Public Health Wales
UX Discovery Research

Executive Summary

UV2729

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Emma Kirk – Managing Director
Gintare Venzlauskaite – UX Analyst

Project background & methodology

This study aimed to better understand how engaging and impactful PHW work is by exploring the expectations, engagement, impact and experience key audiences have with PHW health intelligence, products and relevant services. The objectives of this project are to understand:

- Is PHW reaching the right audiences, including 3rd sector and hard-to-reach groups?

- What are the levels of engagement with your audiences and how can PHW improve on these?

- Are the topics presented meeting the needs of PHW audiences?

- How well are users' topical priorities matched?

- Is the presentation style (of e.g., infographic) the most effective medium of communication?

- Is the information provided being read and moreover is it actionable?

- Are PHW seen as the 'go to' for health information in Wales?

- Is PHW viewed as trusted?

APPROACH	MIXED METHODS	
TECHNIQUES	SURVEY	INTERVIEWS
SAMPLING	Stratified random	Quota
RECRUITMENT	222 respondents {Public Health Wales}	28 {User Vision}
DATA COLLECTION	3 weeks	2 weeks

Findings | Audience Goals

INTERNAL PHW COLLEAGUES

- Work across system
- Identifying the needs of the organization
- Influencing people
- Informing debates
- Identifying broader determinants of health and wellbeing
- Utilising data to reduce health inequalities
- Advocacy for positive change in PH
- Production of health intelligence

LOCAL AUTHORITIES

- Maintain relationships with PHW
- Mediate between partners, PHW and the public
- Make decisions and evidence-informed responses on the local level
- Measure impact and effectiveness of programmes and interventions
- Tailor partnership and policy frameworks
- Require 'So what?' and 'Why?' analysis

LOCAL PH TEAMS

- Help partners find, access, and interpret information to back their work with evidence
- Inform local decision making, policy and practice
- Require localised information
- Needs data for future forecasting
- Produce risk assessments
- Require 'So what?' and 'Why?' analysis
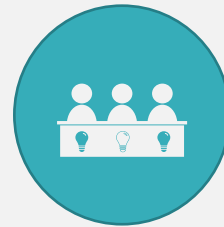
LOCAL HEALTH BOARDS

- Look at own population in order to see how to achieve health outcomes
- Reduce health inequity in a particular geographical area
- Use intelligence to monitor and understand what drives successes and failures
- Communicate to other health board members
- Require 'So what?' and 'Why' analysis

Findings | Audience Goals

GOVERNMENTAL RESEARCHERS

- Support evidence requirements within particular policy team
- Influence decision making by providing evidence
- Helps find relevant information
- Prepare briefs
- Provides advice to government
- Secondary research
- Write articles and informative pieces
- Networking with stakeholders
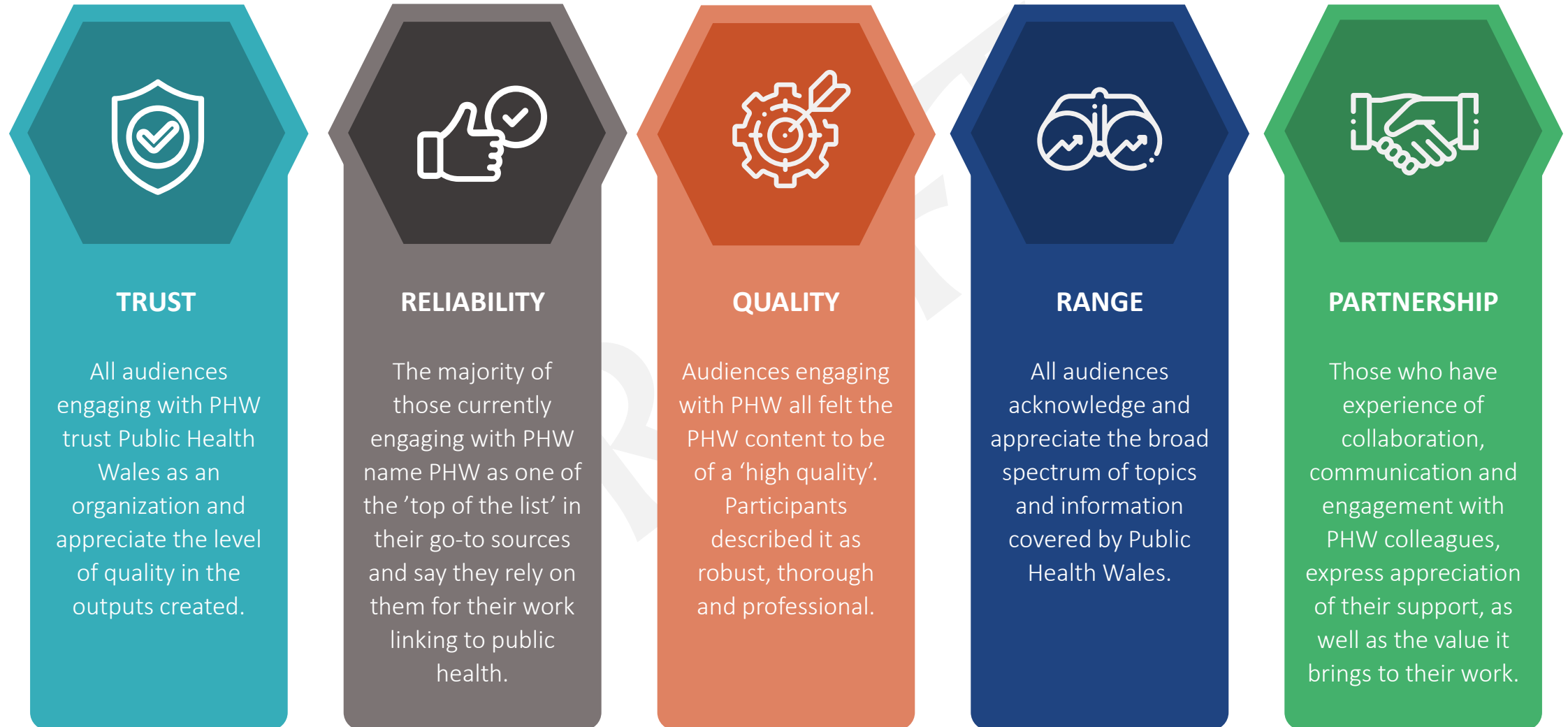- Require 'So what?' and 'Why?' analysis

PRIMARY CARE

- Plan and deliver health care for population of their area
- Get correct message across the community
- Interact with patients
- Monitor how well cluster practices are doing with certain actions
- Work on particular health topics to inform their practice
- Promotion of healthy lifestyle

THIRD SECTOR

- Work on a particular area and/or programmes
- Shares information about relevant issues
- Influence and engage with the public
- Produce their own data
- Partners with PHW around particular projects and/or in response to particular issues
- Works with a range of partners and stakeholders

Findings | What's working well?

TRUST

All audiences engaging with PHW trust Public Health Wales as an organization and appreciate the level of quality in the outputs created.

RELIABILITY

The majority of those currently engaging with PHW name PHW as one of the 'top of the list' in their go-to sources and say they rely on them for their work linking to public health.

QUALITY

Audiences engaging with PHW all felt the PHW content to be of a 'high quality'. Participants described it as robust, thorough and professional.

RANGE

All audiences acknowledge and appreciate the broad spectrum of topics and information covered by Public Health Wales.

PARTNERSHIP

Those who have experience of collaboration, communication and engagement with PHW colleagues, express appreciation of their support, as well as the value it brings to their work.

Findings | Key areas for improvement

For **impact, engagement and outreach** to be greater and serve its audiences better, PHW should focus on the following tasks/issues:

- Improving the website – drawing from best practices, that allow engagement with materials in once space, as well as enabling insights by filtering, cross/inter-sectional data manipulation, comparing and contrasting, observations of trends

- Introducing more consistency across similar products/outputs, whereby the same key components would be included

- Providing clear signposting, summaries, indexing, table of contents

- Increasing facilitation of local health data and relevant intersectional (ideally to the cluster level) as well as data enabling measurement of impact of local actions and interventions

- Continuing to equip users with relevant data manipulation tools and functions (filters, maps, cross-tabulations, comparisons, trends)

- Providing timely, regularly updated health intelligence

- Creating products (and versions of products) by not only having key audiences in mind, but also taking into consideration the audiences they serve and interact with (concise, synthesised, simpler-language, easy to print pass on to digitally poor versions)

- Continuing to have available raw data and complex documents as well as build visually striking products that together meet the needs of a range of audiences

- Being more transparent around how PHW is organised, what the organisation is working on, who the key contact points by topics/areas are

- Initiating more conversations about priority topics and partnerships pertaining to data exchange

- Supporting those influencing change by producing content that facilitates storytelling (contextualisation, qualitative data, basic interpretations)

- Supporting decision making by providing evidence / research-based actionable and operational insights and 'so-what' conclusions to aid future forecasting

> *As a practicing clinician, I have limited time to look for information. To be beneficial, and useful, it needs to be easily accessible*

> *More understanding of the evidence, the potential evidence and data and proactive analysis of international best practice*

> *Often the linkages between datasets that we are looking for are not possible. I have recently been doing work in sexual health and the challenges of 'silo' datasets make it particularly challenging to look at over all health impacts of various services and changes.*

> *Most of what is produced is not updated in a timely way and reflects lines of data with limited or no interpretive analysis. It doesn't draw on other regularly available data sets and bring together related information that helps to create actionable intelligence and insight.*

Personas | PHW Persona overview

Based on the ONS personas characteristics that we felt were relevant to PHW audiences, as well as the insights we drew from interviews and the survey, we altered or adapted some existing personas as well as adding new ones. **NB:** the public were not within scope for this project.

ONS persona	Suggested PHW persona	Reasons for adjusting
Policy influencer	Transformation influencer	We recognised the policy influencer persona through our research, however, there were many others who are informing and advocating for change by influencing actions, interventions, discussions, and collaborations necessary for transformation in a broader sense across many audiences and especially on local level. This persona therefore acknowledges and captures those attributes.
Expert analyst & Technical user	Governmental researcher	While there were one or two users in our research who fit technical user and a few matching expert analyst, their goals, needs, preferences and nature of work were better described as Governmental researcher. This persona also accommodates those whose bread and butter is research (especially secondary), and who not only analyse but also produce outputs (e.g., articles, briefs, academic research etc).
- New -	Healthcare provider	Acknowledging primary care and similar users whose work is largely defined by planning and delivering healthcare, this persona largely emerged from interviews (reinforced by survey patterns) and, after considerable deliberations of clustering them with information foragers, this persona was separated in its own right.
- New -	Information partner	An addition to the PHW persona list, this profile emerged from people who don't necessarily use PHW products often but are keen to collaborate and partner around data production and exchange. Some examples of real audiences may be 3rd sector, Digital Health Wales, other data-driven organisations.
- New-	Voluntary sector	While there weren't enough interview participants to draw from for personas (and we looked into overlaps of their needs with other personas), survey data pointed to the need for a voluntary sector persona.

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Paula
Transformation influencer

" Public health cannot do well without intelligence at its core. In the good world of data, it should tell me: there is a problem. I want to be able to find data and have it provided and explained in a way that I can then share and explain to other people. "

Alex
Healthcare deliverer

" I am a practicing clinician, and I have limited time to look for information. To beneficial and useful, it needs to be easily findable and accessible. "

Robert
Governmental researcher

" Without figuring out what we know already, it is difficult to justify for things to change. Also, our members are incredibly busy, so having something that is time-saving and visually informative is really important to us. "

Dylan
Information partner

" Effective data management is very important because if you don't get that right, the products themselves won't be as good of a value as they could be. And resources are scarce, so we should work as a multidisciplinary organisation bringing different skillsets and data together "

Tara
Voluntary sector

" I am interested in the importance of social connections and the role our sector plays in supporting that "

Moving Forward | What the findings mean to you?

The key priorities to consider are:

Improve access to information
- Website presentation, findability, categorisation
- Clarity of contact points for information on any topic / output
- Links to other internal & external resources to ensure complete data set is available
- Consider 'Fingertips' approach

Improve engagement with materials & impact thereof
- Consistency of presentation formats (e.g. ToC, standardized outputs)
- Localised content – more granular
- Content connected themes – e.g. age, ethnicity, health condition
- Provide comparisons with other areas (UK/Europe)
- Create more actionable insights within content – for future forecasting, 'what-if' scenarios, storytelling
- Ensure timeliness and currency of data – forward looking as far as possible

Improve clarity & transparency for PHW
- Clarity of what PHW are working on / areas of focus
- Named contacts
- Strong links with partners / information sharing
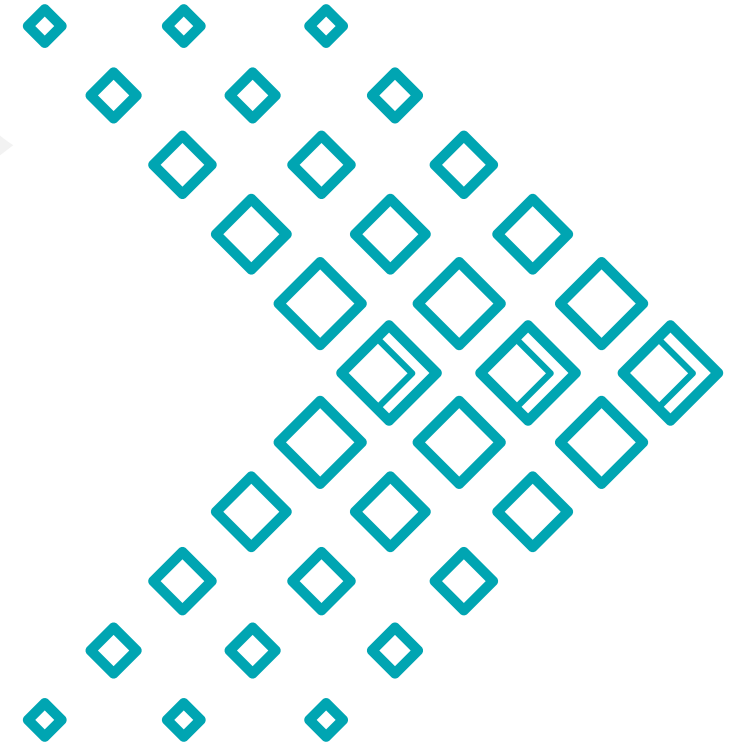
Moving Forward | Next Steps

Full review of the website (including overall UX and Information Architecture) – findability is a key concern currently

Consider True Intent to establish in real-time, for actual site visitors, who they are, what information they are looking for, success / not in finding it and satisfaction levels

Agree product consistencies that can be achieved (e.g. ToC, contacts, links to other internal/external resources etc)

Strategic discussion around Fingertips – could / should this approach be used? What would it take to do this?

Create guidelines for content production

Consider if / how PHW can produce:

- More localised / granular information
- 'why', 'what if' or 'so what' scenarios and conclusions
- Products that can be easily passed on to the public without rework

Emma Kirk

Managing Director

Gintare Venzlauskaite

UX Analyst

🌐 www.uservision.co.uk

✉️ info@uservision.co.uk

🐦 @UserVision

55 North Castle Street
Edinburgh
EH2 3QA
United Kingdom
Tel: 0131 225 0850