

**NICE PUBLIC HEALTH PROGRAMME GUIDANCE
BEHAVIOUR CHANGE**

**2nd meeting of the Programme Development Group
Wednesday 6th September 2006, Strand Palace Hotel, London.**

MINUTES

Attendees:	<p><i>Members</i> Charles Abraham, Mildred Blaxter (Chair), Vimla Dodd, Karen Jochelson, Miranda Lewis, Terence Lewis, Ray Pawson, Jennie Popay, Stephen Sutton, Martin White, Ann Williams.</p> <p>Co-opted members: Robert West</p> <p><i>NICE</i> Chris Carmona, Alastair Fischer, Jane Huntley, Mike Kelly, Lesley Owen, Catherine Swann, Clare Wohlgenuth.</p> <p><i>NICE observers</i> None</p> <p><i>Review Team:</i> Paul Broughton, Martine Stead</p> <p>A stenographer was present.</p>
Apologies:	Vicky Cattell, Julia Fox-Rushby, Christine Godfrey, Roisin Pill, Miranda Mugford, Wendy Stainton Rogers, David Woodhead
Audience:	None

ACTION POINTS HIGHLIGHTED IN YELLOW

Agenda Item	Minutes	Action:
1.		
Welcome and introductions	Mildred Blaxter welcomed the group.	
(Mildred Blaxter)		
2.		
Declaration of interest	Relevant papers: BC2-1	
(Mildred Blaxter)	A roundtable of previously undeclared declarations took place: Karen Jochelson has written on road safety. The Kings Fund, of which Karen is an employee, will also be holding a conference and producing	

a report on behaviour change next year.

Robert West has worked in both smoking and pharmaceutical fields. Robert is on the Board of QUIT.

Jennie Popay is a researcher and often receives grants although is currently not in receipt of any grants relevant to this project. Jennie is also a governor of a charitable arm of BUPA.

Mike Kelly asked the PDG to read and comment on the Conflicts of Interest paper. Comments to be made directly to Mike on mike.kelly@nice.org.uk

**PDG
Members**

3.

Minutes of last meeting.

Relevant papers: BC1-MINUTES

Mildred Blaxter

Section 4 – Catherine Swann noted that the 3rd section of today’s review will be discussed at December PDG meeting. An extra PDG meeting will be held on 12th December 2006 (the 11th Dec meeting still stands, making this PDG a two day meeting). Members were asked to note the meeting dates in their packs.

**PDG
Members**

Section 5 – open email system not yet set up. It was agreed that it would be useful to set up a web board. NICE to set up a web board and a group email address for PDG members, this email address will be used to inform members when new areas are being discussed on the web board.

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Item 3 - Martin White’s declaration should read ‘actively involved in research in behaviour change, a member of the Regional Tobacco Control Office funded by the NHS and local government departments in the North East.

4.

Review of evidence: Effectiveness of interventions, models and approaches applied outside public health. Road Safety and Environment

Relevant papers: BC2-2 & BC2-3

A discussion of the review took place among the PDG members, with points of clarification being provided by the reviewers, Martine Stead and Paul Broughton:

Concerns were raised as to whether there was sufficient evidence in the review to be able to make recommendations. The reviewers shared this concern but noted that this is the level of evidence that is available at review level.

A further concern was raised, in that the effects observed in the interventions covered by the review were relatively short-lived. It was pointed out that we would not be making recommendations to replicate these interventions; it was an exercise to broaden our awareness of methods employed to change behaviour and the review had identified some interesting techniques.

While it was noted that this was a useful mapping exercise concerns were raised regarding the issue of transferability across fields and the

creation of recommendations. The NICE team reiterated that the objective of this review is not to make recommendations on the specific topics covered in the review but to take the learning from these different areas so as to transfer across public health. The NICE team had drafted a first set of general recommendations, which were included in the pack of papers, for the purpose of debate.

Economic barriers and incentives to change were discussed, including the evidence from other countries such as France, where state benefits depend on a child's immunization. However, it was noted that the review demonstrated that economic barriers were not the only reason for lack of behaviour change. To understand this behaviour it is necessary to use qualitative evidence to understand, for instance, why people refuse to wear cycle helmets, or why smoke alarms are used inappropriately even when provided freely. Qualitative research was discussed generally in relation to understanding of what works in reality and why.

Queries were raised concerning the papers excluded by the authors of this review. They explained that all the papers listed were excluded on the basis that they were not reviews, that quality was an issue, or they were related to work already included in other reviews.

Concerns were expressed about whether some areas had not been covered. The authors explained that there were evidence gaps at review level, eg in relation to speeding behaviour, driving behaviour in general, horse riding on roads. In response, Robert West alerted the meeting to a review just completed by the Department of Transport on driving behaviours; Robert will circulate this review to PDG members. The NICE team will check whether the Department of Transport have registered as stakeholders on this programme of work. Miranda Lewis also highlighted a review, produced by DEFRA, of interest to the meeting on recycling behaviours. It was noted that this review supports the findings of the review discussed today. The review should be made available to the group.

The point was made that the same methods of influencing behaviour cannot be used across different areas; an example was given that whilst it might be appropriate to punish those who do not wear seatbelts in motor vehicles, it is not appropriate to punish those who do not attend cancer screening sessions or those who eat an unhealthy diet. So whilst we may know that a particular technique effectively changes behaviour, the issue of acceptability has to be considered.

Robert West

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Literature from the USA was highlighted, regarding structures that are created to ensure better decision making, for example, donor schemes exist where everyone is a donor unless they opt out. As a result, many do not bother to opt out and the pool of donors is increased. The idea of creating legislation to support better decision making was discussed, with the success of the traffic light system for food being noted.

Miranda Lewis

It was acknowledged that this programme of work will challenge the boundaries/remit of NICE. A need to consider acceptability and controversy was noted. An example of such controversial recommendations would be the introduction of legislation for 0% blood alcohol concentration levels (BAC) for new drivers. PDG members were informed of a potentially useful review by the Nuffield Trust about acceptability to the general public. The NICE team confirmed that the PDG does have the opportunity to make recommendations regarding public health policy.

Concern was raised that review level material may not be where we will find the useful primary evidence. The NICE team explained that for every review commissioned by CPHE both primary and secondary data are considered, however, for this review there were not the resources to go beyond review level evidence. PDG members were informed that this programme of work is a starting point and will most likely lead to further work in the future.

A discussion took place regarding the language to be used in the recommendations. Clear definitions were seen as crucial, such as defining the difference between 'goal setting' and 'making a commitment' and also regarding the crossover of terms it was seen as important to be consistent, for example, is a 'prompt' handing out leaflets or is this a 'health education strategy'? 'Prompt' was considered too vague a term.

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Making recommendations useful to those in the field was discussed. The idea of one intervention not usually being sufficient was raised, with a range of techniques over a time span being more effective at changing behaviour. There is a need to consider the unintended negative impacts of interventions, such as educating young drivers resulting in a higher rate of accidents. While a single RCT would be able to provide specific context limited information which would be useful for Directors of Public Health, this is at odds with this exercise, which aims to review of cross cutting mechanisms.

Concern was raised that data on the differential effects of changing behaviour on social class inequalities were not captured at the level of this review. It was acknowledged that data on this exist in a variety of areas, but are rarely reported at review level. It was acknowledge that it is known that data on social inequalities exists but is at the primary level and hence the lack of data on social inequalities presented in this review is a limitation of the methods employed. In defence of the methods employed, it was outlined that primary level data is so context specific that it is doubtful whether it would have been possible to have created generalised, cross-cutting recommendations

A discussion followed regarding the significance of the evidence base. Alastair Fischer, the health economist for this programme of work, put across an argument that even if outcomes are not statistically significant it is helpful to consider the direction of the outcome, that is, using a p value of 0.5 rather than 0.05. Concerns were expressed with this view, which was considered as relaxing the rules regarding effectiveness. A reminder was made that when considering effect sizes it is important to consider the reach of the intervention, as an intervention that has a small effect size on a population is more important than a big effect size on small group.

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Open discussion and drafting of recommendations

Relevant papers: BC2-2 and BC2-3

The draft recommendations compiled by the NICE team were discussed. Comments were as follows:

Draft recommendation #13

- With regards to short term effectiveness, just because long term effects are not known interventions should not be discounted.
- There is a need to map possibilities regarding the length of effect, for example, a legislative framework will remain in place and hence the intervention will remain effective in the long term, whereas a media campaign will only in place for limited time and its effect therefore is likely to be time limited also.
- There is a need to consider whether recommendations will have unintended consequence, for example, with the introduction of seat belts, people began to drive faster.
- There is a need to address social inequalities; some interventions, such as water fluoridation will address social inequalities, while others will potentially widen the gap.
- It was noted that just because an intervention needs to be continuously administered, such as the case for smoking cessation interventions, it does not mean that it is not worth doing.
- The level of abstraction of the recommendations was felt to be too high, with there being a need for a middle level of abstraction. There is a need for greater specificity, for example, in the case of this recommendation under what circumstances would the intervention dwindle?
- It was suggested that the best approach might be to make recommendations for each area/intervention, for as it currently stands, 'environmental' is too vague a term.
- The issue of defining terms arose again; there is a need to define what we understand by the term 'sustainability'.
- The question of technical solutions to behaviour change was discussed. It was noted that this was more practical in some areas than others: for instance, the prevention of mobile phone use in motor vehicles. It was important to acknowledge that such approaches might change behaviour but not knowledge or attitudes.
- The role of legislative approaches were discussed, it was commented that Australia, New Zealand and USA make greater use of legislative approaches with the UK lagging behind. It was felt that Australia has benefited from using such an approach, which is also cost effective.

The idea of producing another review was raised, perhaps a rapid review of the literature, containing examples of the impacts of behaviour change interventions on social inequalities. It would not need to be systematic. This was felt to be a useful idea. It might be practical to concentrate on one area or to provide case studies in different areas, maybe using a purposive sampling technique to show a variety of contexts in which interventions have an impact. The PDG were asked to be as specific as possible about the remit of this potential review as time is limited. The NICE team will consider this idea after the meeting, taking into account time/money/people resources..

Draft recommendation #14

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- Too general to be helpful. The term 'may' has no explanatory power.
- Concerns regarding the evidence on which this recommendation is based, 4 out of 5 of the evidence statements are of low quality and the 5th evidence statement makes a different point.
- 'Social cultural pressures' and 'social norms' – these terms need to be unpacked, at the moment they are too broad to be meaningful.
- Though this draft recommendation should not go forward in its present form, it was important not to lose sight completely of the suggestion that social and cultural factors need to be taken into account. Those to whom the recommendations are addressed are not always aware of this.
- Need to ensure we do not stereotype regarding culture, there are lots of prejudices in health field regarding culture. It was noted that culture is not so important when there are more pressing issues such as insufficient food or accommodation, in these instances culture takes a back seat. However, other examples were provided of where culture would need to be considered such as when obesity is seen as a sign of fertility so message of importance of a low fat diet are not heard.
- At the next meeting an expert witness on social marketing (framework) will be brought in. Gerard Hastings, head of Institute of Social Marketing, will also attend next meeting.

Draft recommendation #15

- The list of techniques mentioned here includes many different things, and it was thought they should be clearly defined and illustrated with examples. The NICE team is to consider the creation of a typology of intervention characteristics.
- The NICE team highlighted that these examples might possibly be attained from the Evidence Briefings and Reviews produced under the Health Development Agency. The NICE team will search for examples from this archive.
- It was suggested that the work of Jeremy Grimshaw's Cochrane review group on changing behaviour of professionals may be of interest.
- The terms "tailored" and "targeted" were considered too vague. Tailoring can mean addressing the individual or the group, although it is in fact impossible to tailor to the characteristics of every individual, and groups for which approaches are known to be effective should be identified.

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6.

**Drafting of
recommendations.**

Relevant papers: BC2-3

Draft recommendation #16

- The appropriateness of the term 'outside public health' was discussed. It was agreed this was unhelpful, and would not be used .
- Need to be aware that context specific recommendations could have unintended consequence, such as the withdrawal of funding. For example, based on the wording of draft recommendation number 16, any non-joined up interventions would no longer be funded.
- Determining the cost effectiveness of different interventions was raised. Usually QALYs are used; however, determining cost effectiveness needs to be judged on a case by case basis.
- With regards to evidence gaps it was noted that it will only be possible to refer to such gaps at the review level as primary level studies have not been searched.
- The importance of ensuring recommendations made did not contradict other public health/health promotion messages was made.
- It was mentioned that interesting studies of multi level interventions exist with regards to nutrition. Of interest is how these interventions might work together to be more effective.
- It was recognised that no intervention exists in a vacuum and that there is a need to ensure recommendations drafted by the PDG create a supportive environment, such as the recommendation of complementary legislation.
- Although concern was mentioned regarding the limited evidence base upon which substantial recommendations were to be based, the point was raised that just because evidence has not been collated on a topic it should not mean that NICE does not offer guidance in this area. It was stressed that whether recommendations are based on critical logic or evidence there is a need to make it explicit.
- A discussion took place regarding whether the interventions on which the recommendations are based are 'multi level', 'multi component' or 'multiple strategies'. It was agreed that there was a need for a common language to be devised.

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Draft recommendation #17

- Concern was raised that this draft recommendation would make it harder to gain funding for some interventions, for example, older children at school, and that this would be purely an artefact of the methods as the evidence on which the recommendation is based relates to booster seats and road safety education for young children.
- The issues of interventions aimed at young people which only show outcomes later on life and hence are missed by short follow up periods was mentioned.
- The idea of combining this evidence statement with the previous one on life course, drafted at PDG meeting 1, was suggested. It was agreed that it is important not to lose the life course perspective.
- No specific recommendation could be made.

General

- The PDG will need to feed into the redrafting of the recommendations, probably via the web board.
- With regards to paper BC2-4 it would be useful to divide

- categories by 'who, when and where.'
- It was agreed that ideas from the Davidson et al paper should be incorporated.
 - The issues of theories have been dropped for this review as Review 1, due to go before the PDG on October 18th, describes the main behaviour change models. It was felt to be more important to be clear about what it is people did in these interventions rather than the theories on which it was based.
 - A typology of interventions is needed. Often when authors report that they use theories on inspection it is not the case, instead their work is based on an idea, concept or approach.
 - The review perhaps needs to be re-labelled, as road safety and recycling are concerned with public health.
 - The following references will be circulated to the PDG: Noar and Zimmerman (2005), Orleans et al and Davidson et al
 - It seems probable that we will want to distinguish between Theory(including models); programme theories (in the sense used by Ray Pawson in his realistic evaluation/ synthesis work) and the content of interventions. We may wish to provide typologies in these three areas.
 - It was mentioned that health economists differentiate between financial and moral incentives. There are a whole host of irrational behaviours of people that this review has not captured.
 - Difficulties exist in that different professions will argue what the key influences on behaviour are.

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7.

Issues raised at PDG 1
(Mildred Blaxter)

It was considered unnecessary to consider recommendations made at the previous meeting. The Chair mentioned that PDG members had been invited at the last meeting to comment by email but that not many had taken this opportunity.

It was reiterated that programme guidance can make 10-12 recommendations, although it was felt at this early stage of the process that it was unhelpful to use this as a framework and that recommendation would be honed down at a later stage to meet this requirement. It was clarified that research recommendations are in addition to the 10 recommendations.

With regards to the style of the recommendations:

- all should be simplified
- the word 'should' will be used in all recommendations
- In terms of language it is felt best not to make references to the specific domains unless it only applies to that area, this is because literature has not been thoroughly searched in particular domains. Concerns were expressed, however, that by leaving out the domain from where the evidence came from it may lead to evidence being over generalised.
- There will be a need for different types of recommendations with clear examples attached. There are the 3 types of recommendations to be made:
 - o Should do...
 - o Should use techniques ...
 - o Should research...

It was felt it would be easier to make recommendations if a framework for the types of interventions to be made was created.

The recommendations will be left on the table and considered in the future. If recommendations could be reworded by the NICE team, based on language suggestions, for next time that would be useful.

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A review of qualitative work on behaviour change exists in a publication by Ann Rogers, Jennie Popay and Gareth Williams from 1980s, commissioned by the HEA. Jennie Popay will forward her copy to the NICE team. This publication will provide a possible route of bringing qualitative work into this review.

Jennie Popay

The PDG were asked to make the NICE team aware of key papers the search strategy for this review has missed and to forward to the NICE team. It was suggested that certain members of the PDG may be asked to assist if it is felt their particular expertise will be of use to the review. PDG members were also made aware that once the web board has been established they will be able to make contributions via this method.

PDG

DATE OF NEXT MEETING: *Wednesday 4 October 2006, Strand Palace Hotel, London*

MEETING PAPERS TO BE MAILED: *22 September 2006*