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Segmentation in communities with the greatest health inequalities: so what for public health interventions?

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1. Background

A lifestyle survey collected baseline health data from four Healthy Halifax wards (pop. 52633), areas within the most deprived national quintile based on indices of Multiple Deprivation (MSI) [1]. Healthy Foundations (HF) lifestyle segmentation model [2] was incorporated into survey design to categorise individuals into five attitudinal segments:

- Healthy
- Faulty
- Needy
- Deprived
- Distant

All segments can be found across deprived and affluent social strata. Socio-economic deprivation is linked to poorer health attitudes, behaviours and outcomes [3]. Targeting areas where they are most needed may help reduce health inequalities. Research has mainly been nationally focused. Local application of the model is engaging in public health interventions. Research within a population skewed in ethnicity and deprivation covers new ground and sheds light on some limitations in generalising the assumptions of the Healthy Foundations model.

2. Aims

- Enhance understanding of health attitudes and behaviours in local populations experiencing greatest health inequalities.
- Contract findings with Healthy Foundations model and synthetic estimations.
- Interpret data for public health planning.

3. Respondent profile: is the data representative?

- Healthy Foundations Healthy & Faulty profiles:
  - Proportion of respondents by gender, age, deprivation, and ethnicity.
  - Table: Reflects age distribution and specific segments.

4. Ethniciy profile

- Healthy Foundations Healthy & Faulty profile:
  - Reflects age distribution and specific segments.

5. Healthy Halifax segmentation profile differs from Calderdale, deprived quintile and national profiles

- Healthy Halifax profiles:
  - Reflects age distribution and specific segments.

6. Healthy Halifax ward level segmentation profiles differ from deprived quintile

- Healthy Halifax ward level profiles:
  - Reflects age distribution and specific segments.

7. Discussion

Healthy Halifax segmentation profile by gender differed to the national profile, suggesting the gender biases assumed within the model cannot be generalised to local population. The high proportion of respondents in Healthy latitudes could suggest poor family health in some households if the woman is the main decision maker [16].

Commissioning decisions and health intervention planning based on estimates may not reflect and reveal the needs of a locality. Demographically representative local lifestyle surveys provide more targeted and specific segments.

The Healthy Halifax/ward level segmentation profiles differ from one another and from segmentation profiles of Healthy Halifax, Healthy Foundations national and estimates for Calderdale and the most deprived quintile. Therefore generalising from national estimates and even a local population to smaller specific populations may be an overrated effect, and fail to capture the specific local profile and local needs.

Further analysis will involve augmenting segmentation profiles with postcode data to map and plan for local needs using Geographic Information Systems (GIS) technology [5]. This could offer greater precision for planning local social marketing and health interventions.

References