

Local government public health briefings

Local government public health briefing on behaviour change

<http://publications.nice.org.uk/phb7>

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Introduction

This briefing summarises NICE's recommendations for local authorities and partner organisations on the general principles that should be used when considering the commissioning, planning, content and evaluation of initiatives to support behaviour change at individual, community and population levels. Behaviour change interventions are coordinated sets of activities that seek to change specific health-related behaviours.

Although this briefing focuses on health-related behaviour change, the principles may be useful for planning and delivering behaviour change in other areas of local government work such as promoting school attendance, reducing littering and improving recycling.

The information in this briefing may be particularly relevant to health and wellbeing boards carrying out joint strategic needs assessment and creating joint health and wellbeing strategies. It will help local authorities with their commissioning responsibilities for a wide range of public health services and with their duty to provide clinical commissioning groups with population health advice, information and expertise (Public health in local government). The briefing may also be of interest to clinical commissioning groups when preparing and revising commission plans, and to those responsible for developing behaviour change interventions.

Following the [principles](#) and [action plan](#) outlined in this briefing for planning and commissioning behaviour change initiatives will increase the likelihood of improving population health. It will also support the efficient and effective use of public health resources, resulting in [cost savings](#).

This briefing should be read in conjunction with other local government public health briefings from NICE, in particular that on [health inequalities and population health](#), which also provides cross-cutting information fundamental to the work of public health.

Interventions to change behaviour can substantially alter patterns of disease

Chronic diseases such as cardiovascular diseases, cancers, respiratory diseases and diabetes are a major cause of death and disability. They are closely linked to behaviours and lifestyle factors that can be changed; for example, smoking, an unhealthy diet, low levels of physical activity, being overweight, risky sexual behaviour, and harmful alcohol use are all [known to increase the risk of, or cause, a range of diseases](#). Making changes in 1 or more of these areas will help people significantly reduce their risk of illness. This in turn leads to a reduction in population levels of death and disability, and a reduction in costs to local and national government for associated healthcare, social care and benefits.

Successful interventions need effective planning, delivery and evaluation

Interventions aimed at changing people's health-related behaviours have considerable potential for improving people's health and wellbeing, but not all interventions are effective in achieving their goals. Successful behaviour change interventions or programmes employ effective behaviour change techniques and principles and have a theoretical basis for the design and evaluation – this ensures better outcomes, and helps in understanding why an intervention is effective or not ([Complex interventions guidance](#)).

What is effective?

Investment in behaviour change interventions and programmes should be based on the best available evidence of [effectiveness](#). [Well-conducted evaluation studies](#) and [randomised controlled trials](#) – with minimal [bias](#) – give the best quality evidence. Anecdotal evidence and

smaller or poorly conducted studies are less [reliable](#) and should not be used as a basis for investment decisions. Good studies may not always be available for a particular topic, and searching through published research and interpreting the findings takes time, resources and expertise. Fortunately, organisations and resources such as [NICE](#), [NHS Evidence](#) and [Cochrane Reviews](#) provide good quality guidance and evidence summaries that can help local authorities choose appropriate behaviour change interventions or programmes to invest in for a particular topic, population or setting.

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation providing guidance on the promotion of good health and the prevention and treatment of ill health.

For further information on how to use this briefing and how it was developed, see [About this briefing](#).

What to consider when commissioning behaviour change interventions and programmes

Suitable topics

Many of the public health services that local authorities commission involve interventions aimed at changing specific behaviours. Areas suitable for behaviour change interventions and programmes include sexual health, physical activity, nutrition, obesity, drug misuse, alcohol misuse, tobacco use, oral health behaviours and injury prevention, in a variety of settings including the workplace and schools.

Evaluate effectiveness

By following the principles in this briefing, local authorities can commission interventions and programmes to support attitude and behaviour change that are likely to be effective and cost-effective. Experience and [evaluation](#) will increase efficiency by providing information that can be used to make further improvements to interventions or programmes and guide investment or disinvestment.

What programmes can achieve

Meet new public health responsibilities

Supporting people of all ages to change their behaviours and lead healthier lifestyles can help local authorities meet their new public health responsibilities.

In particular, this will help meet a range of indicators identified in the [Public Health Outcomes Framework](#). (Topics covered include: excess weight, smoking prevalence, proportion of physically active and inactive adults, and mortality from all cardiovascular diseases.) It will also help support outcome measures in the [Adult Social Care Outcomes Framework](#), such as, 'Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.'

Improve population health and wellbeing

Local authorities influence the behaviour of large populations and can contribute significantly to the general health of their residents, which in turn can affect the health of the whole nation.

Modifying risk factors (for example, increasing physical activity and reducing alcohol consumption) improves population health and wellbeing by reducing chronic diseases, premature deaths, disabilities and injuries and by improving mental health and quality of life. Details of what local authorities can achieve by addressing specific behaviours can be found in the relevant [local government public health briefings](#) and a general overview can be found in the [Health inequalities and population health](#) briefing. Examples of policies that may affect the entire local population include local licensing arrangements and attempts to combat the sale of alcohol to minors.

Reduce health inequalities

Health inequalities in England cost the tax payer between £31 billion and £33 billion per year in terms of lost productivity, and result in lost taxes and higher welfare payments in the range of £20–£32 billion per year ([Overall costs of health inequalities](#); submission to the Marmot Review).

Rates of some 'unhealthy' behaviours – such as smoking – have decreased in the general population. But the gap between higher and lower socioeconomic groups, in terms of health-

related behaviours and associated diseases and health outcomes, has actually widened ([Marmot indicators for local authorities in England, 2012](#)).

Ethnicity is also related to an increased risk of some chronic diseases such as type 2 diabetes. By undertaking joint strategic needs assessments that identify populations at high risk of lifestyle-related diseases or conditions, local authorities can develop strategies that target lifestyle interventions for these groups, thereby helping to reduce health inequalities.

Develop social approval for health-enhancing behaviours

Health and health-related behaviours are highly influenced by and dependent on the social and environmental context ([Commission on Social Determinants of Health – final report](#)). Local authorities are ideally placed to identify and attempt to remove social, financial and environmental barriers that prevent people from making positive changes in their lives, for example by tackling local poverty, employment or education issues ([The social determinants of health and the role of local government](#)).

Cut the cost of local public services and help boost the local economy

Poor health affects the economy and local services. Improvements in physical and mental health reduce demand on health and social care services, reduce sickness absence (NICE local government public health briefing on [workplace health](#)), and therefore reduce costs to the local economy.

Improve the environment

Changes from car use to more physically active travel such as walking and cycling (see NICE local government public health briefings on [physical activity](#) and [walking and cycling](#)) can improve traffic flow and air quality as well as health. Behaviour change principles can also be successfully applied to changing behaviour not directly related to health, such as energy use ([Energy use behaviour change](#)).

What NICE says

NICE guidance offers:

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- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
 - an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
 - an assessment of the effectiveness and cost effectiveness of public health interventions.

NICE's recommendations on behaviour change will help you make the best and most efficient use of resources to improve the health of people in your area. Further guidance on changing individual behaviour, and on choice architecture ('nudge') interventions is in development. Details of any further new guidance that NICE is developing on behaviour change will be available on our website.

The principles given in this section are taken from NICE's public health guidance on behaviour change (unless specified otherwise). These principles can be applied to any programme that is aiming to change a specified behaviour. A programme may relate directly to physical health (such as sexual health behaviours), or to more general factors that affect a person's social environment, such as the physical environment (for example, energy use or littering) or safety (for example, using car seat belts). Links to NICE's recommendations on interventions aimed at specific types of behaviour are also included.

Planning interventions

Recommendations on planning behaviour change interventions and programmes may complement guidance on how to undertake joint strategic needs assessment and develop joint health and wellbeing strategies. Planning to change health-related behaviour should:

- be undertaken in partnership with service providers, practitioners, other relevant organisations and communities
- be informed by the circumstances in which people live, especially the socioeconomic and cultural context
- assess potential barriers to change (such as lack of access to affordable opportunities for physical activity, or lack of appropriate information or resources) and identify how these might be addressed.

As part of the joint health and wellbeing strategy, set out which specific behaviours are to be targeted and why. Also do the following:

- Ensure the social and environmental context is taken into account and consider how it may affect the effectiveness of the intervention or programme.
- Set out how the target population will be involved in developing, evaluating and implementing the intervention or programme (see NICE guidance on [community engagement](#)).
- Specify the theoretical link – the way in which the desired change will be produced and sustained – between the intervention or programme and its outcome.
- Describe the content of each intervention or programme.
- Set out which processes and outcomes will be measured and how, and include provision for [evaluation](#).

Prioritise commissioning interventions or programmes that include the above elements and are based on the best available evidence of effectiveness and cost effectiveness. [NICE public health guidance](#) and [Cochrane Reviews](#) are useful sources of effective and cost-effective public health interventions.

Social context

Prioritise interventions and programmes that help develop social approval for health-enhancing behaviours in local communities and whole populations. Use local surveillance data and support structural improvements to help people who find it difficult to change, or who are not motivated. These improvements could include changes to the physical environment or to service delivery, access and provision. NICE guidance on:

- 'Physical activity and the environment' includes recommendations on [how to improve the physical environment to encourage physical activity](#)
- 'Preventing unintentional injuries among under-15s' includes recommendations on [measures to reduce speed and promote speed reduction](#)

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- 'Preventing type 2 diabetes' includes recommendations on taking account of the social and environmental context when developing and delivering [community and population level interventions to prevent type 2 diabetes](#).

Education and training

Assess the capacity of the public health workforce to design, implement, deliver and evaluate interventions and programmes that aim to change behaviour.

An education and training strategy to support those involved in helping to change people's behaviour (in NHS and non-NHS settings) could improve effectiveness. Also consider the education and training needs of community members and volunteers with a responsibility for behaviour change (for example, see NICE guidance on [community engagement](#) for recommendations on appropriate training and development for those working with communities).

Ensure fair and equitable access to education and training, to enable practitioners and volunteers to develop their skills and competencies. Provide training and support to develop the full range of competencies needed, including the ability to:

- identify and assess evidence on behaviour change
- understand the evidence on the psychological, social, economic and cultural determinants of behaviour
- interpret relevant data on local or national needs and characteristics
- design, implement and evaluate interventions and programmes
- work in partnership with members of the target populations and those with local knowledge (for example, [Preventing type 2 diabetes](#) recommends using community resources and lay and peer workers to tailor interventions and target communities at high risk of type 2 diabetes).

Interventions at population, community and individual levels

Behaviour change is most likely to occur and be sustained through a combination of population, community and individual-level interventions. Local authorities should ensure they are clear about which level a programme or intervention is aimed at.

There can be difficulties distinguishing between individual, community and population-level interventions. Table 1 gives examples of interventions NICE has recommended that target different levels to achieve a single outcome (in this case, increasing physical activity).

Table 1 Intervention levels

Intervention level	Example of intervention type
Population	As part of a wider health promotion campaign, distributing materials such as leaflets to the whole population, highlighting (among other things) the importance of being physically active, adopting a healthy diet and being a healthy weight
Community	Addressing local infrastructure and planning issues that may discourage people in a specific geographical area from cycling. For example, ensuring local facilities and services are easily accessible by bicycle and making changes to existing roads, where necessary, to improve safety, and reduce traffic speeds in a specific area (perhaps to focus on a specific deprived community)
Individual	Regular one-to-one support to help people develop a long-term walking habit is offered to specific people, or families, selected because of a particular biomarker (for example, a body mass index indicative of obesity) or health status

Populations

Local authorities should deliver population-level strategies, interventions and programmes tailored to specific, health-related behaviours. They could include:

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- local campaigns that implement or build on national campaigns aimed at changing behaviour (for examples, see [Skin cancer prevention](#))
 - local advertising and mass media campaigns (for example, information campaigns, and promoting positive role models and health-enhancing behaviours) (for examples, see [Preventing the uptake of smoking by children and young people](#))
 - point of sale promotions and interventions, such as working in partnership with private sector organisations to offer information, price reductions or other promotions.

Communities

Invest in interventions and programmes that:

- promote and develop positive parental skills and enhance relationships between children and their carers (for examples, see [Social and emotional wellbeing in primary education](#))
- develop and maintain supportive social networks and relationships, such as extended family networks (for examples, see [Community engagement](#))
- support organisations and institutions that offer opportunities for local people to take part in the planning and delivery of services
- support organisations and institutions that promote participation in leisure and voluntary activities
- promote resilience and build skills, by promoting positive social networks and helping to develop relationships
- promote access to the financial and material resources needed to facilitate behaviour change.

Also see NICE guidance on: [Preventing type 2 diabetes](#) and [Promoting physical activity for children and young people](#).

Individuals

Select interventions that motivate and support people to:

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- understand the short, medium and longer-term consequences of their health-related behaviours, for themselves and others
 - recognise how their motivations, social contexts and relationships may affect their behaviour, and identify and plan for situations that might undermine the changes they are trying to make
 - develop belief in their ability to succeed in a particular situation (self-efficacy)
 - feel positive about the benefits of health-enhancing behaviours and changing their behaviour
 - plan their changes in terms of easy steps over time
 - plan explicit 'if-then' coping strategies to prevent relapse
 - make a personal commitment to adopt health-enhancing behaviours by setting (and recording) goals, over a specified time
 - share their behaviour change goals with others.

For example, NICE guidance on [Preventing type 2 diabetes](#) includes recommendations on providing effective, cost-effective and appropriate individual level interventions for people at high risk of type 2 diabetes.

Monitoring and evaluation – effectiveness and cost effectiveness

It is important to ensure that all behaviour change interventions and programmes are evaluated either locally or as part of a larger project. If possible this evaluation should include an economic component.

If an intervention has already been rigorously evaluated (for example, in [NICE public health guidance](#)), [monitoring](#) rather than a full evaluation is likely to be sufficient. If the evidence suggests that an intervention is not effective, or may not be applicable to a local population, then disinvestment and alternative interventions should be considered. If local authorities wish to commission an intervention or service that is novel, or that lacks evidence about its effectiveness, it should be carefully evaluated to assess the process and impact of the intervention.

Ensure funding applications and project plans for new interventions and programmes include specific provision for evaluation and monitoring.

Ensure that the effectiveness, acceptability, feasibility, equity and safety of behaviour change interventions and programmes are evaluated using appropriate process or outcome measures at individual, community and population levels.

Further details on assessing cost effectiveness can be found in [Behaviour change](#), principle 8.

Examples of good practice

Examples of how NICE's advice on behaviour change has been put into practice can be found on our [shared learning database](#). These include:

- [Implementing evidence-based practice into local authority setting](#)
- [Making every contact count: implementing NICE behaviour change guidance](#)
- [Enthusiasm for life: creative stimulation and behaviour change for older people and others](#)
- [Using a social marketing approach to influence students aged between 16 to 24 years old to increase their levels of physical activity and adopt healthy eating behaviours.](#)

Note that the examples of practice included in this database aim to share learning among NHS and partner organisations, and do not replace the guidance.

Developing an action plan

It is important that those planning health improvement interventions are clear about the behaviours that need to be changed, any contextual changes that also need to be made, and the level at which the intervention will be delivered (individual, community or population). The box below poses a range of questions to ask when planning and commissioning interventions.

Planning and commissioning questions

1. Whose health are you seeking to improve (target populations)?
2. What behaviour are you seeking to change (behavioural target)?
3. What contextual factors need to be taken into account (what are the barriers to and opportunities for change, and what are the strengths or potential of the people you are working with)?
4. What are the training needs of those delivering the intervention?
5. How will you know if you have succeeded in changing behaviour (what are your intended outcomes and outcome measures)?
6. Which social factors may directly affect the behaviour, and can they be tackled?
7. What assumptions have been made about the theoretical links between the intervention and outcome?
8. Has priority been given to interventions and programmes that:
 - are based on the best available evidence of effectiveness and cost effectiveness
 - are consistent with other local or national interventions and programmes (if they are based on the best available evidence)
 - can be tailored to tackle the individual beliefs, attitudes, intentions, skills and knowledge associated with the target behaviours
 - are developed in collaboration with the target population, community or group and take account of lay wisdom about barriers and change (if possible)
 - use key life stages or times when people are more likely to be open to change such as pregnancy, starting or leaving school, moving house, entering or leaving the workforce
 - include provision for monitoring and evaluation?

Costs and savings

The [NICE costing statement](#) on the behaviour change guidance highlighted that implementing the principles outlined in this briefing will lead to more efficient and effective use of public health resources, resulting in cost savings in the longer term. NICE is developing a public health briefing for local government on [return on investment](#), which will give further details on costs and savings.

Support for planning, review and scrutiny

A range of support tools are available from [Into practice](#) on our website. They can help you identify local needs and assist with planning and scrutiny activities.

Other useful resources and advice

The following resources produced by other organisations may also be useful:

- [Health profiles](#) from The Network of Public Health Organisations provide information on health, risk factor prevalence and health inequalities within local authorities for adults and children; and further details on children's health and wellbeing are available in the Child and Maternal Health Observatory's [Child health profiles](#).
- Facts and figures on health and lifestyles in England are provided by the [NHS Information Centre](#).
- Facts and figures on various risk factors, and communicable and non-communicable diseases, are available from the World Health Organization's [Health topics](#).
- Research and review databases such as the Centre for Reviews and Dissemination [Database of Abstracts of Reviews of Effectiveness](#), the [Cochrane Library](#), [Medline](#), and the [Applied and Social Sciences Index and Abstracts](#) provide up-to-date evidence on the effectiveness of interventions and programmes aimed at changing behaviour.
- [NHS evidence](#) is also a useful evidence and best practice resource.
- The [NHS Economic Evaluation Database](#) provides useful information on the cost effectiveness of interventions and programmes.

Glossary

Bias

Influences on a study that can make the results look better or worse than they really are. (Bias can even make it look as if a treatment works when it does not.) Bias can occur by chance, deliberately or as a result of systematic errors in the design and execution of a study. It can also occur at different stages in the research process, for example, during the collection, analysis, interpretation, publication or review of research data.

Cost effectiveness

Value for money. An intervention is said to be 'cost-effective' if it leads to better health than would otherwise be achieved by using the resources in other ways.

Effectiveness

How beneficial a test or treatment is under usual or everyday conditions, compared with doing nothing or opting for another type of care.

Evaluation

An assessment of an intervention (for example, a treatment, service, project, or programme) to see whether it achieves its aims.

Key life stages

People, communities or populations may be particularly vulnerable to negative health outcomes during major life changes and transition points. These key stages are also times when people are more likely to be in contact with services, and may provide a good opportunity for intervention and positive change. Examples of key life stages include:

- pregnancy (including pre-conception planning)
- the 1st year of life

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- starting each stage of education (ages 3, 4+, 7 and 11)
 - becoming sexually active
 - start or end of paid employment
 - start or end of a long-term relationship
 - menopause
 - start or end of caring for dependents
 - onset of chronic disease
 - dying and death.

See [Fair society healthy lives](#) (The Marmot Review) for further information.

Monitoring

Monitoring involves routinely collecting information on a day-to-day basis and using shared information resources and statistics to keep local and national health activity under surveillance. It is part of quality and safety assurance.

Randomised controlled trial

A study in which a number of similar people are randomly assigned to 2 (or more) groups to test a specific drug or treatment. One group (the experimental group) receives the treatment being tested, and the other (the comparison or control group) receives an alternative treatment, a dummy treatment (placebo) or no treatment at all. The groups are followed up to see how effective the experimental treatment was. Outcomes are measured at specific times and any difference in response between the groups is assessed statistically. This method is also used to reduce bias.

Reliability

A result is considered reliable if it is the same or similar each time a study is repeated with a different population or group.

Well-conducted evaluation studies

Appendix D of Methods for the development of NICE public health guidance (third edition) gives details of various study designs, the internal validity (the extent to which the cause-and-effect relationships in a study are true for the people and conditions of the study, which is a measure of how well it has been designed) and how to assess the quality of a study.

About this briefing

This briefing is based on NICE guidance published up to August 2012 that includes advice on behaviour change. This briefing was written with advice from NICE's Local Government Reference Group and using feedback from council officers and elected members.

It is for local authorities and their partner organisations in the health and voluntary sectors, in particular those involved with health and wellbeing boards. This includes local authority officers and councillors, directors of public health, and commissioners and directors of adult social care and children's services. It will also be relevant to members of local authority scrutiny committees.

This briefing may be used alongside the local joint strategic needs assessment to support the development of the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

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