Dudleston Harkins
Social Research Ltd

# Evaluation of Public Information Screens

Final Report

June 2010

Prepared for:

West Dunbartonshire CHP

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Prepared by:

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# Contents

# A. Methodology

## Background

Dudleston Harkins were commissioned by West Dunbartonshire Community Health Partnership to undertake an evaluation of the Public Information (PI) Screens displayed in three locations across the CHP area. The evaluation consisted of a short face-to-face quantitative survey undertaken with 400 visitors to the Vale of Leven Hospital, Dumbarton Health Centre and Clydebank Health Centre between May and June 2010. This report outlines the main findings from the survey.

## Methodology

Fieldwork was undertaken on a total of 14 days across the three different locations.

| Location | No. of days | Interviews completed |
|---|---|---|
| Vale of Leven | 7 | 219 |
| Clydebank Health Centre | 3 | 92 |
| Dumbarton Health Centre | 4 | 89 |

A researcher attended the location between 9am and 5pm and interviewed patients who were leaving the waiting area where the screens were situated. The description below provides details of the locations of the screens in each venue, and other factors which the researchers considered to have an impact on the ease at which people could view the screens.

The researchers faced some barriers at the Vale of Leven hospital relating to staff attitudes, with some members of staff appearing to have a negative perception and attitude towards the screens and the subsequent evaluation. This could be linked to their obviously busy workloads and pressures on their time.

*Vale of Leven Hospital - Outpatients*

- Though there were 20-25 seats approximately, the screen was only visible to around 8-10 seats at any one time. The screen was mounted on the wall of a corridor, making it very

difficult to read writing on the screen from the seats which were not positioned directly in front of the screen.

- Waiting room not in close vicinity to the reception.
- Many seats were positioned under or around a corner from the screen.
- No audio.

*Vale of Leven - Physiotherapy*

- 10-15 seats approximately.
- Most seats facing towards the screen.
- Screen faced reception.
- No issues with visibility.
- Audio was on but very low; many respondents commented that they had to strain to hear audio.

*Vale of Leven - Sandyford*

- Large waiting room, 20-25 seats approximately.
- Screen at entrance facing reception.
- No issues with visibility.
- Audio muted.
- The decision was made not to interview at the Sandyford clinic as due to the drop in nature of the service, many patients had been waiting for a long time. In addition, staff highlighted ethical issues in approaching individuals who had previously just attended an appointment for a potentially sensitive reason.

*Clydebank Health Centre*

Two waiting rooms on ground and first floor.

<u>Waiting room on level 1 (where all interviews were conducted)</u>

- Screen positioned to left of reception.
- Relatively large room, approximately 30-40 seats.

- Seats both faced towards and away from the screen, though most people sat facing away from the screen.
- Some seats below the screen.
- No issues with screen visibility, though audio was muted.

Waiting room on ground level

- Relatively small waiting room, 6-8 seats approximately though, capacity never exceeded four persons.
- Only two seats faced screen; very difficult to view the screen from the remaining seats.
- Lower half of screen was blocked by what appeared to be a sliding screen or perhaps a whiteboard. This was a significant obstacle to viewing the screen.
- No audio.

*Dumbarton Health Centre*

- Small waiting room, 20-25 seats approximately.
- Screen faced reception.
- No issues with screen visibility; screen mounted on wall in prime viewing location.
- An equal number of seats faced away, faced towards, and faced side-on to the screen.
- Audio was on but very low and not audible over a few people chatting.

# B. Results

## Demographic Information

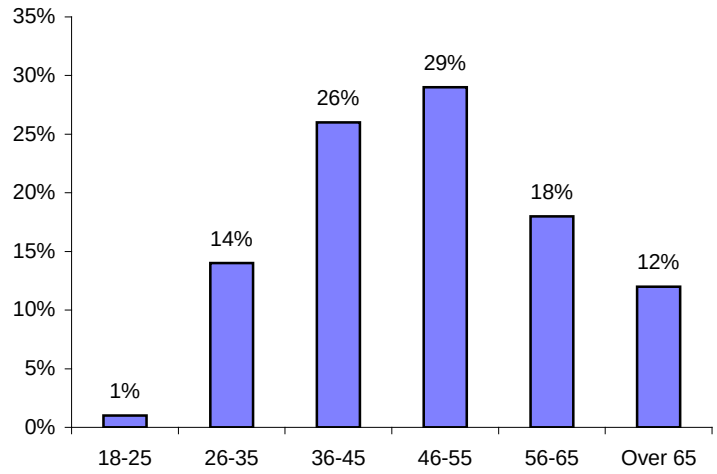
There were a significantly higher number of female than male respondents (55% versus 45%) although this did vary by location. In particular, a significantly higher number of females than males were interviewed at the Dumbarton clinic.

Table B-1:Sex of respondents by location
Base: VoL physiotherapy = 43; VoL outpatients – 176; Clydebank = 92; Dumbarton = 89

| | Vale of Leven (VoL) Physiotherapy | VoL Outpatients | Clydebank | Dumbarton |
|---|---|---|---|---|
| Male | 54% | 48% | 48% | 33% |
| Female | 46% | 52% | 52% | 67% |

Around six in ten respondents (59%) were aged 46 years or older, with only 1% being aged between 18 and 25 years old.

Figure B-1: Age of respondents
Base: All respondents = 400



Almost all respondents (98%) were of white British origin.

## Observation of PI screen during visit

Respondents were asked how long they had waited in the waiting area.

Table B-2: Waiting times
Base: All respondents = 400

| | |
|---|---|
| Did not wait | 1% |
| Up to 2 minutes | 3% |
| Between 2 and 5 minutes | 8% |
| Between 5 and 10 minutes | 38% |
| Between 10 and 15 minutes | 38% |
| Over 15 minutes | 12% |

As can be seen from Table B-2, around three quarters of respondents (76%) had waited between 5 and 15 minutes in the waiting area. This would indicate that the screens could potentially capture a captive audience, given the proportion of people that are waiting in the area for up to 15 minutes.

There were some differences in waiting times depending on location (the results are displayed in Table B-3).

Table B-3: Waiting times by location
Base: VoL physiotherapy = 43; VoL outpatients – 176; Clydebank = 92; Dumbarton = 89

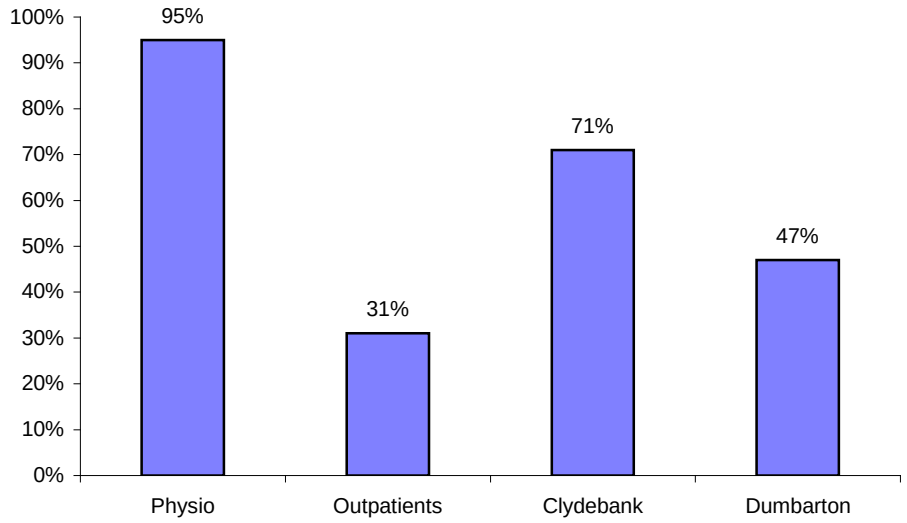
| | VoLPhysiotherapy | VoL Outpatients | Clydebank | Dumbarton |
|---|---|---|---|---|
| Did not wait | 5% | - | - | 2% |
| Up to 5 minutes | 23% | - | 9% | 29% |
| Between 5 and 10 minutes | 40% | 42% | 27% | 42% |
| Between 10 and 15 minutes | 21% | 53% | 39% | 15% |
| Over 15 minutes | 12% | 5% | 25% | 12% |

The results indicate that almost all respondents at VoL outpatients had to wait between 5 and 15 minutes (95%) which is a significantly higher proportion of respondents than in all other locations.

Respondents were asked if they had seen a PI screen during their visit. Overall, 50% of respondents had seen a screen although this did vary quite significantly by location (see Figure B-2). The results indicate that while almost all respondents at the physiotherapy department saw the screen (95%), less than a third at outpatients (31%) reported seeing the screen. The health centres also produced different results with 71% of respondents at Clydebank compared to less than half (47%) at Dumbarton seeing the screen. These results indicate possible issues with the location of the screens, particularly in the Outpatients Department and the Dumbarton Health Centre. The fact that less than a third of respondents at the Outpatients saw the screen is more marked given the high proportion who were waiting there for between 5 and 15 minutes.

There were no significant age differences in relation to which respondents saw the screen.

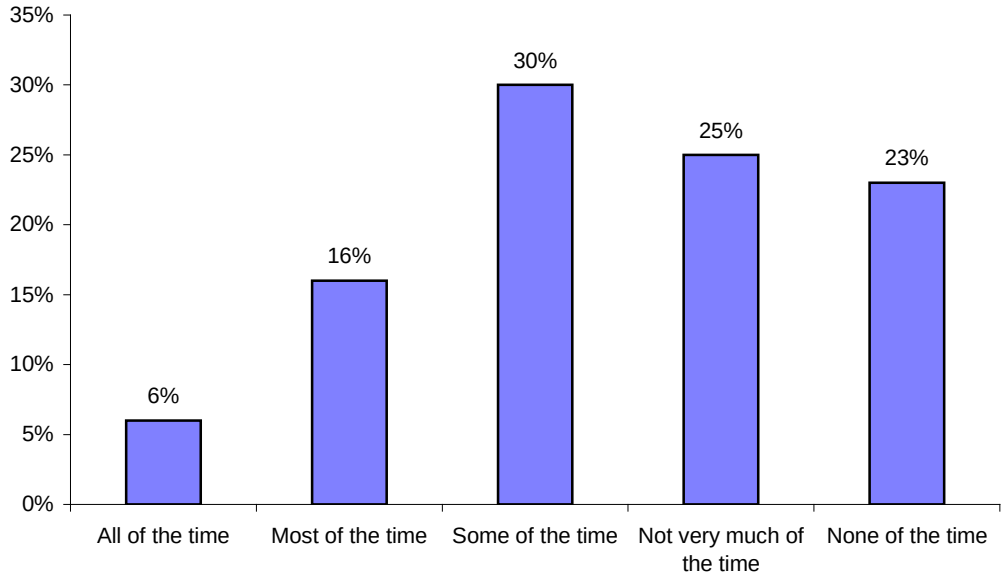
Figure B-2: Whether respondents had seen the PI screen by location
Base: VoL physiotherapy = 43; VoL outpatients – 176; Clydebank = 92; Dumbarton = 89



Those respondents who had seen the screen were asked how much time they had spent looking at the screen (see Figure B-3). The results indicate that just under a quarter of those who had seen the screen (23%) did not spend any time looking at it. While considering these results in addition to the proportion of respondents who said they had not seen the screen, this indicates that a total of 61% of those interviewed had not spent any time looking at the screen. However, when interpreting the results, the fact that many people would not be able to see the screen or would struggle to see the screen due to its location needs to be borne in mind.

Just under a quarter (22%) spend either all or most of the time looking at the screen with a further 30% spending some of the time looking at the screen. This indicates that of those who saw the screen, over half spent some time looking at it.

Figure B-3: How much time respondents spent looking at the screen
Base: Those who said they had seen the screen = 201



Those who said they had seen the screen were also asked what they remembered seeing on the screen. As can be seen from Table B-4, just under a half of those who had seen the screen recalled seeing the news and weather (48%) with 16% remembering seeing the sport and 8% remembering travel information. In terms of health promotion information, just under a third of those who had seen the screen remembered information on preventing tooth decay in children (31%) with 10% mentioning information on smoking. Information on breastfeeding and pregnancy, alcohol and organ donation was mentioned by 6% of respondents or less. These results indicate that news appears to be the most commonly remembered item shown on the screens, with around a third of respondents remembering the most prominent health promotion message displayed.

Table B-4: What respondents remembered seeing on the PI screen
Base: Those who said they had seen the screen = 201

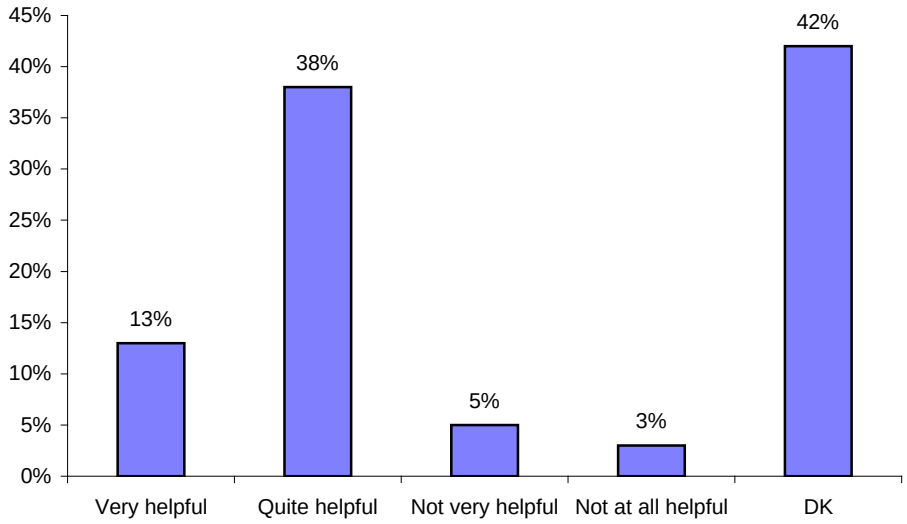
| | |
|---|---|
| News and weather | 48% |
| Nothing/wasn't paying attention | 31% |
| Information on preventing teeth decay in children | 29% |
| Sport | 16% |
| Information on smoking | 10% |
| Travel information | 8% |
| Information on breastfeeding and pregnancy | 6% |
| Information on drinking alcohol | 5% |
| Information on organ donation | 3% |

* responses add up to more than 100 as multiple responses allowed

## Opinions of PI screen

All respondents were asked to what extent they considered the TV screens to be helpful in providing information (see Figure B-4). Around half the respondents (51%) said they were helpful (38% quite helpful and 13% very helpful) with only 8% saying they were not very or at all helpful. Around four in ten respondents (42%) did not know.

Figure B-4: Whether respondents considered the TV screens to be helpful for providing information
Base: All respondents = 400




The results were examined further. There were no significant age or sex differences in relation to this variable. Whether respondents had seen the screen in the waiting area created differences in opinion in relation to whether the screens were perceived to be helpful. As can be seen from Table B-5, 80% of those who had seen the screen perceived it to be helpful compared with 22% who had not seen the screen. Additionally, 70% of those who had not seen the screen did not know if it was helpful compared with 14% of those who had seen the screen. These results indicate that the majority of those who had seen the screen considered it to be a useful mechanism for providing information, which would emphasise the importance of ensuring respondents are able to see the screen during their visit.

Table B-5: Whether respondents perceived the TV screen to be helpful in providing information by whether respondent had seen the screen
Base: Respondents who had seen the screen = 201; Respondents who had not seen the screen = 199

| | Saw the screen | Did not see the screen |
|---|---|---|
| Very helpful | 19% | 7% |
| Quite helpful | 61% | 15% |
| Not very helpful | 4% | 6% |
| Not at all helpful | 2% | 3% |
| Don't know | 14% | 70% |

As well as showing images, respondents were asked whether they thought PI screens should have a variety of other features. As can be seen from Table B-6, the significant majority of respondents thought that the TV screens should also have subtitles (84%), an induction loop (81%) and sound (77%). It may be possible that the desire for the screen to have subtitles and sound is linked to the fact that in many cases, respondents were unable to hear the audio on the screen clearly (if at all). Although 63% said the screens should also have sign language, 20% said that this should not be the case. Additionally, although 48% said the screen should have multilingual content, 30% said this should not be the case. Thus, these latter two features do not appear to be as popular among respondents, with a considerable number also being unsure as to whether the TV screens should have these features.

Table B-6: Whether TV screens should have the following features
Base: All respondents = 400

| | Yes | No | Don't Know |
|---|---|---|---|
| Subtitles | 84% | 8% | 7% |
| Induction loop | 81% | 3% | 16% |
| Sound | 77% | 16% | 7% |
| Sign language | 63% | 20% | 17% |
| Multi-lingual content | 48% | 30% | 22% |

Perhaps unsurprisingly, there appears to be an age trend related to which features the TV screens should have with more younger than older respondents saying that the screens should have additional features. To illustrate, 72% of individuals aged between 18 and 35 said the screens should have sign language compared with 48% of those aged over 65.

In addition to health information, respondents were presented with a list and asked which three things they would like the PI screens to show (see Table B-7). The most popular choice was news and weather information with 66% choosing this as one of their three options. Information on what's on in the local area was mentioned by 58% of respondents with 48% saying they would like a facility services guide.

Table B-7: Which 3 things respondents would like the TV screens to show
Base: All respondents = 400

| | |
|---|---|
| News and weather information | 66% |
| Information on what's on in the local area | 58% |
| Facility service guide | 48% |
| TV programmes | 35% |
| Information on Council services | 25% |
| Sports news | 20% |
| Travel and transport information (timetables etc.) | 16% |
| Job opportunities within the NHS & Council | 12% |
| Information on other useful services (e.g. fire safety checks, home security visits) | 7% |

* responses add up to more than 100% as multiple responses allowed

## Opinions of different information formats

Respondents were asked various questions relating to which formats of information they find most useful and pay most attention to. They were presented with a list of different ways of providing health information, and asked to indicate whether they would be more likely to pay attention to that particular way of showing health information or a PI screen in a waiting area of a health centre or hospital.

The results indicate that the majority of people only preferred two methods of communication to the PI screens as a method of showing health information. That is, 87% of respondents said they would prefer receiving information from a health professional and 67% said they would prefer a letter from the CHCP than viewing the PI screens. In the rest of cases, the majority of respondents would prefer to receive information from the TV screen than e.g. from a newspaper article (36%), leaflet (28%) or poster (28%). These results indicate the value of the PI screens as a preferred method of displaying health information when compared with many other formats (other than a member of staff or letter).

Table B-8: Proportion of respondents who would prefer to receive health information through following method rather than from PI screen in a health centre/hospital
Base: 400

| | |
|---|---|
| Health professional/member of staff | 87% |
| Letter from the CHCP | 67% |
| Newspaper article or advert from the CHCP | 36% |
| Leaflet in a rack | 30% |
| Poster on a wall | 28% |
| CHCP newsletter | 24% |
| Radio advert or discussion with the CHCP | 22% |
| Community Health and Care Partnership Website | 13% |
| Text message from the CHCP | 9% |
| Public meeting | 5% |

There were no sex differences in preferred information formats when compared with the PI screens. There were a few age differences, with a significantly higher proportion of those aged over than under 45 years old preferring a newsletter to the TV screen (29% versus 15%) and a significantly lower proportion of those aged over than under 45 years old preferring a website to a PI screen (9% versus 18%). These age differences combined with the finding that the majority of respondents would prefer a letter from the CHCP as opposed to information on a screen may well be linked to the older age of the sample and the preference for some older individuals to prefer information that is written down.

Respondents were also asked whether they thought people would pay attention to health information displayed in a range of locations (see Table B-9). In particular, GP waiting rooms and dentist waiting rooms were commonly considered to be somewhere where people would pay attention to health information (92% and 91% respectively). The significant majority of respondents also considered schools and buses to be other locations where people would respond to health information. However, only 18% of respondents thought that people would pay attention to health information displayed in shopping centres and supermarkets.

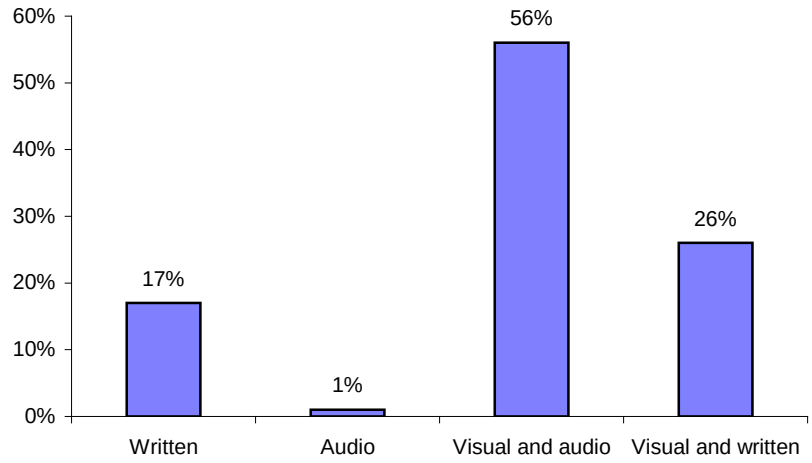
Table B-9: Whether respondents thought people would pay attention to health information displayed in following locations

Base: All respondents = 400

| | Yes | No | Don't Know |
|---|---|---|---|
| GP waiting rooms | 92% | 1% | 7% |
| Dentist waiting rooms | 91% | 2% | 8% |
| Schools | 72% | 14% | 14% |
| Buses | 68% | 12% | 20% |
| Libraries, community centres, leisure centres or other council buildings | 49% | 36% | 15% |
| Shopping centres and supermarkets | 18% | 60% | 23% |

Respondents were asked which format of information they were most likely to pay attention to (see Figure B-5). It would appear that the majority of respondents appear to prefer some form of visual information, with 56% preferring visual and audio information and 26% preferring visual and written. There were no significant age or sex differences in relation to this variable. The results would appear to indicate the value of the screen as a format of providing information, given the preference for the majority of respondents to receive information in both a visual and audio format.

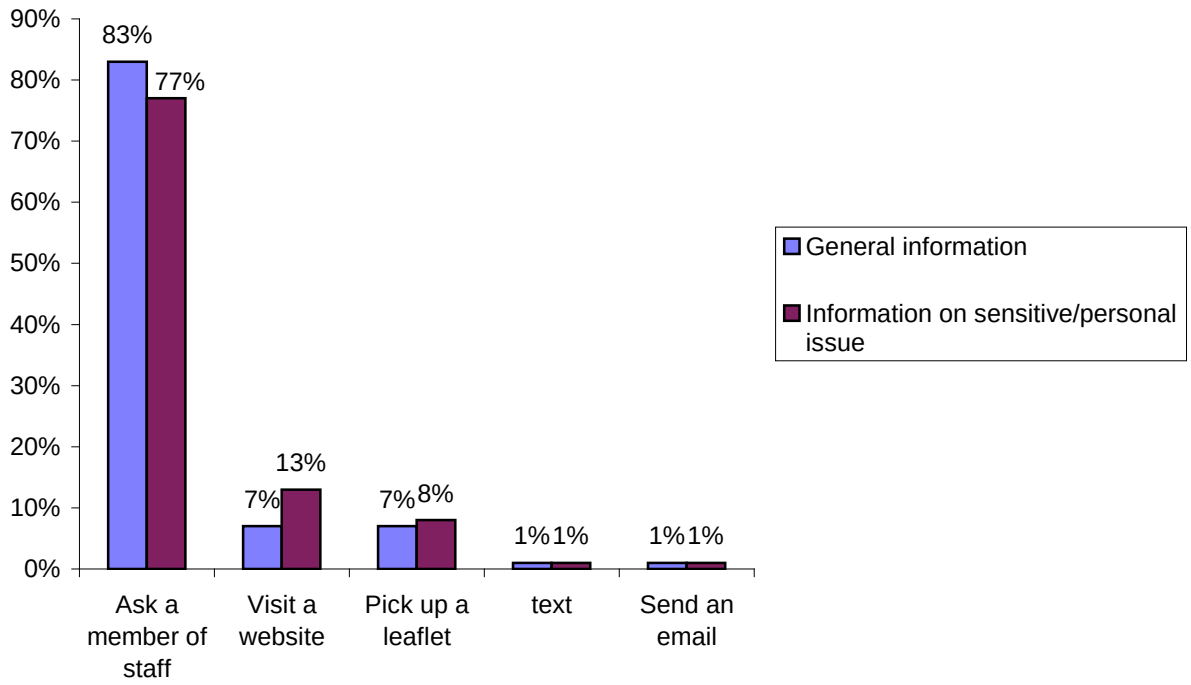
Figure B-5: Which type of information respondents are most likely to pay attention to
Base: All respondents = 400



In order to examine preferred methods of accessing further information, respondents were asked if they saw something on the PI screen and wanted more information, what they would prefer to do. The question was repeated for accessing more information on a sensitive or very personal health issue. The results are displayed in Figure B-6. The results in relation to accessing both types of information were very similar. The most commonly preferred method was to ask a member of staff (83% for general information and 77% for more personal information). This echoes previous findings that the majority of respondents preferred this method of accessing information to watching a PI screen. A significantly higher number of respondents would visit a website when wishing to access information on a personal issue than more general information (13% versus 7%).

Again, there were no age or sex differences in relation to this variable.

Figure B-6: Methods by which respondents would prefer to access further information if they saw something of interest on the TV screen
Base: All respondents = 400

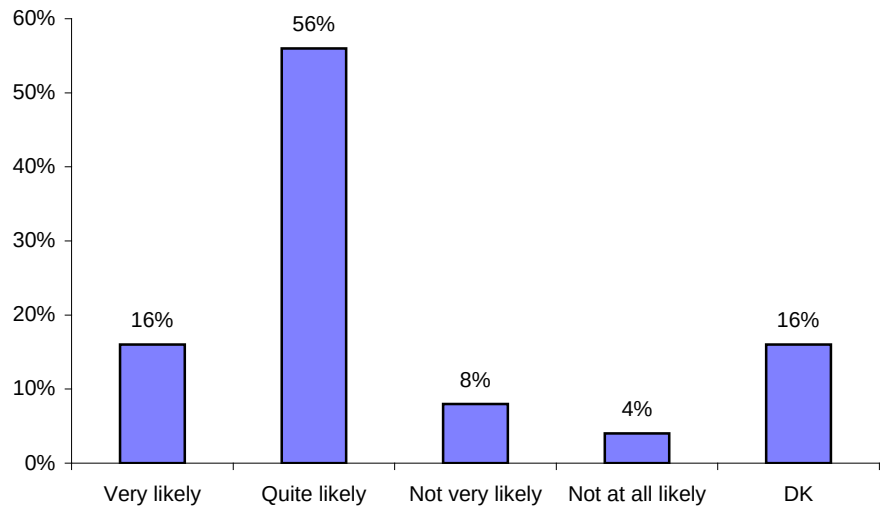


## Using PI screen for health promotion

Respondents were asked if they saw a short film on a health issues that was relevant either to themselves or someone they cared for (e.g. on alcohol and drug awareness, quitting smoking, health eating or immunisation like the swine flu prevention jab) how likely they would be to do something about it.

As can be seen from Figure B-7, just under three quarters (72%) of respondents said they would be likely to do something about it – 56% quite likely and 16% very likely. A further 16% said they did not know if they would do something about it. Again, this would emphasise the potential value of the screens as a way of providing health promotion information that may lead to improvements in health behaviour.

Figure B-7: How likely respondent would be to do something about a health issue after watching a short film
Base: All respondents = 400




The results also indicate that a significantly higher proportion of younger than older respondents indicated they would do something about the health issue after watching a short film (79% aged under 45 years old compared with 67% of those aged over 45 years old).

Respondents were asked for the reasons for this response. The most common response was that respondents would take the information on board (37%), with 17% stressing that they would only attend to the information if it was relevant to them. As these two response options were mutually exclusive, this indicates that 54% of respondents said they would pay attention to the advice and modify their behaviour as a result of watching the film. 11% said watching the short film would raise their awareness of the issue and make them think. However, it should be noted that just under a fifth of respondents (19%) said they would not do much after watching the film.

Table B-10: Reasons why would be likely/unlikely to do something about health issue after watching short film
Base: All respondents = 400

| | |
|---|---|
| Would take advice on board | 37% |
| Would not do much/don't pay attention to these things | 19% |
| Would pay attention/do something only if the issue was relevant to me | 17% |
| Would increase awareness of the issue/make me think | 11% |
| Would like to receive more information on the issue | 8% |
| Would motivate me to do something about the issue | 7% |
| Would ask health staff for more information | 4% |
| Would listen because I was sitting in the waiting area | 3% |
| Would trust the information provided | 2% |
| Would rather speak to a member of staff | 2% |

# C. Conclusions

The results of the current evaluation indicate both the potential value of the screens as a way of providing health information and potentially making a positive impact on the health of those who watch them, while also highlighting the use and impact they are currently having due to the proportion of people who watch the screens and retain the health promotion messages provided.

The results indicate that only half of those interviewed reporting seeing the screen in the waiting area, and in fact, six in ten respondents did not spend any time looking at the screen. This is despite the fact that the significant majority of people were waiting in the areas for between 5 and 15 minutes. The issue was most marked in the Outpatients Department where the highest proportion of respondents waited for up to 15 minutes and yet the lowest proportion viewed the screen. This could perhaps be viewed as a wasted opportunity to provide health information, and may suggest some work in relation to the location and accessibility of the screens and the volume of the audio. Further evidence for the utility of the screens is the fact that some form of visual information was preferred by respondents, in particular visual and audio information. This would further suggest that increasing the volume on the screens may help to ensure more people attend to them.

The results also indicate there is room for improvement in relation to the extent to which individuals recall the health promotion messages provided on the screens. News and weather were the most commonly recalled items, with around a third of respondents mentioning the most prominent health message (on tooth decay in children). It may be that health promotion messages could be relayed in a different manner or tailored more to the target audience in order to have a greater impact. The importance of providing health promotion messages is evidenced by the finding that the majority of respondents (particularly younger respondents) said they would act on a relevant health issue after watching a short film.

The importance of increasing the proportion of people who view the screen is emphasised by the fact that a higher proportion of those who viewed the screens than those who did not perceived them to be helpful in terms of providing information. The results also indicate that the screens were viewed as a preferred method of providing health information than most other formats by the majority of individuals,

other than a health professional or letter from the CHCP. These two methods perhaps offer a more personalised option for respondents. A related finding was that the majority of people looking for further information than that provided on the screens would prefer to ask a staff member (although websites were highlighted as a useful format for accessing further information on a personal issue). It may be that tailoring health promotion messages more to the target group may help to increase the perception that the information has personal relevance for individuals.

The results also indicate that the majority of respondents think the screens should have additional features such as subtitles, sound and an induction loop. They would like the screens to show news and weather, information on what's on in the local area and a facility services guide in addition to health information. The screens were perceived to be useful for providing information in GP and dentist waiting rooms, as well as schools and buses.

To conclude, the research highlights many positive findings about the PI screens in terms of their potential impact in providing health promotion messages, but emphasises the need to re-evaluate details surrounding the screens in order to ensure they have maximum impact. In essence, the research would appear to indicate that the PI screens are a good concept which could potentially have a positive impact on individuals but that the execution of the screens could be improved.