 – Scunthorpe United Community Coaching – sexual health – Burringham and Gunness Ward;
- Group 2 – Scunthorpe United Community Coaching – sexual health – Burringham and Gunness Ward;
- Group 3 – Scunthorpe United Community Coaching – excessive alcohol consumption – Burringham and Gunness Ward; and,
- Group 4 – Voluntary Action North Lincolnshire (VANL) Street Talk Group – excessive alcohol consumption – Town Ward.

Control groups held in the control area included:

- Group 5 – VANL Winterton Youth Club – excessive alcohol consumption; and,
- Group 6 - VANL Winterton Youth Club – sexual health.

The post-evaluation was undertaken in March and April 2011 in the intervention area, leaving 3.5 months for the pilot rollout. Groups held in the intervention area included:

- Group 7 – John Leggott College - excessive drinking – Kingsway With Lincoln Gardens – ward
- Group 8 - North Lindsey College - sexual health – Kingsway With Lincoln Gardens ward
- Group 9 – North Lindsey College – excessive drinking – Kingsway With Lincoln Gardens ward
- Group 10 – Scunthorpe United Community Coaching – Sexual Health – Burringham and Gunness Ward

Workshop participants were recruited by Advance Social Marketing Ltd. contacting a mix of vocational, educational, voluntary and sporting establishments. Specifically, these were (not in any particular order):

- Voluntary Action North Lincolnshire (VANL)
- Scunthorpe United Community Coaching Project
- North Lindsey College
- John Leggott College

Participant profile

- A total of 94 young people aged between 15-19 took part in the evaluation of the TryThis Pilot. There was a balanced mix of male and females, including young people with different sexual orientations. These were from both the control and intervention areas.
- Within the baseline evaluation, a total of 46 young people took part in the participative workshops and 42 of the baseline questionnaires were deemed to be of sufficient quality to be analysed. Out of the 4 questionnaires that were deemed unreliable: 1 had not been completed fully and 3 had not indicated with sufficient clarity their intentions to change scores.
- Within the post-evaluation, a total of 48 young people took part in the participative workshops and 41 of the baseline questionnaires were deemed to be of adequate quality to be analysed. Out of the 7 questionnaires that were deemed unreliable: 4 had not been completed fully and 3 had not indicated with any sufficient clarity their intentions to change scores.

A reader's guide: the context for the findings within this report

Non-random sampling

Recruitment of participants was non random and there was a form of self-selection involved. The self-selection element was determined by:

- 1- the ease by which staff at local organisations within the control and intervention areas could take part due to ethical approval and spare the resources to recruit young people in the target age range; and,
- 2- the availability of 15-19 year old respondents in the pilot time frame.

Linked to the recruitment, is also the issue of gender bias. Originally, the intention of the evaluation had been to recruit single gender groups due to the nature of the subject areas - known to be heavily influenced within mixed-gender peer groups. However, it became clear that local contacts in the area had no means to recruit single gender groups within the short timescale of the pilot and within the budget available.

Environmental and social context for TryThis intervention area

It is known that no sexual health or alcohol reduction work took place in 3 out of the 4 locations where the post-evaluation was conducted. However, one location that took part in the post-evaluation did receive an oral cancer intervention. NHS North Lincolnshire delivered this in February 2011. This contained sexual health and alcohol reduction information linked to cancer. The intervention showed links between alcohol consumption and throat, breast and colorectal cancer as well highlighting the importance of having positive sexual health by practicing safer sex and wearing a condom.

It is not known whether the participants who took part in the post evaluation received the oral cancer intervention or not, although respondents who were involved may well have been influenced by the cancer insight exercise if they took part in it or their peers did take part.

It is therefore important to acknowledge a possible influence of such an intervention on the findings within this report. For the purposes of this evaluation, therefore, it is important to place any influence relating to this specific intervention in context:

- 3 out of 4 groups within the pilot period post evaluation did not receive an intervention of any kind linked to alcohol reduction or sexual health;
- The Bluetooth take-up gives us a quantitative view to support the behavioural intention findings of a qualitative nature within this report, strengthening the findings via triangulation with the control area;
- None of the findings or feedback from respondents who took part in the post evaluation featured sexual or alcohol health messages/contexts in relation to cancer;
- It is not known if any of the respondents who received the cancer-linked intervention in the single location actually took part in the post evaluation; and,
- It is also not verified to what extent peers that attended the cancer-linked intervention may have influenced respondent's intentions to change within the post evaluation if any.

Section Three: Baseline results and insight

This section is split into two parts. The first section notes the findings from the baseline questionnaires for sexual health and covers clear recommendations for behavioural goals in light of the findings at that stage made to TryThis' Steering Group.

The second section details the findings from the baseline questionnaires for alcohol reduction. This second section makes clear that once the baseline evaluation had been completed, there were several routes that TryThis could have taken forward to reduce health inequalities in relation to alcohol initially. However, in terms of maximising the pilot and its resources within the time-scale, two strategic behavioural routes were recommended to TryThis' Steering Group.

The third and final section notes the recommendations made to developers of the Bluetooth content in light of the insight findings gathered from young people.

Baseline findings about the intentions to change sexual behaviour

In the intervention ward areas (Burringham and Gunness; Town; Kingsway with Lincoln Gardens) and the control ward area (Burton upon Stather and Winterton), the overall findings for young people's current intentions to change sexual health behaviours are displayed in the tables below:-

Table 1.1 shows current intentions to change sexual health behaviours in the intervention ward areas:

X = one participative workshop finding. Where two 'x' exist in the table, this means that the intervention ward had two groups. Please refer to log of all qualitative findings in Section Eight for individual scores.

SEXUAL HEALTH: INTERVENTION AREA								
Likelihood Scale: 1 = very unlikely to do, 7 = highly likely to do	1	2	3	4	5	6	7	Intervention Area Mean Frequency
Sexual health Statement:								
A: Speak to my girlfriend/boyfriend/partner about using condoms					x		X	6
B: Buy condoms even though I might not use them		x					X	4.5
C: Buy condoms to use			x			x		4.5
D: Understand if friends don't want to use condoms	x					x		3.5
E: Know about the possible consequences of not using condoms							Xx	7
F: Intend to speak to my friend/girlfriend/boyfriend /partner using condoms as it worries me when they don't use them	x				x			3

Table 1.2 shows current intentions to change sexual health behaviours in the control ward area:

X = one participative workshop finding. Where one 'x' exists in the table, this means that the Control Ward had only one group. Please refer to log of all qualitative findings in Section Eight for individual scores.

SEXUAL HEALTH: CONTROL AREA								
Likelihood Scale: 1 = very unlikely to do, 7 = highly likely to do	1	2	3	4	5	6	7	Control Ward Actual Frequency
Sexual health Statement:								
A: Speak to my girlfriend/boyfriend/partner about using condoms				X				4
B: Buy condoms even though I might not use them			x					3.5
C: Buy condoms to use			x					3
D: Understand if friends don't want to use condoms							x	7
E: Know about the possible consequences of not using condoms							x	7
F: Intend to speak to my friend/girlfriend/boyfriend /partner using condoms as it worries me when they don't use them					X			5

Strategic recommendation to reduce sexual health risk behaviour in young people in North Lincolnshire

From the baseline findings tables, it was clear that Bluetooth and related web content from TryThis' pilot could be useful in reducing health inequalities in young people, particularly in relation to statement 'F' in the baseline questionnaire (which is captured in the table):

'[I] intend to speak to my friend/girlfriend/boyfriend /partner using condoms as it worries me when they don't use them'

Statement 'F' had a low mean frequency score of '3' on the 'likely to do' scale. The TryThis pilot therefore potentially offered a clear benefit in relation to this intention.

Since 'F' was low on the 'likely to do' scale for young people in both the intervention and control areas. It also meant that it was easier for the evaluation to determine any changes in the short time frame. It was therefore logical to assume that if the content was delivered in a way that resonated highly with young people, that TryThis could have the most beneficial impact on young people's intentions to speak to their friends and partners about using condoms and lower their worry levels.

Specifically, it was the recommendation of this report that TryThis should focus on young people's intentions to change sexual health behaviour by giving young people a 'form of words' or way to speak to their current boyfriend, partner or girlfriend about wearing a condom to lessen worry levels. In doing this, TryThis also may have had a benefit to increase young people's confidence feelings, social resilience and self-efficacy pertaining to having more confidence during such difficult conversations.

Recommended behavioural goal for TryThis pilot project pertaining to sexual health ahead of roll-out:

- **To instigate 10% or more of young people living in North Lincolnshire aged 15-19 who receives a TryThis Bluetooth message in the intervention area to share TryThis' content. That content shows the social benefits returned to them after they initiate a conversation with their partners about using condoms to lower their worry levels within 3 months**

2) Baseline findings about the intentions to change alcohol risk and consumption behaviours

For the intervention ward areas (Burringham and Gunness; Town; Kingsway with Lincoln Gardens) and the control ward area (Burton upon Stather and Winterton), the overall findings for young people's current intentions to change alcohol consumption behaviour are displayed in the two tables below:-

Strategic recommendation to reduce alcohol consumption risk behaviours in young people in North Lincolnshire

Since the purpose of TryThis was to test the efficacy of Bluetooth technology as a tool to deliver preventative health interventions and messaging in young people (and older men), two areas were agreed for the pilot testing were agreed by the Steering Committee. Two areas were determined by their extremely low scores (on the 'likely to do' scale for alcohol behaviour). This means that TryThis had the greatest potential to make a difference to the intentions to change these in relation to these two alcohol behaviours.

Table 2.1 shows current intentions to change alcohol consumption behaviour in the intervention ward areas:
X = one participative workshop finding. Where two 'x' exist in the table, this means that the intervention ward had two groups.
Please refer to log of all qualitative findings in Section Eight for individual scores.

ALCOHOL REDUCTION: INTERVENTION AREA								
Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Mean Frequency Score
Drinking Statement:								
A: Speak to my friends/girlfriend/boyfriend/partner about the affects of drinking excessive amounts of alcohol	x			X				2.5
B: Speak to my friends/girlfriend/boyfriend/partner about their excessive drinking	x	x						1.5
C: Buy alcohol for friends even if they don't want another drink	xx							1
D: Buy alcohol for friends even if they are not allowed to drink				Xx				4
E: Understand if friends don't want another alcoholic drink							xx	7
F: Know about the affects of drinking excessive amounts of alcohol that I consume		x			x			3.5
G: Intend to speak to my friend/girlfriend/boyfriend /partner about the excessive levels of alcohol they are drinking as it worries you	xx							1
H: Drink more water when consuming alcohol	xx							1

Table 2.2 shows current intentions to change alcohol consumption behaviours in the control ward area:
X = one participative workshop finding. Where one 'x' exists in the table, this means that the Control Ward had only one group.
Please refer to log of all qualitative findings in Section Eight for individual scores.



ALCOHOL REDUCTION: CONTROL AREA								
Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Actual Frequency Score
Drinking Statement:								
A: Speak to my friends/girlfriend/boyfriend/partner about the affects of drinking excessive amounts of alcohol			X					3
B: Speak to my friends/girlfriend/boyfriend/partner about their excessive drinking	x							1
C: Buy alcohol for friends even if they don't want another drink	x							1
D: Buy alcohol for friends even if they are not allowed to drink			X					3
E: Understand if friends don't want another alcoholic drink					x			5
F: Know about the affects of drinking excessive amounts of alcohol that I consume			X					3
G: Intend to speak to my friend/girlfriend/boyfriend /partner about the excessive levels of alcohol they are drinking as it worries you			x					3
H: Drink more water when consuming alcohol				X				4

Specifically, the possible two behavioural routes where the findings showed that TryThis could make the greatest impact were:

- 'to speak' to a friend about his/her excessive alcohol consumption;

- **Statement B: Speak to my friends/girlfriend/boyfriend/partner about their excessive drinking;**

or,

2 – whether 'to buy' alcohol for a friend (even if they are not allowed to drink);

- **Statement C: Buy alcohol for friends even if they don't want another drink.**

Recommended behavioural goals for TryThis pilot for each possible route pertaining to alcohol consumption made ahead of roll-out were:

Recommended strategic route one:

- **To instigate 10% or more of young people living in North Lincolnshire aged 15-19 who receives a Bluetooth message in the intervention area to share TryThis' content. That content shows the social benefits received when they can initiate a chat with friends about their excessive drinking within 3 months**

Recommended strategic route two:

- **To instigate 10% or more of young people living in North Lincolnshire aged 15-19 who receives a Bluetooth message in the intervention area to share TryThis' content. That content shows the social benefits received when they do not buy friends a drink if they have had enough or do not want it within 3 months**

3) Recommendations made for TryThis Bluetooth and web content to make it resonate highly with a young people audience

Insight gained at the baseline stage from young people aimed to inform the Bluetooth intervention and content. However, due to a number of matters beyond the control of the evaluation and/or Project Team, some of the recommendations in relation to the behavioural goals and content of the Bluetooth were not taken on board due to unforeseen circumstances.

Delays occurred via a variety of unrelated instances and included:

- an instance of Tuberculosis at one of the Colleges causing shut down of that institution delaying the evaluation for one-month at that institution;
- the adverse snow levels experienced in North Lincolnshire for weeks on end making some roads to the locations un-passable and prevented students/and or staff from getting to work to recruit young people within the organisations for late October groups, which meant that there were far-longer time-periods in-between insight gathering groups than had been planned;
- the availability of time and resources within the pilot partner agencies to help recruit young people; and,
- when groups were re-scheduled, the recommendations from the baseline evaluation also encountered surprise student protests against tuition fees taking place unbeknown to organising staff.

As a result, many of recommendations made in the baseline line report to the Steering Committee for the messaging intervention were advised once initial intervention Bluetooth and web-related content concepts had been developed by the DIU. What recommendations that could be taken on board within budget were done at that time. The following six points were the recommendations made in the baseline report at that time.

1. *Technology usage and consumption patterns of young people in North Lincolnshire*

Analysis of the data log within Section Eight shows that young people in North Lincolnshire have a wide array of access to all kinds of technology that receives Bluetooth and related web content.

They use personal technology for a wide range of purposes to compliment and support their social lifestyles. They sometimes use Bluetooth as it has highly attractive content for them to share with friends, though 'good content' (deemed good by their peers) is perceived as expensive and consequently, prohibitive for most.

For example, when interviewing young people at Scunthorpe United Community Coaching Training, about what kinds of technology they used to listen and access music, the findings were as follows:

- Use several technology channels on a daily basis: *"iTunes" "music and gigs" "DVD," "CD", "VIVA (TV channel) radio, MP3, Bluetooth, USB, Music download from internet, Google";*
- Sharing with friends took place via *"Bluetooth", "iPod and illegal music downloading of music";*
- They listened to music "every day", usually in *"any spare time"* they had; and particularly *"shared songs when they were new"*.

This is typical of most groups interviewed within the baseline stage.

It is clear that Bluetooth channels could open up an important stream of preventative health information for the NHS/Councils if the content was crafted and delivered free and in an attractive way to young people aged 15-19. The main benefit of this would be to share and pass on any good content to their friends, workers and classmates to create more beneficial local norms to reduce health inequalities.

Many participants report using several technology channels on a daily basis and often describe the mix as: Bluetooth, iPod, Music download from Facebook, YouTube, illegal music download from music internet sites, listening to CDs, virgin TV on demand, radio, MP3, VIVA (TV channel) and porn channels (male perspective predominantly) overall. They consume the Internet mainly from school, home and/or college not on their mobiles due to the cost of this function.

Nearly all the participants in the workshops texted on average 20+ times per day or more. Therefore adding in texts to the mix would certainly benefit any intervention about alcohol and/or sexual health.

Sharing music tracks and/or celebrity or school gossip was the main reasons young people shared content with each other. Sharing usually took place using Bluetooth, social networking sites and illegal music downloading sites. Therefore any up-to-date content that makes reference to celebrity health dilemmas would have a high resonance with a young audience.

The significance to the future of implementation of preventative health programmes of these findings is that Bluetooth and related web content needs to be designed and constructed in a way that enables users to share content with their friends. This will maximise exposure and interactivity across peer groups in this target age range. It would also be highly beneficial for any Bluetooth content to be related to text functions and make celebrity references wherever possible.

The content also needs to connect with YouTube and Facebook by a direct click through using a brand icon. This will encourage greater sharing of content within TryThis so that the young people can easily and eagerly share the well-crafted preventative health content (see points 2-4 below about what well-crafted content will need to be like).

2. *Trusted sources for health information*

The icebreaker, pen portrait stories and list of statements show that although young people are high users of technology channels and Bluetooth, they do not use this to gather health information. They believe they are healthy as they are young and therefore do not need to look after themselves that much. Only when they *really* have to do something for themselves about sexual health or alcohol consumption are they likely to instigate looking for health information.

For example, young people cited *"getting crabs"* or *"having your stomach pumped"*.

However, should they need to find out information when they are in a difficult situation - they would want an NHS based information channel of where to go. They view the NHS as credible, reliable, anonymous and trusted place to help 'solve' these types of problems.

In order to provide an ongoing source of credible health information any Internet site and related content would need frequent, attractive competitions; free games and 'freebies' in order to draw their interest and sustain a preventative health content and provide a greater balance.

Real and interesting 'case studies' using colloquial language would also be needed of young people facing real life sexual health or alcohol dilemmas. In short, young people would only use an Internet site of this sort if there were a direct benefit to them. This means either winning something or being able to anonymously booking an appointment at a doctors or GU clinic.

The significance to the future of implementation of TryThis of this finding is that the and related Internet content should be branded NHS. It should also be as fun, participative and interactive as well as direct as possible via competitions and giveaways and tie into existing sexual health and alcohol projects and/or branded schemes such as COAST. Any content should also stress anonymity; as this is an attractive proposition to young people who are dealing with new or 'trial' periods of experimentation and fear social embarrassment or gossip starting amongst friends.

3. *Use of visual, musical and humorous content as a means of cutting through information 'clutter'*

It is clear that young people swap visual, musical, celebrity-led and funny content using on a regular basis. Especially if the music downloads are free. For many, this is a daily occurrence and usually done via their mobiles or people sending it to their personal email accounts. Use of Facebook, VIVA TV and YouTube is heavy, so making it available on their personal sites is another way of sharing.

The significance to the future of implementation of preventative health initiatives is that the Bluetooth content should make it as easy to share its content wherever possible by use of branded Facebook or YouTube icons or share buttons.

4. *Sexual health and alcohol are inextricably linked and used inter-changeably by young people*

Sexual health and alcohol consumption to excess are virtually indistinguishable as subject areas. Intercourse and all preventative sexual health diseases and sexual trial, nearly always means that alcohol is extremely likely to be part of the equation. Vice versa, drinking too much alcohol is interchangeable with sexual health matters. All of the pen portraits that were asked to be developed in the workshops highlighted issues of alcohol giving young people 'an ability to chat up girls and sexual confidence'. See log of findings in Section Eight of this report.

For young people, excess alcohol could also mean getting into fights with others and/or being hospitalised as a result of

drinking too much. All these risk behaviours themes were regularly expressed in the twelve pen portrait stories used to describe normal events that could occur with friends or between couples and were common to both the control and intervention areas.

For instance, in one workshop, one of the positive pen portrait stories recalled a true story.

The story is re-called verbatim from the stories young people were asked to complete during the participative workshops.

Entitled: Friends stop David [name of real person is changed] from getting his way....

A house party is organised when someone's mum is away for the weekend. Everyone gets drunk and Sarah [name of real person is changed] gets really drunk. So drunk she is taken upstairs to lie on a bed. David [real person] who is sober, tries to take advantage of David who is drunk on the bed and tries to 'finger' her [sexually] without her knowing. David doesn't succeed, as Sarah's friend stops him in time.

5. *Language usage is basic description of behaviour or of an experience as it is 'new' as they are in a period of trialling new sexual health or alcohol behaviours*

There is a lot of basic and crude language that is used around sex and alcohol matters between young people in North Lincolnshire. For example, groups refer to:

*"paralytic" "crabs"
"johnny [i.e. condom]" "getting steamin' "
"going for beers"
"Phil's luck was in [i.e. he was going to have sex]"*

The significance to future implementation of preventative health programmes is that the Bluetooth content should reflect such vivid language use wherever possible to strike the best levels of resonance with the young people.

More case examples of young people's language when in peer-to-peer settings are contained in data log within Section Eight of this report.

6. *The language used by young people also performs a social protection role*

A noticeable use of language used by young people in relation to sex and alcohol is to protect the person using it from possible ridicule or the harsh reality of the behaviour and feelings associated with them. To the person using certain expressions, it provides a distancing, 'by pass' or circumlocutory function to the severity of what they are describing or experiencing. It also shows that young people are identifying with each other in terms of local culture.

For instance, when talking about termination of a baby, due to lack of using a condom, the words used by the young people canvassed were:

"the baby is gone [i.e. terminated]"

When describing a true story of a sober boy who was allegedly sexually assaulting a drunken girl on a bed at a house party who had passed out, the words used by the young people canvassed were:

"Ben who is sober, tries to take advantage of Sarah who is drunk on the bed and tries to 'finger' her [i.e. sexually assault without consent]"

When young people described a story where the couple involved wears a condom after a night out drinking, the words by the young people were:

"Phil went with Kellie back to her house and she asked if he had 'any' [condoms].

Phil said yes and 'they got it on' [i.e. had protective sex]"

The significance to the future of implementation of TryThis of this finding is that the Bluetooth and web content should aim to provide a secure and safe environment. A place where they want to visit to retrieve free content to share and a place where they can turn to when needed.

Therefore, the content should try to reflect the 'social protection' purpose of this type of circumlocutory vocabulary and tenor of language that currently serves young people. However, TryThis' content should not mimic it verbatim.

Sexual assault; getting so drunk that you can't stand up or pass out or you may need your stomach pumped; or 'getting it on without a condom to contract a sexual disease' are all risk behaviours and should be described accurately in terms of their gravity.

More importantly, the social, fun and popular benefits of NOT doing these things should be stressed at all times in the web and Bluetooth content.

For example, remembering what happened on a great night out drinking is far better than having a total black out, being sick everywhere and missing the laughs/not meeting a boyfriend/ girlfriend/ partner that you liked when drunk. The content should be therefore accessible in tenor and 'talk straight' and stress the fun and underline popular benefits of refraining from doing risk behaviours and should stress the facts i.e. only a low percentage of young drink or have sex before the age of 16.

This approach will have the best chance of engaging audiences and sustaining their use of the TryThis content and site overtime.

Section Four: Detailed findings from post evaluation

The post evaluation groups took place between 15 March 2011 and 15 April 2011 and the same non-random sampling technique was used to recruit participants. The composition of participants differed to those recruited for the baseline, although the intervention area and control area wards remained the same.

Sexual health

In the intervention ward areas (Birmingham and Gunness; Town; Kingsway with Lincoln Gardens) and the control ward area (Burton Upon Stather and Winterton), the overall findings for young people's intentions to change sexual health behaviours following TryThis' pilot intervention are displayed in the two tables below.

Table 3.1 shows intentions to change sexual health behaviours in the intervention areas within the post evaluation and the mean change against the baseline data:

X = one participative workshop finding. Where two 'x' exist in the table, this means that the intervention ward had two groups. Please refer to log of all qualitative findings in Section Eight for individual scores.

SEXUAL HEALTH: INTERVENTION AREA										
Likelihood Scale: 1 = very unlikely to do, 7 = highly likely to do	1	2	3	4	5	6	7	Mean Frequency Post Evaluation	Mean Frequency Pre-Evaluation	Mean Change
Sexual health Statement:										
A: Speak to my girlfriend/boyfriend/partner about using condoms					X		X	6	6	0
B: Buy condoms even though I might not use them			X		X			4	4.5	-0.5
C: Buy condoms to use			X	X				3.5	4.5	-1.0
D: Understand if friends don't want to use condoms		X					X	4.5	3.5	+1.0
E: Know about the possible consequences of not using condoms		X					X	4.5	7	-2.5
F: Intend to speak to my friend/girlfriend/boyfriend /partner using condoms as it worries me when they don't use them	X		X					2	3	-1.0

Table 3.2 shows intentions to change sexual health behaviours in the control areas within the post evaluation and the mean change against the baseline data in the control ward area (NB. taken at the baseline):

X = one participative workshop finding. Where one 'x' exists in the table, this means that the Control Ward had only one group. Please refer to log of all qualitative findings in Section Eight for individual scores.

SEXUAL HEALTH: CONTROL AREA										
Likelihood Scale: 1 = very unlikely to do, 7 = highly likely to do	1	2	3	4	5	6	7	Mean Frequency Post Evaluation	Mean Frequency Pre-Evaluation	Mean Change
Sexual health Statement:										
A: Speak to my girlfriend/boyfriend/partner about using condoms				X				4	4	0
B: Buy condoms even though I might not use them			x					3.5	3.5	0
C: Buy condoms to use			x					3	3	0
D: Understand if friends don't want to use condoms							X	7	7	0
E: Know about the possible consequences of not using condoms							X	7	7	0
F: Intend to speak to my friend/girlfriend/boyfriend /partner using condoms as it worries me when they don't use them					x			3	3	0

From the mean frequency findings in the first table, it is clear that there have been negligible, even negative changes in young people's intentions in relation to sexual health during TryThis' pilot period.

It is difficult for this evaluation to pinpoint the factors that may have led to the suggested decrease in understanding and behavioural intentions about 'not using condoms' and 'speaking to your friends about condom use' within the intervention period.

However, it is not unreasonable to note that the insight findings recommended that sexual health and alcohol reduction messages be merged together to mimic young people's own experiences. However, merging topic areas was not done by developers due to timings of the pilot roll-out. In addition, it is also reasonable to assert that the understanding of the consequences of not wearing condoms is broadening: from traditional messages of prevention of conceiving a baby to the more modern inclusion of the prevention of sexual diseases. Whilst either scenario might help to explain these occurrences, it was never a matter for this evaluation to explore.

Drinking to excess

The following table shows the post evaluation findings from TryThis pilot in the intervention area where drinking to excess is concerned. The control area data is shown beneath:-

Table 4.1 shows the mean frequency of the intentions measured in both groups to change alcohol consumption behaviour in the intervention areas in the post evaluation:

X = one participative workshop finding. Where two 'x' exist in the table, this means that the intervention ward had two groups.

Please refer to log of all qualitative findings in Section Eight for individual scores.

ALCOHOL: INTERVENTION AREA										
Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Mean Frequency Post Evaluation	Mean Frequency Pre Evaluation	Mean Change
Drinking Statement:										
A: Speak to my friends/girlfriend/boyfriend/partner about the affects of drinking excessive amounts of alcohol					X	X		5	2.5	+2.5
B: Buy alcohol for friends even if they don't want another drink	X		X					2	1	+1
C: Buy alcohol for friends even if they are not allowed to drink			X		X			4	4	0
D: Understand if friends don't want another alcoholic drink						X	X	6.5	7	-0.5
E: Know about the affects of drinking excessive amounts of alcohol that I consume		X			X			3.5	3.5	0
F: Intend to speak to my friend/girlfriend/boyfriend/partner about the excessive levels of alcohol they are drinking as it worries you			X			X		4.5	1	+3.5
G: Drink more water when consuming alcohol	X						X	4	1	+3

Table 4.2 shows the results from the control group (NB. taken at baseline):

X = one participative workshop finding. Where one 'x' exists in the table, this means that the Control Ward had only one group.

Please refer to log of all qualitative findings in Section Eight for individual scores.

ALCOHOL: CONTROL AREA										
Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Actual Frequency Post Evaluation	Actual Frequency Pre-Evaluation	Mean Change
Drinking statement										
A: Speak to my friends/girlfriend/boyfriend/partner about the affects of drinking excessive amounts of alcohol			X					3	3	0
B: Speak to my friends/girlfriend/boyfriend/partner about their excessive drinking	x							1	1	0
C: Buy alcohol for friends even if they don't want another drink	x							1	1	0
D: Buy alcohol for friends even if they are not allowed to drink			X					3	3	0
E: Understand if friends don't want another alcoholic drink					x			5	5	0
F: Know about the affects of drinking excessive amounts of alcohol that I consume			X					3	3	0
G: Intend to speak to my friend/girlfriend/boyfriend/partner about the excessive levels of alcohol they are drinking as it worries you			X					3	3	0
H: Drink more water when consuming alcohol				X				4	4	0

From the mean frequency findings in the table above, it is clear that there has been a measurable uplift in certain areas of young people's behaviour in both intentions and actual preventative behaviours in relation to drinking to excess during TryThis' pilot period.

The positive shift upon behavioural intentions is most notable within statements A, F and G:

A: Speak to my friends/girlfriend/boyfriend/partner about the affects of drinking excessive amounts of alcohol (+2.5 change)

F: Intend to speak to my friend/girlfriend/boyfriend /partner about the excessive levels of alcohol they are drinking as it worries you (+3.5 change)

G: Drink more water when consuming alcohol (+3 change)

This suggests that TryThis' Bluetooth pilot has had a potentially significant impact on alcohol consumption.

Research findings – a quantitative perspective

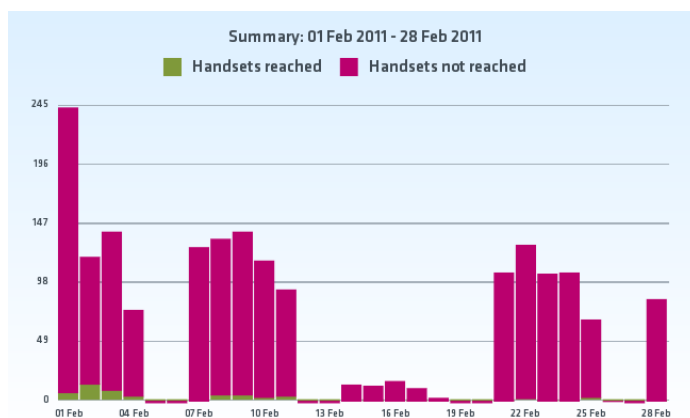
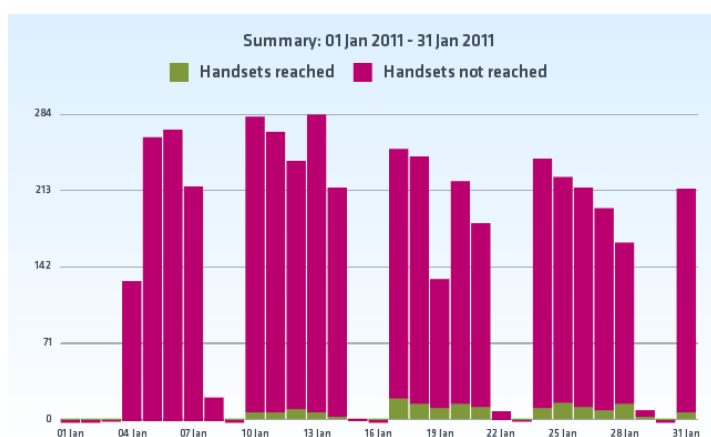
The take-up of preventative health Bluetooth content within the main Pilot was significantly different to that experienced within the feasibility study. Given comparative national data, it was far higher than we originally anticipated.

Our feasibility study desk research suggested that the effectiveness of Bluetooth campaigns is dependent on a number of factors such as signage, location of the technology node and by demographic. At that time, we estimated that 10-17% of all mobile phone users had Bluetooth in North Lincolnshire.

The table below shows reference take-up rates by location:-

Location	None	Poor	Average	Good	V.Good	Excellent
Pedestrian Traffic	3%	5%	7%	9%	13%	18%
Exhibition / Fair	4%	5%	8%	10%	15%	20%
Malls	4%	7%	10%	13%	19%	25%
Public Transport	6%	9%	14%	18%	24%	35%
Bars / Clubs	10%	15%	22%	28%	41%	55%

In actual delivery, TryThis messages were delivered 990 times to young people. Actual delivery/received rates for TryThis are shown in the graphs below. The green proportion of each bar indicates the number of messages successfully delivered against the number of handsets detected for any one day, which compares to average national data.



The data from the graphs above suggests that the take-up of messages on a daily basis was in the region of 8% which is in-line with average estimates.

However, it demonstrates that complex messages *can* be relayed to a hard to reach target audience by using Bluetooth.

The total number of messages delivered over TryThis' campaign is summarised below:-

Message Theme	Number of messages delivered (main campaign had a 2 month duration)
Safe sex	117
Alcohol	205
Other (cancer awareness)	153
Benchmark (health eating campaign, feasibility study)	515
Total	990

Quantitative uptake data of website

Roughly 200 tips were submitted by TryThis' target group in North Lincolnshire to the website during the campaign period. This was in addition to the 200 tips already gathered by the project (from young people) within the Test Study.

TryThis' website content also drove traffic and subsequent insight.

For example, *"avoid getting too drunk"* was used in a search term from one visitor.

Another searched for *"gravestone teeth"* – a consequence of bad health.

The number of user votes on existing tips totalled 185. This is the equivalent to the actions of approximately 18 visitors (or 12% of those visitors to the website during this period).

At the end of the campaign the top 10 tips on the TryThis website were:-

Theme	Tip	Votes
Sexual health	<i>"Having an STD is going to make you less popular than being a virgin"</i>	17
Alcohol	<i>"Look after your friends – don't buy them drinks they don't want"</i>	15
Alcohol	<i>"Ask your friends about things you know they like to talk about, slowing both your drinking"</i>	12
Alcohol	<i>"You don't have to finish your drink if you've had enough"</i>	9
Alcohol	<i>"If you don't know how much you've drunk, use a unit calculator on your Smartphone"</i>	8
Sexual health	<i>"Not having sex is not a sign that your immature"</i>	7
Alcohol	<i>"Everyone has a limit – stick to a drink that you enjoy that won't push you over yours"</i>	7
Alcohol	<i>"It's a MYTH that everyone else is going to the pub under age"</i>	7
Alcohol	<i>"Puke makes you unpopular, FAST!"</i>	6
Sexual health	<i>"Sex should be fun. Being drunk spoils that"</i>	4

It was noted that the most popular tips within the Bluetooth content were dominated by the alcohol theme and that tips on smoking cessation were not heavy on uptake.

The top smoking tips were:-

"There's no shame in being a quitter, but there is in not trying" – 4 votes

"Try chewing gum to give up smoking" – 2 votes

Section Five: Conclusions and recommendations

Conclusions

It is the main conclusion of this report that the TryThis pilot has found that targeted Bluetooth content could be a powerful new player in future preventative health interventions for target groups aged 15-19. In addition, the pilot offers direction for interaction and engagement with this target group whom are often difficult for public bodies to connect with.

The contrast between quantitative findings for alcohol reduction and sexual health within this report suggest that whilst the use of Bluetooth channels could work well for preventative health initiatives, they are likely to be 'health topic' specific.

The evaluation findings also suggest that Bluetooth content delivery not only has the potential to have an impact on intentions to change behaviour, but also partly suggests that actual behaviour within this target group could positively change overtime.

Moreover, the bottom-up approach demonstrated in the initial Test Study (crowd sourcing) of health related 'tips' on the TryThis website, together with the insight gained from undertaking the baseline evaluation, generated strong messages which could potentially be re-used in future sexual health and alcohol reduction strategies.

Alcohol reduction and Bluetooth content

Bluetooth's successful deployment within this pilot - that aimed to change the intentions of young people's behaviour in relation to alcohol reduction, suggests that it could be used in specific behavioural change as well as normative change programmes that are taken forwards in North Lincolnshire.

This is linked directly to the alcohol reduction behaviours:-

Alcohol reduction	Look after your friends – don't buy them drinks they don't want Preventative behaviour: buying alcohol
Alcohol reduction	Ask your friends about things you know they like to talk about, slowing both your drinking Preventative behaviour: slowing alcohol consumption
Alcohol reduction	You don't have to finish your drink if you've had enough Preventative behaviour: stopping alcohol consumption

However, where the findings show that intentions and actual behaviours of young people appear to have changed in relation to TryThis pilot period, it is unknown for how long they have may have changed from these findings. Nonetheless, the data does suggest that this channel may prove highly effective in reducing alcohol abuse behaviours overtime, though these findings cannot be used to assert that Bluetooth can effect lasting change - especially since this was such a short-term pilot period.

Sexual health and Bluetooth content

Since the evaluation findings suggest that TryThis pilot had limited impact on sexual health matters, these findings cannot assert any specific recommendations.

However, given the fact that the baseline insight in this pilot found that both alcohol and sexual health subject matters are inextricably linked, there may be greater scope for the channel to play a more significant role in sexual health interventions in future, should the subject matters be fused. What is unknown, at this stage, is what may have occurred if sexual health content had have been linked to the alcohol reduction content delivered within TryThis' pilot (as per the baseline recommendations) and whether this could have improved the impact on young people's intentions to adjust sexual health behaviours in future.

This suggests that TryThis' content itself was not viewed as something they would want to share with others which could have been down to a number of matters. Including: that alcohol and/or sexual content is not something recipients believe they can share with friends; content quality or that sexual health and alcohol reduction programme content should be interlinked to identify with the audience more closely.

These conclusions are supported by the quantitative data that shows there was a high degree of take-up against national data average.

Recommendations

Future preventative health interventions in North Lincolnshire should consider incorporating Bluetooth channels into their intervention development when targeting 15-19 year olds. Particularly if considering alcohol reduction programmes.

A second recommendation is to consider the re-use of the tips and messages developed by young people within the pilot (as highlighted in the quantitative section of this report) as well as the 'top tips' in future health promotions that take place in North Lincolnshire. This language should mimic that of young people as far as possible. For example:

George: "Hey Sarah. We getting together tonight?"

Sarah: "Yeah. Course. We're getting Steaming?"

In line with this pilot leaving a legacy for future use, it is also a recommendation that North Lincolnshire should continue to use the Bluetooth installations that have been erected in the local area when targeting a similar age-range. Further, Bluetooth interventions to lower health inequalities could be timed around key events within the target group's social calendar. For example, on a Friday afternoon or Saturday evening when it is known that there is a high likelihood young people drink together before going home, when there is a drinks promotion on at their Student Union or on Saturday evening or Sunday mornings when they are likely to be experiencing the effects of drinking to excess. The uptake data from within the target group from nightclubs validates this recommendation.

In future, interventions that deploy Bluetooth should closely follow the recommendations made as a result of insight findings with target groups at the outset of a project like TryThis to ensure the highest impact possible. In line with this, it is also recommended that future Bluetooth content within preventative health programmes must be directly linked to the behavioural goals identified by the insight provided and the content should also aim to be of high, broadcast quality.

This will benefit future projects by improving their stickiness and impact on behaviours in addition to encouraging greater sharing of content between the peer group of the target group.

Equally, message content should be kept simple for maximum impact and campaigns run in parallel with other forms of preventative health intervention activity.

A further recommendation of this report is to link Bluetooth content in the preventative health field with text and online/email content and social networks so that the sharing function from Bluetooth is maximised amongst peer groups for lasting impact and presence of the message.

To strengthen the impact of future public health interventions of this nature, consideration should also be given to widening this exploratory pilot across a larger sample of teenagers to explore the trends of Bluetooth uptake as this pilot has highlighted in particular. A larger sample, could also help to understand the impact (if any) that the merger of alcohol reduction and sexual health content could have on behavioural intentions and/or actual behaviour in future.

Finally, it is important to note that whilst this pilot scheme intended to examine the value of Bluetooth technology to preventative health programmes targeting inequalities of young people, the findings from this pilot exercise were constrained to some degree at all stages due to timing, external factors and budgetary constraints.

For future Bluetooth use, it could be important to allow far more time for the Bluetooth intervention to work alongside other programme elements for the full effect on behavioural intentions to take effect.

Section Six: References

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- NHS North Lincolnshire Participation Team
- North Lincolnshire Council Digital Inclusion Unit
- North Lindsey College
- Scunthorpe United
- Voluntary Action North Lincolnshire (VANL)

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Section Seven: Findings per research group

Groups held in the intervention ward areas of Burringham and Gunness; Town; and Kingsway with Lincoln Garden included:

- Group 1 – Scunthorpe United Community Coaching – sexual health – Burringham and Gunness Ward;
- Group 2 – Scunthorpe United Community Coaching – sexual health – Burringham and Gunness Ward;
- Group 3 – Scunthorpe United Community Coaching – excessive alcohol consumption – Burringham and Gunness Ward; and,
- Group 4 – Voluntary Action North Lincolnshire (VANL) Street Talk Group – excessive alcohol consumption – Town Ward.

Control groups held in Burton Upon Stather and Winterton included:

- Group 5 – VANL Winterton Youth Club – excessive alcohol consumption; and,
- Group 6 – VANL Winterton Youth Club – sexual health.

Due to relatively small numbers taking part in the six workshops in the baseline stage, two further workshops were also scheduled at John Leggott College in the Kingsway with Lincoln Gardens Ward. Unfortunately, these were cancelled due to a public health issue at the College in November. They were then cancelled once again due to the severe snow weather conditions that were experienced in December 2010. Due to timings of the baseline this Ward is not technically represented in this report. However, it is represented at the post evaluation stage. For the purposes of the pilot, it was logical to maintain it as part of the intervention area alongside Town and Burringham and Gunness Ward areas. Had these two groups gone ahead at the College, a further 18 young people would have been included in the baseline research.

TryThis Record Sheet

Group One: Intervention area – Sexual Health

Location: Scunthorpe United Community Coaching, Scunthorpe

Boundary area: Burringham and Gunness Ward

Date: 5 November 2010 Time: 10.15am – 11.15am

Number of participant forms analysed:7

Age: 16-19

Gender: All male

Socio-economic group: lower economic social group in Government sponsored NVQ training

Participant Use of Technology Including Blue Tooth (5 minutes)

Participants were asked what technology they used to access music. This gauged their use of technology in relation to an issue relating to young people that they had an *active interest in*. Overall the findings were as follows;

- Access to all kinds of technology;
- Use of several technology channels on a daily basis: Bluetooth, IPod, music music download from internet, listening to CDs, virgin TV on demand, VIVA (TV channel), porn channels;
- Heavy use of texting – on average 20+ a day;
- Sharing music tracks with friends took place via Bluetooth, iPod and illegal music downloading.

Baseline Survey Results (10 minutes)

Participants were asked to score, using a scale of 1 – 7 (where 1 is low and 7 is extremely high), how likely they would be to agree with seven behavioural statements about initiating or speaking to others about considering buying or using condoms and speaking to friends/partners about considering using condoms. These statements aimed to determine a baseline for existing sexual health behaviours on a simple scale within the intervention area.

The results from these Surveys are displayed below in the following table:

Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Frequency score
Sexual health Statement:								
A: Speak to my girlfriend/boyfriend/partner about using condoms	X	x	x		xx	x	X	5
B: Speak to my girlfriend/boyfriend/partner about the consequences of not using condoms	X	x	x		xx	x	X	5
C: Buy condoms even though I might not use them	Xx	x	xx		x	x		2
D: Buy condoms to use more often	Xx	x	x	x		xx		3.5
E: Understand if friends don't want to use condoms		xx	x	x	xx	x		3.5
F: Know about the possible consequences of not using condoms						xx	xxxx	7
G: Intend to speak to my friend/girlfriend/boyfriend /partner using condoms as it worries me when they don't use them	Xxx		x		xx	x		1

Vignette of sexual health story with a positive story ending (20 minutes)

Participants were asked to create a short story about the use of technology and consideration or use of condoms in a setting that easily described a likely event in their life or their life with friends. The story requested was to be a likely event or story that could have happened.

NB. All words contained in square brackets [] have been added to convey the exact meaning of the story.

Entitled: 'Phil's night out'

A friend went out with his friend called Phil. They arranged times by texting and a mobile phone-call. They went out to specifically 'to pull' [have sex] with a girl. Phil's luck was in and he pulled a 'stunner' [of a girl] called Kellie. Phil went with Kellie back to her house and she asked if he had 'any' [condoms]. Phil said yes and 'they got it on' [had sex].

Vignette of sexual health story with a negative story ending (20 minutes):

NB. All words contained in square brackets [] have been added to convey the exact meaning of the story from the storyboard that was created.

Entitled: Stacey's rave

Stacey went to a rave. She messaged her BF [best friend] and they both took drugs. She called her brother to take her home as her BF was arrested. Stacey has sex with her BF's boyfriend, Gavin, when she gets home. 'Smithy', Stacey's best friend [gets released from prison] and catches Stacey and Gavin in bed together. Gavin runs for it [out of the house]. 4 days later Gavin realises that he's caught something [a sexually transmitted disease] and he gets it checked out at an NHS clinic.

TryThis Record Sheet

Group Two: Intervention area – Sexual Health Behaviour

Location: Scunthorpe United Community Coaching Training, Scunthorpe

Boundary area: Burringham and Gunness

Date: 5 November 2010 **Time:** 11.15am – 12noon

Number of participant forms analysed:6

Age: 16-19

Gender: All male

Socio-economic group: lower economic social group in Government sponsored NVQ training

Use of technology

Participants were asked what technology they used to access music. This gauged their use of technology in relation to an issue relating to young people that they had an active interest in. Overall the findings were as follows:

- Access to all kinds of personal technology;
- Use several technology channels on a daily basis: iTunes, music gigs, DVD, CD, VIVA (TV channel) radio, MP3, Bluetooth, USB, Music download from internet, Google;
- Sharing with friends took place via Bluetooth, iPod and illegal music downloading;
- They listened to music every day, usually in any spare time they had; particularly shared songs when they were new.

Baseline Survey Results:

Participants were asked to score, using a scale of 1 – 7 (where 1 is low and 7 is extremely high), how likely they would be to agree with seven behavioural statements about initiating or speaking to others about considering buying or using condoms and speaking to friends/partners about considering using condoms. These statements aimed to determine a baseline for existing sexual health behaviours on a simple scale within the intervention area.

The results from these Surveys are displayed below in the following table:

Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Frequency score
Sexual health Statement:								
A: Speak to my girlfriend/boyfriend/partner about using condoms	x	x		X		x	xx	7
B: Speak to my girlfriend/boyfriend/partner about the consequences of not using condoms	x	x		X		x	xx	7
C: Buy condoms even though I might not use them	x	x		X	x		xx	7
D: Buy condoms to use more often	xx			X		xx	x	6
E: Understand if friends don't want to use condoms	xxx			X	x		x	1
F: Know about the possible consequences of not using condoms		x		X	x	xx	x	6
G: Intend to speak to my friend/girlfriend/boyfriend /partner using condoms as it worries me when they don't use them	x		x	X	x	x	x	5

Vignette of sexual health story with a positive story ending:

Entitled: Kirsty and Luke's Club Night Out

Kirsty and Luke are in a Club. They meet and get chatting. They decide to go back to her place. She asks him if he has a condom on him. He carries them so it's all good. They use the condoms to have sex. They have sex. Exchange phone numbers and get together [to begin a relationship].

Vignette of sexual health story with a negative story ending:

Entitled: I'm having your baby

- 1) *[She says] "I'm having your baby"*
- 2) *[Her boyfriend says]: "Well it's me or the baby. I'm not ready to be a dad"*
- 3) *[She says]: "OK. We're booked in tomorrow. Come with me [to the clinic]"*
- 4) *[Her boyfriend says]: "OK I'll come with you baby. I love you".*
- 5) *[She says]: "Right the baby is gone [terminated]. Let's move forward and forget about it".*
- 6) *[Her boyfriend says]: "We could, but there is someone else I'm seeing. It's over [between you and me]"*.

TryThis Record Sheet

Group Three: Intervention area – Drinking to excess behaviour

Location: Scunthorpe United Community Training Coaching, Scunthorpe

Boundary area: Burringham and Gunness Ward

Date: 5 November 2010 Time: 1.00pm – 2.00pm

Number of participant forms analysed:5

Age: 16-19 **Gender:** Mixed

Socio-economic group: lower economic social group in Government sponsored NVQ training

Use of technology

Participants were asked what technology they used to access music. This gauged their use of technology in relation to an issue relating to young people that they had an active interest in. Overall the findings were as follows:

- Access to all kinds of personal technology;
- Regularly use several technology channels, illegal music download sites and social-networking sites on a daily basis: YouTube, CD, VIVA (TV channel), radio, MP3, Music download from internet;
- Use of Google is key to finding out about issues such as drinking: they'd use it for looking up local information, doctors, they'd ask friends and people they knew (unlikely to be parents) and look up in a newspaper;
- Sharing with friends took place via Bluetooth, iPod and illegal music downloading;
- They listened to music every day, usually in any spare time or when they were bored.

Baseline Survey Results:

Participants were asked to score, using a scale of 1 – 7 (where 1 is low and 7 is extremely high), how likely they would be to agree with eight behavioural statements about initiating or speaking to others about drinking to excess. These statements aimed to determine a baseline for existing sexual health behaviours on a simple scale within the intervention area. The results from these Surveys are displayed below in the following table:

Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Frequency score
Drinking Statement:								
A: Speak to my friends/girlfriend/boyfriend/partner about the affects of drinking excessive amounts of alcohol	xxxx				x			1
B: Speak to my friends/girlfriend/boyfriend/partner about their excessive drinking	xxxx				x			1
C: Buy alcohol for friends even if they don't want another drink	xxxx	x						1
D: Buy alcohol for friends even if they are not allowed to drink	x			xx		x	x	4
E: Understand if friends don't want another alcoholic drink				x		x	xxx	7
F: Know about the affects of drinking excessive amounts of alcohol that I consume		x			xxx		x	5
G: Intend to speak to my friend/girlfriend/boyfriend /partner about the excessive levels of alcohol they are drinking as it worries you	xxx			x			x	1
H: Drink more water when consuming alcohol	xxxxx							1

Vignette of drinking to excess story with a positive story ending:

Entitled: a group of friends go out drinking

- 1) A group of friends go out drinking
- 2) Cheryl [one of the friends] meets up with the lads and leaves her boyfriend at home waiting for her
- 3) Russell pulls several women. Cheryl tries to be one of them but gets rejected by Russell
- 4) Daniel [another member of the group] gets jealous and tries to pull Cheryl – the alcohol fuels the jealousy
- 5) Cheryl slaps [hits] Daniel and goes and gets another drink
- 6) Cheryl gets too drunk and she ends up 'paralytic'
- 7) Her friends stick her in a taxi and sends her home where her boyfriend is waiting

Vignette of drinking to excess story with a negative story ending:

Entitled: Josh gets HIV

Last week Rob and Josh were out drinking because Rob had been paid. Rob ended up going home and Josh stayed out drinking. [He] then got into a fight. Then Josh ended up going home with a girl [and having sex]. Next morning, he went to the 'ATE' clinic and later found out that he had HIV.

TryThis Record Sheet

Group Four: Intervention area – Drinking to excess behaviour

Location: Voluntary Action North Lincolnshire (VANL), Scunthorpe town centre

Boundary area: Town Ward

Date: 29 November 2010 Time: 1.00pm – 2.00pm

Number of participant forms analysed:8

Age: 16-19 **Gender:** Mixed

Socio-economic group: mixed economic social group (C, C2, D, E)

Use of technology

Participants were asked what technology they used to access music. This gauged their use of technology in relation to an issue relating to young people that they had an active interest in.

Overall the findings were as follows:

- Access to all kinds of personal technology;
- Regularly use several technology channels, illegal music download sites and social-networking sites on a daily basis: YouTube, CD, VIVA (TV channel), radio, MP3, Music download from internet;
- Use of Google is key to finding out about issues such as drinking: they'd use it for looking up local information, doctors, they'd ask friends and people they knew (unlikely to be parents) and look up in a newspaper;
- Sharing with friends took place via Bluetooth, iPod and illegal music downloading;
- They listened to music every day, usually in any spare time or when they were bored.

Vignette of drinking to excess story with a positive story

ending: Entitled: Rachel and Kitty Ask Robert for beer

Afternoon

Rachael texts [Kitty] each other about Robert getting beer.

Rachael texts: Kitty. Where we gonna get the beer for the gig?

Kitty texts back: We'll get it from Rob coz he's off anyway.

Rachel texts back: OK. When we meeting up?

Kitty texts back: at 6 at my house.

Evening

Rach and Kitty meet up with Rob at Kitty's with £30 of beer. They head to the gig after drinking 3 bottles at Kitty's.

Gig

After 4 hours of drinking there's a fight between Rob and a chav.

Kitty says: Rach, Rob's in a fight. We have to go. The police are on their way"

Rach says: "Kitty I feel really sick."

Rachael then passes out.

Kitty ends up in hospital with Rach. She's been told that she has alcohol poisoning. Rachael gets out of hospital OK. However, they are both scared for life and will never drink again.

Baseline Survey Results:

Participants were asked to score, using a scale of 1 – 7 (where 1 is low and 7 is extremely high), how likely they would be to agree with eight behavioural statements about initiating or speaking to others about drinking to excess. These statements aimed to determine a baseline for existing sexual health behaviours on a simple scale within the intervention area. The results from these Surveys are displayed in the following table:

Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Frequency score
Drinking Statement:								
A: Speak to my friends/girlfriend/boyfriend/partner about the affects of drinking excessive amounts of alcohol	xx	x		x	xx	xx		4.5
B: Speak to my friends/girlfriend/boyfriend/partner about their excessive drinking	xx	xxx	xx			x		2
C: Buy alcohol for friends even if they don't want another drink	xxxxx	x	x	x				1
D: Buy alcohol for friends even if they are not allowed to drink	xxxxx	xxx				x		4
E: Understand if friends don't want another alcoholic drink					xx	x	xxxxx	7
F: Know about the affects of drinking excessive amounts of alcohol that I consume	xx	xx	xx		x	x		2.5
G: Intend to speak to my friend/girlfriend/boyfriend /partner about the excessive levels of alcohol they are drinking as it worries you	xxxxx	x		xx	X	x		1
H: Drink more water when consuming alcohol	xxxxx		x				xx	1

Vignette of drinking to excess story with a negative story ending:

Entitled: Getting Drunk

George: "Hey Sarah. We getting together tonight?"

Sarah: "Yeah. Course. We're getting Steaming?"

George: "Yeah. Why not! Meet me at Central Park at 7pm"

Sarah: "OK"

It's now 7 O'clock, pitch black, and George has just turned up. He see's Sarah and then they walk to the park to get drunk.

George: "I'll do you a deal. The first one to down a can the fastest wins a fiver".

Sarah: "OK. I bet I win!"

George: "Ready, Steady, Go!"

Both of them down a can of Carling.

Sarah: "Ha, Ha, I win!"

They have both been drinking for 2 hours now and they are both drunk.

Sarah: "I think we should stop now".

George: "No. Cary on".

Sarah stops but George carries on.

Sarah: "Am going home now anyway. See you tomorrow".

George gets home. He goes straight to bed. His mum walks in, in the morning and see's George lying on the floor unconscious. The paramedics rush to 'there' house but they were too late. George was dead. The paramedic told his mum that he had choked on his own sick from drinking too much alcohol.

Sarah gets the news [that George is dead].

TryThis Record Sheet

Group Five: Control area – Drinking to excess

Location: Winterton, North Lincolnshire

Boundary area: Burton Upon Stather and Winterton Ward

Date: 10 November 2010 **Time:** 6-7pm

Number of participant forms analysed:7

Age: 15-19 **Gender:** Mixed

Socio-economic group: mid-range economic social group (C,D grouping) in supported youth activities

Use of technology

Participants were asked what technology they used to access music. This gauged their use of technology in relation to an issue relating to young people that they had an active interest in. Overall the findings were as follows:

- Access to all kinds of personal technology;
- Several on contract mobile arrangements paid-for by parents;
- Regularly use several technology channels;
- Regularly use Bluetooth to share pictures; music and ring tones;
- Use illegal music download sites and social-networking sites on a daily basis;
- Use the internet at school and at home;
- Technology is an aspect of daily life – with friends and family;
- especially the internet;
- Regularly use: MSN, google; Facebook; ebay, YouTube; and texts all the time with friends.
- Use of Google is important to finding out about issues they don't know about: so they will use it for different information needs, but wouldn't "just look up drinking for looking up sake unless for a laugh".

Baseline Survey Results:

Participants were asked to score, using a scale of 1 – 7 (where 1 is low and 7 is extremely high), how likely they would be to agree with eight behavioural statements about initiating or speaking to others about drinking to excess. These statements aimed to determine a baseline for the control area on drinking to excess. The results from the control group are displayed below in the following table:

Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Frequency score
Drinking Statement:								
A: Speak to my friends/girlfriend/boyfriend/partner about the affects of drinking excessive amounts of alcohol	x	xx	xxxx					3
B: Speak to my friends/girlfriend/boyfriend/partner about their excessive drinking	xxx	x	xx		x			1
C: Buy alcohol for friends even if they don't want another drink	xxxxxxxx							1
D: Buy alcohol for friends even if they are not allowed to drink	xxx	xx	x		x			3
E: Understand if friends don't want another alcoholic drink			x		xxx	x	xx	5
F: Know about the affects of drinking excessive amounts of alcohol that I consume	x		xxx		xx	x		3
G: Intend to speak to my friend/girlfriend/boyfriend /partner about the excessive levels of alcohol they are drinking as it worries you	xx		xxxx	x	x			3
H: Drink more water when consuming alcohol	xx			xxx	x	x		4

Vignette of drinking to excess story with a positive story ending:

Entitled: Friends stop Charlie from getting his way....

A house party is organised when someone's mum is away for the weekend. Everyone gets drunk and Yasmin [real person] gets really drunk. So drunk she is taken upstairs to lie on a bed. Charlie [real person] who is sober, tries to take advantage of Yasmin who is drunk on the bed and tries to 'finger' her (sexually). Charlie doesn't succeed, as Yasmin's friend stops him in time.

Vignette of drinking to excess story with a negative story ending:

Entitled: Friday night fever!

Jake Williamson's [real person] mum holds a sweet sixteen party for her son. Jake's a real party boy. We all go to the party. As a present, Jake's mum buys him some special brew at 9% ABV as does his friend Jack [real person]. Jake can't take the strength of the brew. He collapses and swallows his tongue drunk. An ambulance is called and he's taken to hospital. In hospital, Jake has his stomach pumped and they save his life by making him breathe again.

TryThis Record Sheet

Group Six: Control area – Sexual Health Behaviour

Location: Scunthorpe

Boundary area: Burton Upon Stather and Winterton Ward

Date: 10 November 2010 **Time:** 7.15-8.pm

Number of participant forms analysed:9

Age: 15-19

Gender: Mixed gender

Socio-economic group: mid-range economic social group (C, D socio-economic group)

Use of technology

Participants were asked what technology they used to access music. This gauged their use of technology in relation to an issue relating to young people that they had an active interest in. Overall the findings were as follows:

- Access to all kinds of personal technology – particularly mobile and the internet;
- Use several technology channels on a daily basis: iTunes, facebook; VIVA (TV channel), MP3, Bluetooth, USB, Google;
- Sharing with friends took place via Bluetooth, iPod and illegal music downloading;
- They listened to music every day, usually in any spare time they had; particularly shared songs when they were new.

Baseline Survey Results:

Participants were asked to score, using a scale of 1 – 7 (where 1 is low and 7 is extremely high), how likely they would be to agree with seven behavioural statements about initiating or speaking to others about considering buying or using condoms and speaking to friends/partners about considering using condoms. These statements aimed to determine a baseline for existing sexual health behaviours on a simple scale within the intervention area. The results from these Surveys are displayed below in the following table:

Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Frequency score
Sexual health Statement:								
A: Speak to my girlfriend/boyfriend/partner about using condoms	x x x			x x	xxxx			4
B: Speak to my girlfriend/boyfriend/partner about the consequences of not using condoms	x x x	x		x	xxxx			4
C: Buy condoms even though I might not use them	x x		x x	x x	xx		x	3.5
D: Buy condoms to use more often	x		x x	x	xxxx	xx		3
E: Understand if friends don't want to use condoms	x x		x x	x x		x	xxx	7
F: Know about the possible consequences of not using condoms					xx	Xx	xxxxx	7
G: Intend to speak to my friend/girlfriend/boyfriend /partner using condoms as it worries me when they don't use them	x x				xxxx	xx		5

Vignette of sexual health story with a positive story ending:

Entitled: I'm not pregnant!

- 1) A happy couple come back off holiday
- 2) They had a romantic meal
- 3) They went back to their house and got pissed
- 4) They had sexual intercourse at the lad's house as mum and dad were out
- 5) They wake up in the morning and wonder whether they used a condom
- 6) 3 Weeks later she has another pregnancy test and it comes back negative
- 7) So over all this is a good ending; as she is not pregnant

Vignette of sexual health story with a negative story ending:

Entitled: Bonfire Night

Jade and Fat-Callum had sex.

No Johnny.

Crabs.

Data log for the post evaluation

TryThis Record Sheet

Group Seven: – Drinking to excess

Location: John Leggott College, North Lincolnshire

Boundary area: Burringham and Gunness Ward

Date: 29 March 2011 **Time:** 1-2pm

Number of participant's forms analysed: 12

Age: 15-19 **Gender:** Mixed

Socio-economic group: mid-range economic social group (B, C grouping)

Post evaluation results: Participants were asked to score, using a scale of 1 – 7 (where 1 is low and 7 is extremely high), how likely they would be to agree with eight behavioural statements about initiating or speaking to others about drinking to excess. These statements aimed to determine a baseline for the control area on drinking to excess. The results from the control group are displayed below in the following table:

Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Frequency score
Drinking Statement:								
A: Speak to my friends/girlfriend/boyfriend/partner about the affects of drinking excessive amounts of alcohol	xx	xx	xx	xxxxx			x	4
B: Speak to my friends/girlfriend/boyfriend/partner about their excessive drinking	xx	xx	x	xx	xx	xxx		6
C: Buy alcohol for friends even if they don't want another drink	xxxxxxx	xxx			x	x		1
D: Buy alcohol for friends even if they are not allowed to drink	xxx		x	xx	xxxx	xx		5
E: Understand if friends don't want another alcoholic drink		xxx		x		x	xxxxxxx	7
F: Know about the affects of drinking excessive amounts of alcohol that I consume	xx	xxxxx	xx		xx		x	2
G: Intend to speak to my friend/girlfriend/boyfriend /partner about the excessive levels of alcohol they are drinking as it worries you	xx	xxx	xx		x	x	xxx	3.5
H: Drink more water when consuming alcohol		x		xxx	x	xx	xxxxx	7

Vignette of drinking to excess story with a positive story ending:

Entitled: Drinks means you can pull good looking birds – (all male group)

Pulling girls that you fancy is hard. Drinking means that it's easier. The best bits of your personality show through and you can pull good looking birds – all kinds.

Vignette of drinking to excess story with a positive story ending:

Entitled: Alcohol = relaxation (all female group)

Drinking alcohol means you make more friends. It makes happy couples. You can meet boyfriends when drunk. And it helps people [couples] get back together. Alcohol also means you get more sex – 69%

Vignette of drinking to excess story with a negative story ending:

Entitled: You pay the price

A night out getting too drunk means you can end up....

Getting tattoos – you didn't want

Make a baby.... – usually that you didn't want

Get arrested

Let's your beer goggles take over and make out with a 'minger'

Lose your dignity as a girl – look awful and be sick

Get hospitalised...

You pay the price

TryThis Record Sheet

Group Eight: – Drinking to excess

Location: North Lindsey College, North Lincolnshire

Boundary area: Kingsway and Lincoln Gardens Ward

Date: 15 April 2011 **Time:** 1pm-2pm

Number of participant forms analysed: 10

Age: 15-19 **Gender:** Mixed

Socio-economic group: mid-range economic social group (C1,C, D social grouping)

Post evaluation results:

Participants were asked to score, using a scale of 1 – 7 (where 1 is low and 7 is extremely high), how likely they would be to agree with eight behavioural statements about initiating or speaking to others about drinking to excess. These statements aimed to determine a baseline for the control area on drinking to excess.

The results from the control group are displayed below in the following table:

Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Frequency score
Drinking Statement:								
A: Speak to my friends/girlfriend/boyfriend/partner about the affects of drinking excessive amounts of alcohol	x	x	xx		xxxx		xx	5
B: Speak to my friends/girlfriend/boyfriend/partner about their excessive drinking	x	xx	xx		xxx		xx	5
C: Buy alcohol for friends even if they don't want another drink	x	xx	xxxx		x	x	x	3
D: Buy alcohol for friends even if they are not allowed to drink	xxx	x	x			xxx	xx	3.5
E: Understand if friends don't want another alcoholic drink	xx		x		xxx	x	xxx	6
F: Know about the affects of drinking excessive amounts of alcohol that I consume		xx	xxx	x		x	xxx	5
G: Intend to speak to my friend/girlfriend/boyfriend /partner about the excessive levels of alcohol they are drinking as it worries you	xxx			x		xxxxx		6
H: Drink more water when consuming alcohol	xxxxx	x		xx	x		x	1

Vignette of drinking to excess story with a positive story ending:

Entitled: Drinking means you end up with girls you shag your best friend

Ryan and Melanie are going out. But one night Melanie's best friend goes out and gets drunk and ends up in bed with Ryan. Her best friend ends up getting pregnant to Ryan and she ends up with nipples as big as burgers. Ryan leaves her and she doesn't get rid of the baby.

Vignette of drinking to excess story with a negative story ending:

Entitled: Ryan and his girlfriend's best friend

Ryan and Melanie are going out. But one night Melanie's best friend goes out and gets steamin' drunk. Ryan ends up in bed with Mel's best friend. Her best friend ends up getting pregnant to Ryan and she ends up with nipples as big as burgers when she's pregnant. Ryan leaves her and she doesn't get rid of the baby.

TryThis Record Sheet

Group Nine Intervention area – Sexual Health Behaviour

Location: North Lindsey College

Boundary area: Kingsway and Lincoln Gardens Ward

Date: 15 April 2011 **Time:** 2.30-3.30pm

Number of participant forms analysed: 12

Age: 15-19

Gender: Mixed gender

Socio-economic group: mid-range economic social group (B, C, D socio-economic group)

Post Evaluation Survey Results:

Participants were asked to score, using a scale of 1 – 7 (where 1 is low and 7 is extremely high), how likely they would be to agree with seven behavioural statements about initiating or speaking to others about considering buying or using condoms and speaking to friends/partners about considering using condoms. These statements aimed to determine a baseline for Existing sexual health behaviours on a simple scale within the intervention area. The results from these Surveys are displayed below in the following table:

Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Frequency score
Sexual health Statement:								
A: Speak to my girlfriend/boyfriend/partner about using condoms	x	x	x	x			xxxxx xx	7
B: Buy condoms even though I might not use them	x		x x x x	x x x	xxxx			5
C: Buy condoms to use more often	x x	x x x x	x	x	xxxx			2
D: Understand if friends don't want to use condoms	x	x x x x	x	x x x	x		xxx	4
E: Know about the possible consequences of not using condoms			x		x	xx x	xxxxx xxxx	7
F: Intend to speak to my friend/girlfriend/boyfriend/partner using condoms as it worries me when they don't use them	x x	x x	x x x	x	xxx		x	4

Vignette of sexual health story with a positive story ending:

Entitled: Luke meets a man at a Club

Luke meets a blonde man. He fancies him and wants to have sex with at a Club night. He goes into the toilets and buys condoms. They go back to his place and have sex and don't get HIV as they use the condoms.

Vignette of sexual health story with a negative story ending:
(NB. apparently this is true story)

Entitled: scabies

Leigh and Matthew love each other. But when Matthew doesn't have a condom on him, Leigh refuses to have sex with him as she wants to use one. Instead, Matthew has sex with a doG AND CATCHES SCABIES.

TryThis Record Sheet

Group Ten: Intervention area – Sexual Health Behaviour

Location: Scunthorpe United

Boundary area: Burringham and Gunness Ward

Date: 30 March 2011 **Time:** 3-4pm

Number of participant forms analysed: 8

Age: 15-19

Gender: Mixed gender

Socio-economic group: mid-range economic social group (C, D socio-economic group)

Baseline Survey Results:

Participants were asked to score, using a scale of 1 – 7 (where 1 is low and 7 is extremely high), how likely they would be to agree with seven behavioural statements about initiating or speaking to others about considering buying or using condoms and speaking to friends/partners about considering using condoms. These statements aimed to determine a baseline for existing sexual health behaviours on a simple scale within the intervention area. The results from these Surveys are displayed below in the following table:

Likelihood Scale: 1 = very unlikely, 7 = highly likely	1	2	3	4	5	6	7	Frequency score
Sexual health Statement:								
A: Speak to my girlfriend/boyfriend/partner about using condoms				x	xxxx	x	x	5
B: Buy condoms even though I might not use them				x	xxxx	xx	x	5
C: Buy condoms to use more often	x				xxx	x	x	3
D: Understand if friends don't want to use condoms		x	x	x	x		xxx	7
E: Know about the possible consequences of not using condoms					xx	x	xxxxx	7
F: Intend to speak to my friend/girlfriend/boyfriend/partner using condoms as it worries me when they don't use them	x x x x		x	x			x	1

Control area post evaluation findings:

Please note: The control area data for the post-evaluation is taken from the baseline data. It is assumed that there has been no change for the purposes of analysis.

Annex I: Campaign Content

TryThis Campaign Brief

Aims

- To promote and help orchestrate the competition to create a thematic health related song
- To drive traffic to the “health tips” crowd sourcing website that accompanies the project (www.yourtips.org).
- To stimulate the submission of tips by the target audience
- To raise awareness of the key messages around sexual health and binge drinking
- To invoke a substantial response to the competition which results in a catchy/lightly humoured piece of content

Specifics

- The competition should only be open to citizen in North Lincolnshire but we could widen this if VFM intervene
- Our prize fund is £500. We are currently considering HMV vouchers. We would also like to offer the winner some sort of media publicity
- The timescale is 2 months (8 weeks), starting ASAP – ideally from 1st March 2011
- There must be some sort of transfer of IPR relating to submissions

The Network

The Bluetooth network consists of a number of Bluetooth proximity marketing devices at the following locations. For example:-

Location	Connection Type	Typical footfall per day
JLC College	WiFi	160
North Lindsay College	WiFi	120
MMU (Multiple locations)	Satellite	variable

Delivery

A number of measures are in place to minimise annoyance from duplicate messages:-

1. Before content is served, recipients are asked if they are happy to accept the content. If a recipient rejects content then they are not contacted again
2. Message-push is cycled periodically to catch transient connections
3. Each device is coupled in that messages will not be duplicated should an individual be exposed to marketing from multiple sites.

Campaign content

Campaigns are centred on three health related topics:-

- Binge drinking (avoidance)
- Safe sex and averting unwanted pregnancy
- Reducing Health inequalities

Each campaign will contain a slide which refers to the TryThis website (<http://www.yourtips.org>) where people can submit their health related tips and view the submissions of others'. Each campaign consists of animated, 'drawn' cartoon-style graphics.

Schedule

- The campaigns will be scheduled automatically. Campaigns will run simultaneously across the network.
- Each campaign will run for one week commencing 10/01/2011
- The MMU will only appear for one day each week. Campaigns will not overlap.

Campaign [A]: Safe drinking:

Text: Lost money Image?

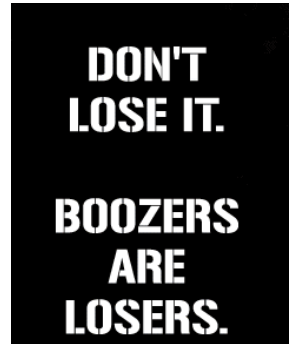
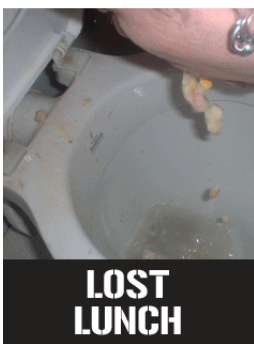
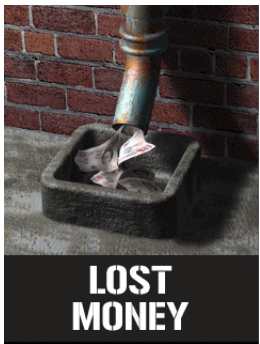
Text: Lost respect Image?

Text: Lost lunch Image?

Text: Lost life? Image?

Text: Don't lose it. Boozers are losers.

Text: URL



Campaign [B]: Safe drinking:

Image: one empty glass: text: dead thirsty

Image: two empty glasses: text: dead good fun

Image: three empty glasses: text: dead wobbly

Image: four empty glasses: text: dead drunk

Image: five empty glasses: text: dead?

Text: Stay aware, stay alive, know your limits

Text: URL



Campaign [C]: Safe Sex:

Image: sperm swimming upwards

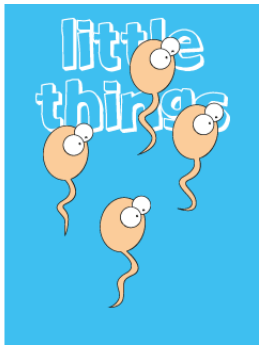
Image: crying baby

Text: Little things can mean big trouble

Image: sperm swimming into end of condom

Text: Keep them out of trouble - use a condom

Text: URL

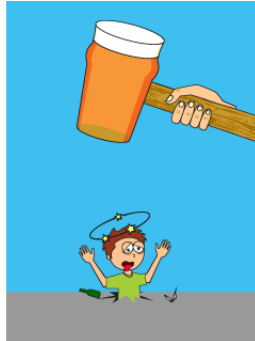


Campaign [D]: Safe drinking

Image: Beer glass repeatedly hammers figure into ground

Text: Only a tool gets hammered

Text: URL



Campaign [E]: Safe drinking

Image: Cocktail glass, morphs into blood bag/drip
Text: Will you need a refill?

Text: Binge drinking isn't clever. Know your limits.
Text: URL



Campaign [F]: Safe sex:

Image: Stork
Image: Stork crossed out / word 'no' superimposed?
Image: Gooseberry bush
Image: Gooseberry bush crossed out / word 'no' superimposed?
Image: Cabbage patch
Image: Cabbage patch crossed out / word 'no' superimposed?
Text: If you're big enough to know where babies come from, you're big enough to say 'no'.
Text: URL



Campaign [G]: Safe sex:

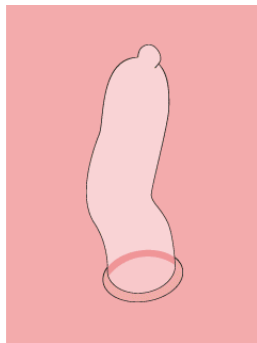
Image: Pair of boxers

Image: Fig leaf

Image: Condom unrolling

Text: Keep it covered

Text: URL



Campaign [H]: Safe sex:

Image: pregnancy test stick - blue line appears

Text: See sense before you see this. Use a condom

Text: URL



Campaign [I]: Safe drinking

Image: taxi

Text: Leave in one of these...

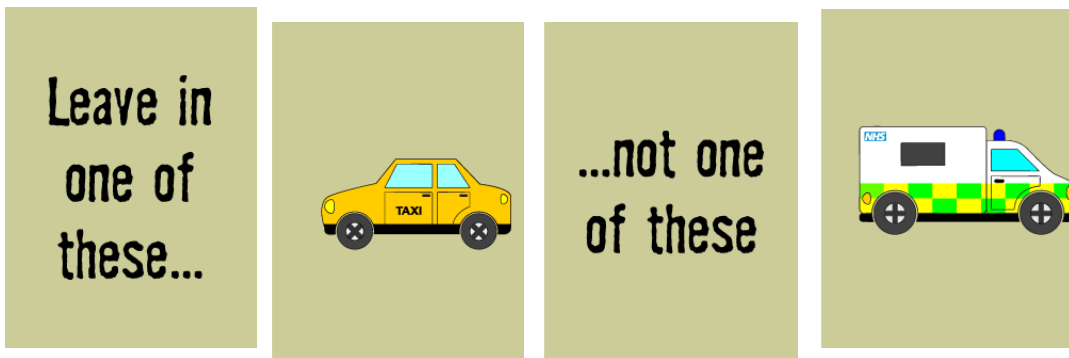
Image: ambulance

Text: ...not one of these

Text: Don't let a night out turn nasty

Text: Drink carefully, stay safe

Text: URL



Campaign [J]: Safe sex

Image: baby, sitting behind some alphabet blocks, spelling out 'your plans'. Baby rearranges blocks to spell 'no play r us'.

Text: A baby could really mess up your plans. Take precautions - don't get pregnant before you're ready.

Text: URL



Campaign [K]: Safe sex

Image: Space Invaders screen with missile launchers firing individual sperm upwards towards egg. Eventually one hits egg, starts to burrow inside.

Image: Screen as above, with words 'Game Over' superimposed.

Text: Getting pregnant isn't a game. Play safe, use a condom.

Text: URL



Campaign [L]: Safe drinking

Image: drinking glass

Image: broken drinking glass with jagged top

Image: scarred face

You won't lose face by not getting off your face.

Drinking can put you in danger

Text: URL



Campaign [M]: Safe sex

Image: dice being shaken; fall onto table: one side with a picture of a baby; smiley faces on other sides.

Text: Don't take chances with your life. Take precautions instead.

Text: URL



Don't take
chances with
your life.

**TAKE
PRECAUTIONS
INSTEAD.**

Campaign [N]: Safe drinking

Image: Happy drinkers/bar scene?

Have fun in bars...

Image: person behind prison bars

Text: ...don't end up behind them

Know your limits, stay out of trouble

Text: URL



...don't end up
behind them
Know your
limits, stay out
of trouble



Annex II: Promotions

TryThis Campaign Brief

Aims

- To promote and help orchestrate the competition to create a thematic health related song
- To drive traffic to the “health tips” crowd sourcing website that accompanies the project (www.yourtips.org).
- To stimulate the submission of tips by the target audience
- To raise awareness of the key messages around sexual health and binge drinking
- To invoke a substantial response to the competition which results in a catchy/lightly humoured piece of content

Specifics

- The competition should only be open to citizen in North Lincolnshire but we could widen this if VFM intervene
- Our prize fund is £500. We are currently considering HMV vouchers. We would also like to offer the winner some sort of media publicity
- The timescale is 2 months (8 weeks), starting ASAP – ideally from 1st March 2011
- There must be some sort of transfer of IPR relating to submissions

Overview

In an attempt to increase the awareness of the TryThis project and subsequent content, NLPCT commissioned a regional radio station (VikingFM) to run a short campaign to their listeners in the Humberside region. The campaign lasted 8 weeks in total from mid-March to mid-May.

- This consisted of a number of elements:-
- Promotional website page on Viking FM website
- Four audio trailers played over a period of 4 weeks from 27th March
- One ‘live read’
- Competition to win a Smartphone
- News piece to coincide with audio trailers (interview aired Sunday 27th March)

Outcome

The promotional was handled professionally by the team at VikingFM. The trailers were catchy and consisted of real tips relayed from the website in a ‘conversational’ manner.

Traffic volume

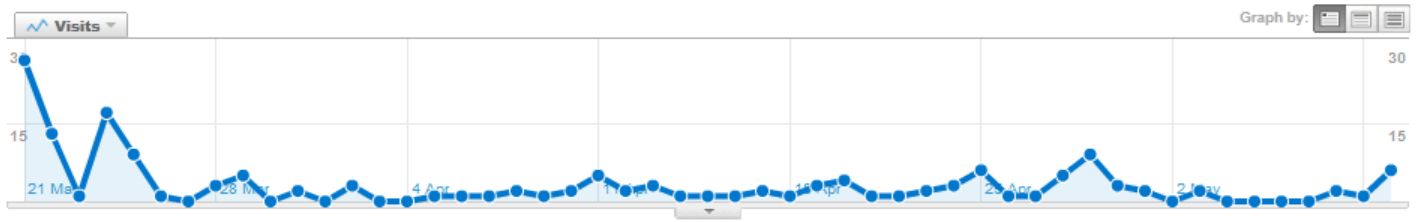
A total of 486 page views (433 unique) to the VikingFM promotional page were generated during the campaign. Of these, roughly 60% were traceable to the on-air promotion and 28% from VikingFM website visitors. The remainder of visits came from other sources (see 2.3).

This translated into roughly 200 new submitted tips and competition entries (approximately 50% conversion rate) - the majority occurring after the first trailer was played. As such, the YouTips website now has approximately 400 user generated, health related tips.

The direct traffic to trythis.org for the duration of the campaign is shown in the graph below. Note that this is in addition to the direct traffic to the VikingFM promotional page and follows a similar pattern (157 visits from 152 visitors).

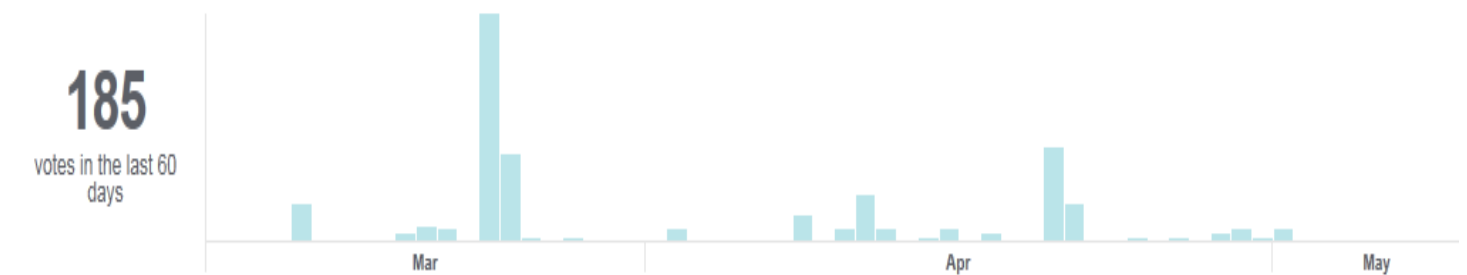
Traffic Sources Overview

21 Mar 2011 - 10 May 2011



Voting on existing tips

The promotion also resulted in a number of votes for the existing tips, totalling around 185 during the campaign. This is the equivalent to the actions of approximately 18 visitors (or 12% of those visitors to the website during this period).



At the end of the campaign the top 10 tips on the Trythis website are:-

Theme	Tip	Votes
Sexual health	Having an STD is going to make you less popular than being a virgin	17
Alcohol	Look after your friends – don't buy them drinks they don't want	15
Alcohol	Ask your friends about things you know they like to talk about, slowing both your drinking	12
Alcohol	You don't have to finish your drink if you've had enough	9
Alcohol	If you don't know how much you've drunk, use a unit calculator on your Smartphone	8
Sexual health	Not having sex is not a sign that your immature	7
Alcohol	Everyone has a limit – stick to a drink that you enjoy that won't push you over yours	7
Alcohol	It's a MYTH that everyone else is going to the pub under age	7
Alcohol	Puke makes you unpopular, FAST!	6
Sexual health	Sex should be fun. Being drunk spoils that	4

It was noted that the most popular tips are dominated by the Alcohol theme and that tips on smoking cessation are less well featured.

The top smoking tips were:-

"There's no shame in being a quitter, but there is in not trying" – 4 votes

"Try chewing gum to give up smoking" – 2 votes

Interestingly none of the tips received was medically inaccurate, misleading or considered to be 'bad advice'.

Referrers

The remainder of VikingFM promotional page referrals came from Facebook, search engines and an online competition announcement forum.

The only keyword referral was “gravestone teeth”. The relationship to the Yourtips website was with reference to the result of excessive smoking which subsequently ranked second in for this as a search term.

Misc. Observations

While radio advertising was effective, approximately 30% of all traffic was estimated as being “out of area” based on the postcodes submitted for the competition entry.

Bluetooth is a short-range (up-to 10m) wireless technology designed to allow connection of portable devices in a wire-free manner. For example, connection of a wireless hands-free kit. It is found in the majority of mobile phones and can be used to transmit content from one mobile handset to another.

Bluetooth mobile technology offers marketers a unique opportunity to reach people in a location specific area with rich content but without the cost of the mobile networks' SMS and MMS technology. With Bluetooth anyone with a Bluetooth enabled mobile device can instantly receive rich content including coupons, single track song downloads, short video clips, even links to websites.

Bluetooth technology actively listens for devices as they come into range and formulates a message specific to that unique device.

Bluetooth is also a well practiced promotional mechanism within Police circles for targeting messages to young people. For example, a Bluetooth marketing campaign targeted at young people to illustrate the consequences of carrying or using knives was delivered to 30 schools in the Liverpool area and included an interactive questionnaire which was sent directly to pupils' mobile phones.

In a one-off short campaign by PCT Hull, a total of 494 phones were identified. Of these, 184 accepted Bluetooth push messages.

Why is mobile advertising beneficial?

Over four million citizens are already using their mobiles to search for information on products and services and search volumes are growing four times faster than online.

Children and young people aged 10 to 20 are amongst the highest users of mobile phones. More than a third of children (35%) own a mobile by the time they are eight according to a survey by the charity Personal Finance Education Group (pfeg) in 2009. According to Context World, 80% of mobile phones are Bluetooth enabled, essentially all devices manufactured after the year 2000.

The London School of Economics claims that 95% of young people have access to a mobile phone. It is used by nine out of ten (89%) 11 – 21 year olds at least once a day and over half (54%) use it at least five times a day. Young people are wedded to this piece of technology with three-quarters (77%) saying they 'could not bear to be without their mobile phone'.

IAB research in 2009 found that updating social network sites via mobile handsets is increasing with 25% of all social networkers logging on to check or update their pages. 16 to 24 year olds are the biggest mobile social network fans with 44% saying they have updated via mobile, compared to 17% of over 55s

Moreover, young people respond well to mobile phone surveys and as well as having a high success rate, youths also reply with much more speed, according to a report by Lightspeed Research. This report found that out of 1,007 people receiving mobile phone marketing it was the 16 to 24-year-old cohort which had the highest acceptance rate at 39 per cent.



North Lincolnshire
Adding Life to Years & Years to Life