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Healthy Foundations life-stage segmentation model toolkit: An effective tool for public health interventions?

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1. Background
A lifestyle survey elicited baseline health data from four Healthy Halifax wards (pop:52,488), areas within the most deprived national quintile based on Indices of Multiple Deprivation (IMD) (1). Healthy Foundations Life-stage segmentation model (2) was incorporated into survey design to categorise individuals into five age-attitudinal segments.

All segments are evident across all social strata. However, socio-economic deprivation is linked to poorer health attitudes, behaviours and outcomes (3). Targeting resources where they are most needed may help reduce health inequalities. Research has mainly been nation-focused. Local application of the model is ongoing to inform public health interventions. Research within a population skewed in ethnicity and deprivation covers new ground and sheds light on some limitations in generating the assumptions of the Healthy Foundations model.

2. Aims
• Enhance understanding of health attitudes and behaviours in 4 local populations experiencing greatest health inequalities.
• Contrast findings with Healthy Foundations model and synthetic estimates.
• Interpret data for public health planning.

Methods
The instrument incorporated previously validated and standardised measures of nutrition, smoking, alcohol and exercise. Segmentation was generated using the Healthy Foundations algorithm based on responses to 19 questions from the Healthy Foundations toolkit (4). Data was collected in two phases in March-May (random sample) and October-November (quota sample based on ward demographics), by locally recruited staff. Online completion was offered in addition to the paper.

3. Respondent profile

4. Ethnicity profile

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

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

Discussion
Unconfident fatalist and Live for Today segments are significantly greater in the Healthy Halifax data compared to the estimated deprivation skewed segmentation profile.

Synthetic estimates may under-represent deprivation and ethnicity in the generated profiles. Categorical representation of response local lifestyle supports the analysed localized specific profiles.

Further analysis will segment segmentation profiles with postcode data to map and plan for local needs using Geographic Information Systems (GIS) template (7). This could offer greater precision for planning local social marketing and health interventions.

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