SISU HEALTH

Behavioural Science and Public Health Network

Using Behavioural Science and Real-World Data to Simplify Complexity in Community Prevention

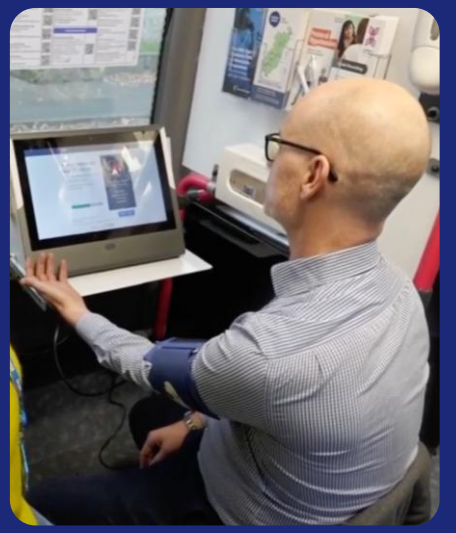
Learnings from 660K+ self-service health checks across UK community settings

Prevention gap: services are available, but engagement remains low

- Low screening uptake persists
- Inequalities remain
- Late detection is common

69%

Of users haven’t had a blood pressure check in the past 12 months



Why people fall through the gap

Fragmented pathways

High effort, low visibility interactions

Mistrust and low health literacy

Digital and access barriers

Outcome:

People disengage before reaching clinical services

Behavioural science as a pathway to impact

1 → 2 → 3 → 4

Opportunity

- Visible, easy access in community settings
- Targeted to priority populations

Engagement & capability

- People use the service
- Increase health awareness and literacy

Motivation & action

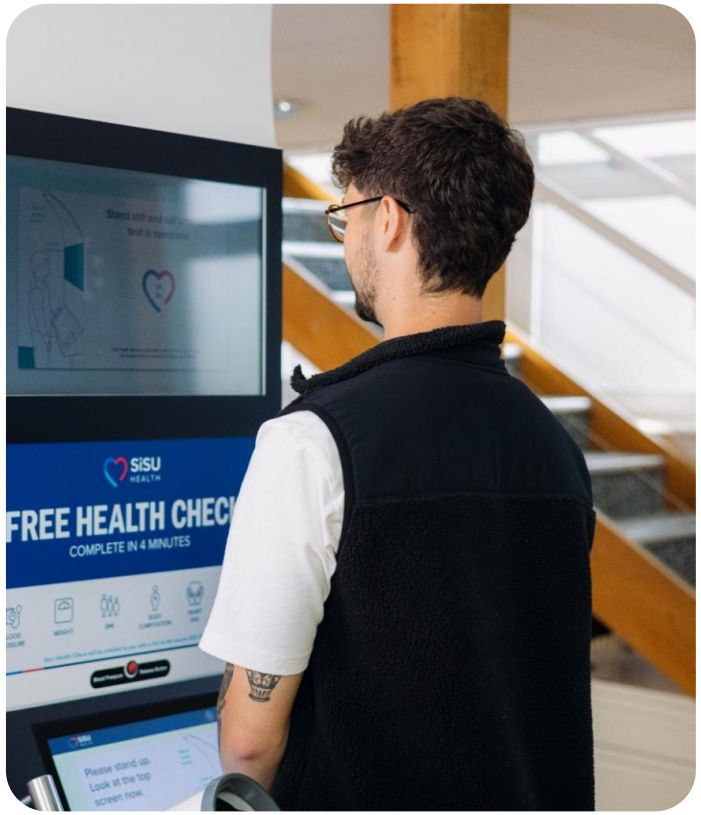
- Motivated to improve health
- Take lifestyle or clinical follow-up actions
- Engage with local pathways

Population impact

- Improved health outcomes
- Reduced inequalities
- Reduced demand on services

Theory of change informed by COM-B

Creating opportunity through accessible self-service health checks



- Free, self-directed health check (<5 minutes)
- No appointment, referral or prior engagement required
- Located in everyday settings:
  - Libraries
  - Pharmacies
  - Community venues
  - Workplaces
  - NHS sites
  - Supermarkets
- 50%+ users from most deprived IMD areas

Behavioural design in practice

Behavioural design	User response
Walk-up, no appointment access	Reaches people outside routine prevention
Immediate personalised results	**30% identified a previously unknown health risk**
Clear, plain-language feedback	Increased understanding and health literacy
Autonomy-supportive journey	**64% motivated to adopt healthier habits**
Behaviourally informed signposting	**10% motivated to visit a healthcare professional**

Findings from SISU Health user surveys completed 48hrs post-health check

Designing for real-world system constraints

- Digital exclusion → Visible, walk-up access in physical locations
- Low health literacy → Plain language and simple feedback
- Mistrust → Familiar local environments and community presence
- Pathway variation → Locally configured signposting

Co-designed with local public health and system partners

Evidence of impact

87%

Reported making healthier choices after 12 weeks

+72

Loved by users (NPS score of +72)

20%

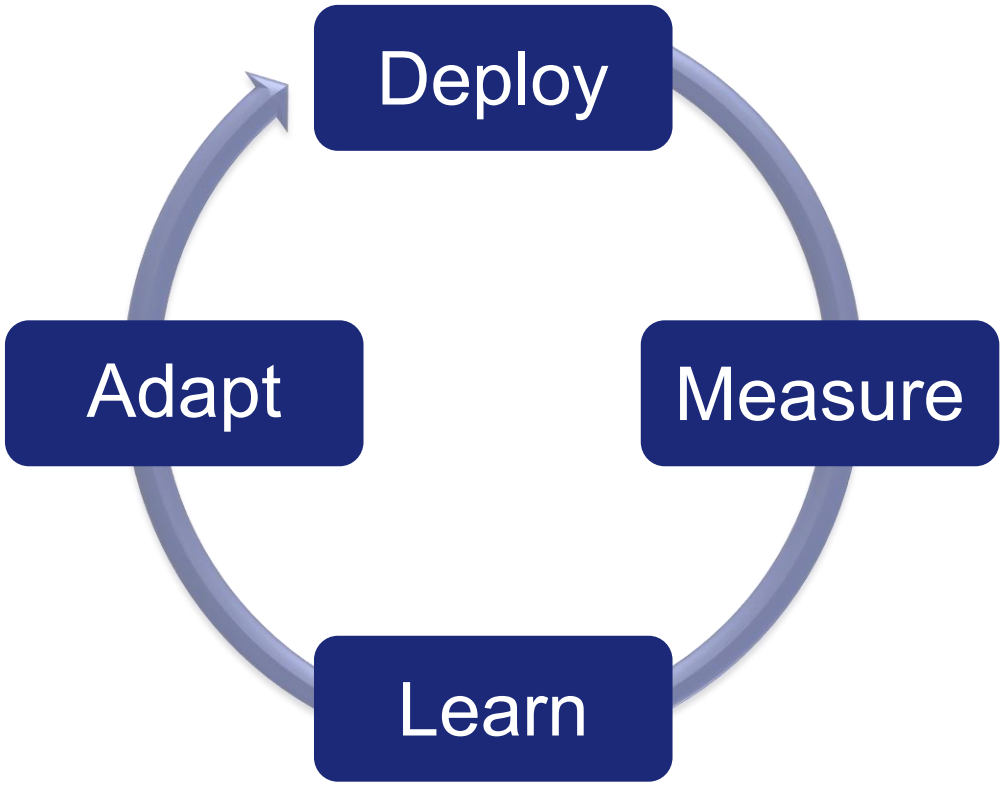
Saw a healthcare professional after their check

18%

Of repeat users reduced blood pressure risk

Findings from SISU Health station data and user surveys completed 48hrs and 12 weeks post-health check

Delivery and data as learning systems



Real-time data enables:

- Identification of underserved groups
- Drop-off analysis across the user journey
- Optimisation of placement and design

What this means for complex prevention systems

- Simplify decision environments, not people
- Modular interventions fit complex local systems better
- Real-world data should drive continuous adaptation

Complexity isn’t something to eliminate – it’s something to design for.

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Thank you – any questions?