

World
Social Marketing
Conference 2008

Where we are now



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NICE guidance on attitude and behaviour change

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The NICE Guidance on Attitude and Behaviour Change

First World Social Marketing Conference
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Professor Mike Kelly,
The Centre for Public Health Excellence, NICE

NICE

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation in the UK responsible for providing national guidance to the NHS and the wider public health community on the **promotion of good health and the prevention** and treatment of ill health.



NICE established 1999

- Funded by the Department of Health
- To determine the effectiveness and cost effectiveness of new technologies and to advise the NHS
- To advise on the safety and efficacy of interventional procedures
- To develop clinical guidelines

Methodological principles

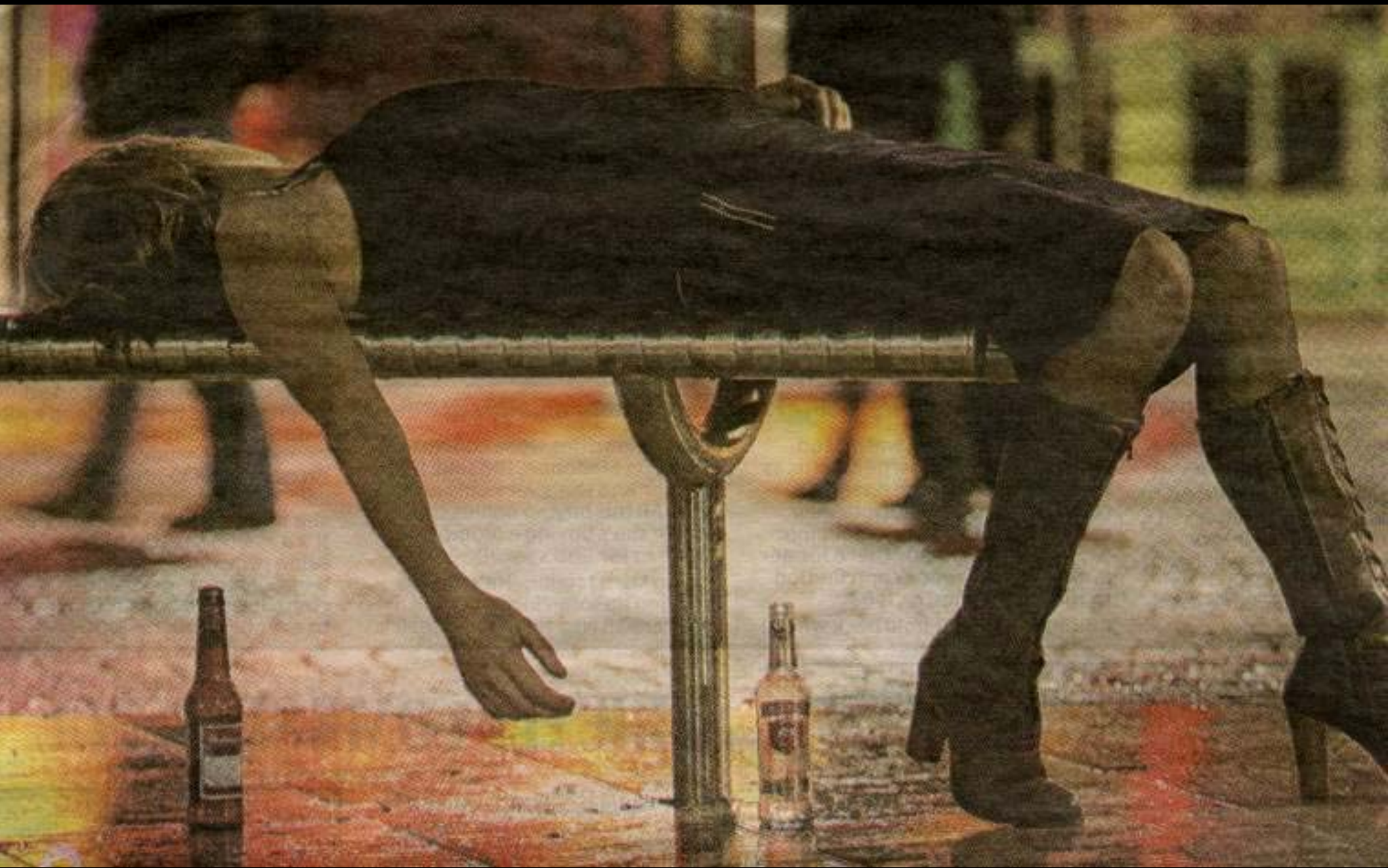
- Base recommendations on the best available evidence.
- To determine cost effectiveness using the QALY.
- To be open and transparent and to involve stakeholders.
- To be clear about scientific and other values
- To allow contestability.
- To be seen to be independent of government and the pharmaceutical industry.

NICE

- At NICE the Centre for Public Health Excellence develops public health guidance.
- Established 2005
- 31 staff based in London and Manchester, plus collaborating centres based in Sheffield, Birmingham, Exeter, London, Oxford, Liverpool and York

The origins of the behaviour change guidance







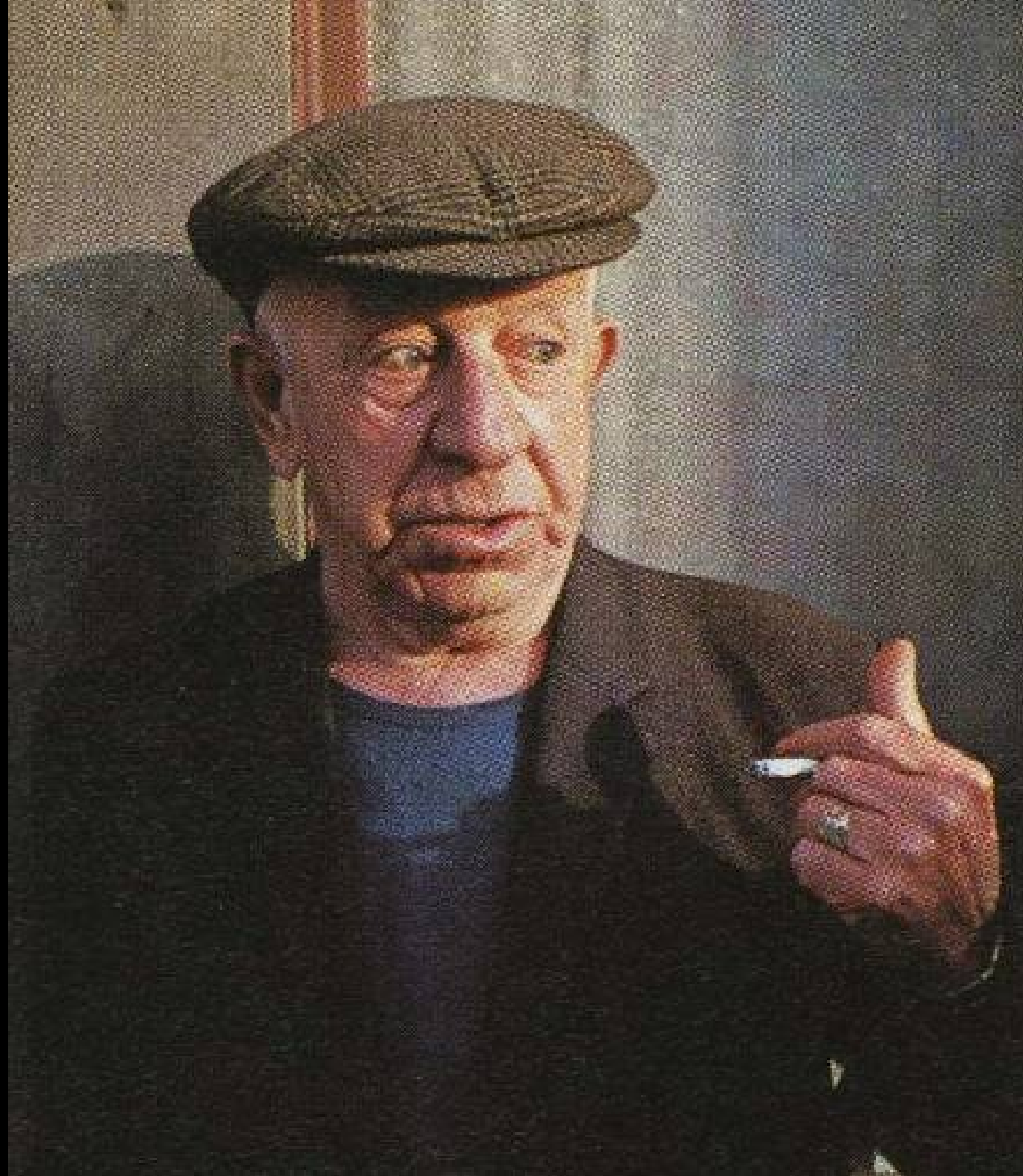








ANXIETY: The parents take their three-year-old daughter for a stroll

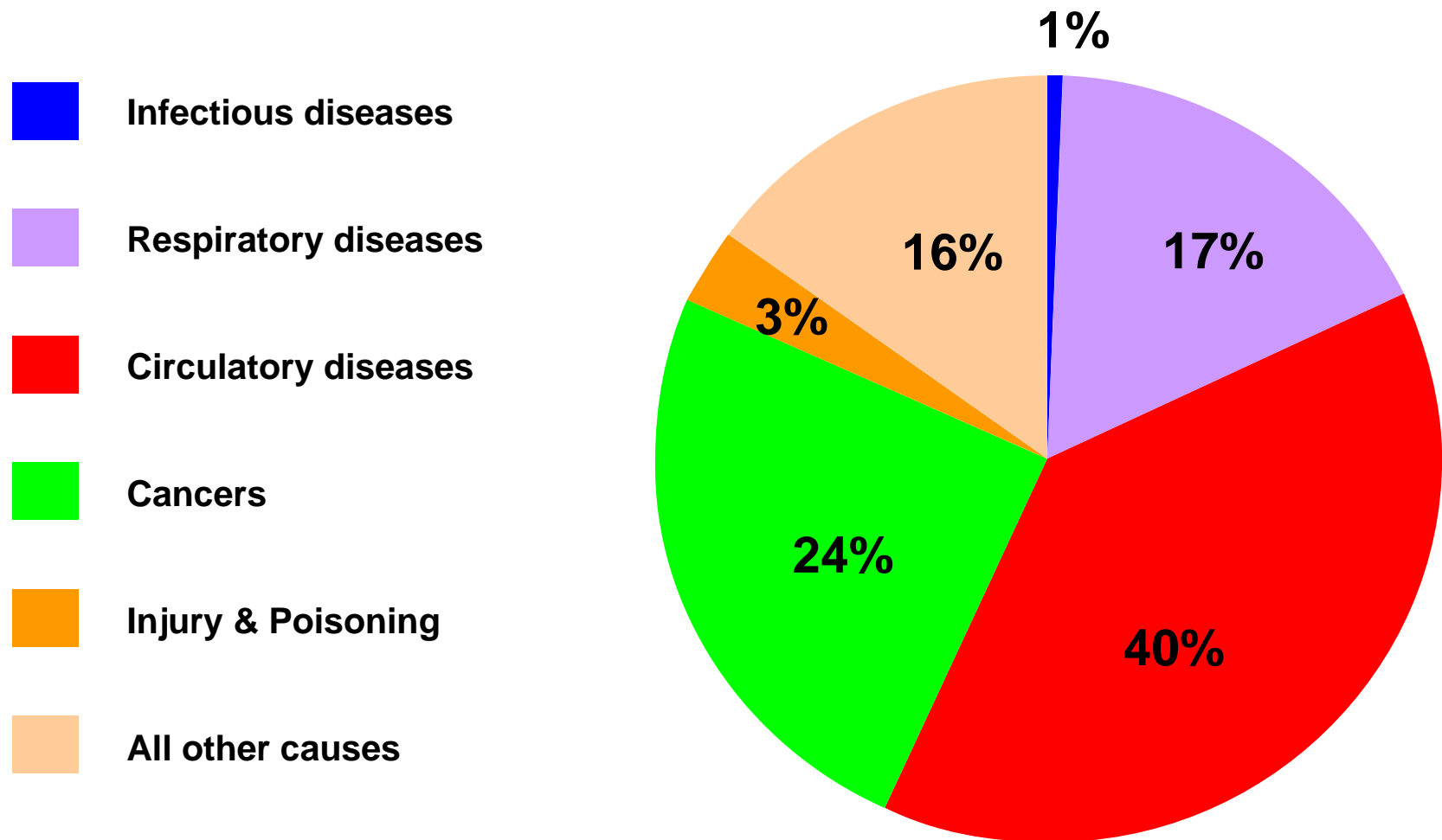


The origins of this piece of work

- A very large amount of mortality and morbidity is directly linked to our behaviours and these in turn are embedded in the way we live.
- Smoking, alcohol consumption, eating, physical activity are the obvious examples.
- Heart disease, some cancers, obesity, diabetes, liver disease etc.
- Choosing Health White Paper (2004) made choice and related behaviour change central to its thinking.
- NICE therefore commissioned to examine the most effective ways of bringing about behaviour change in 2005

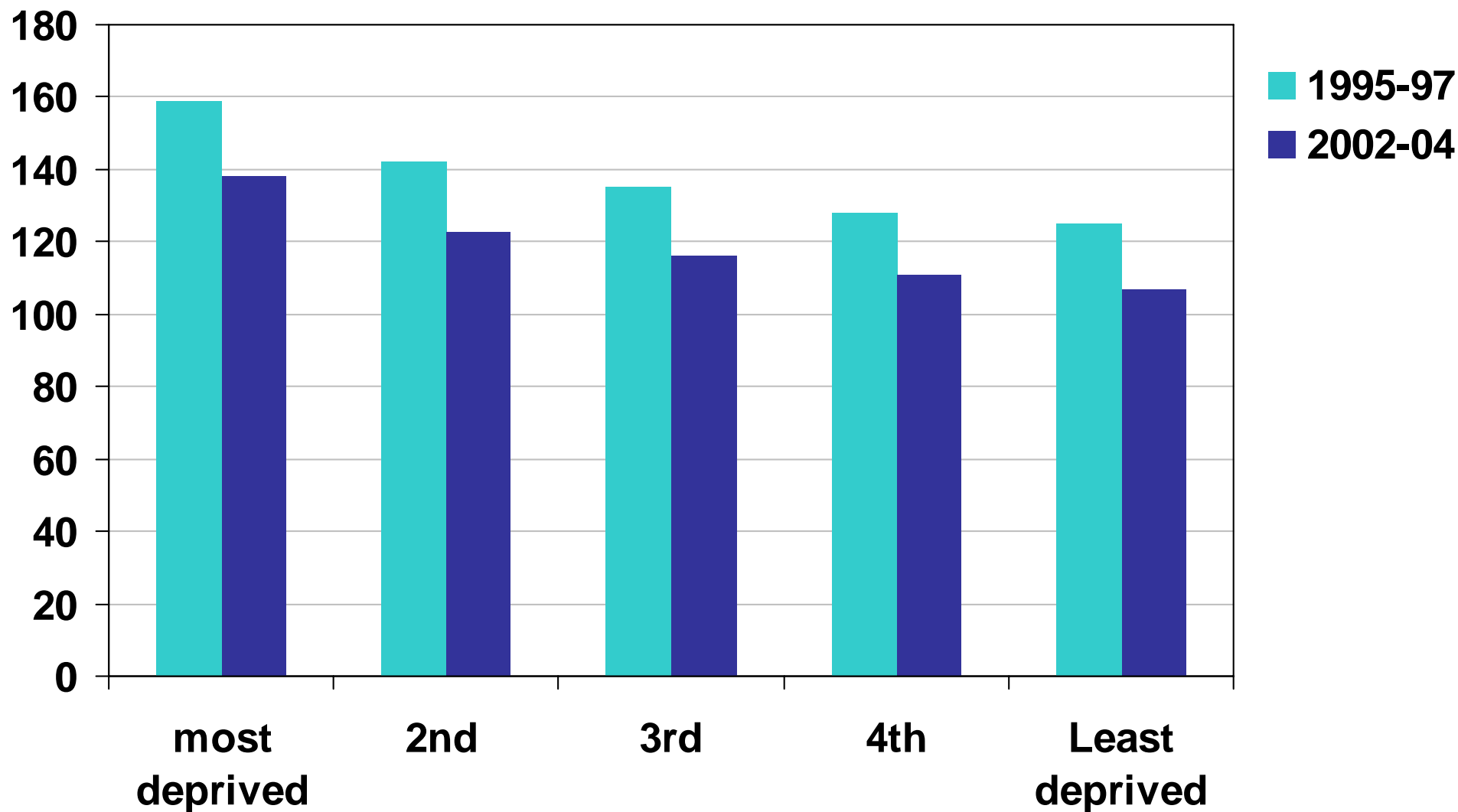
Causes of death – 2000

(number of deaths = 503,026)

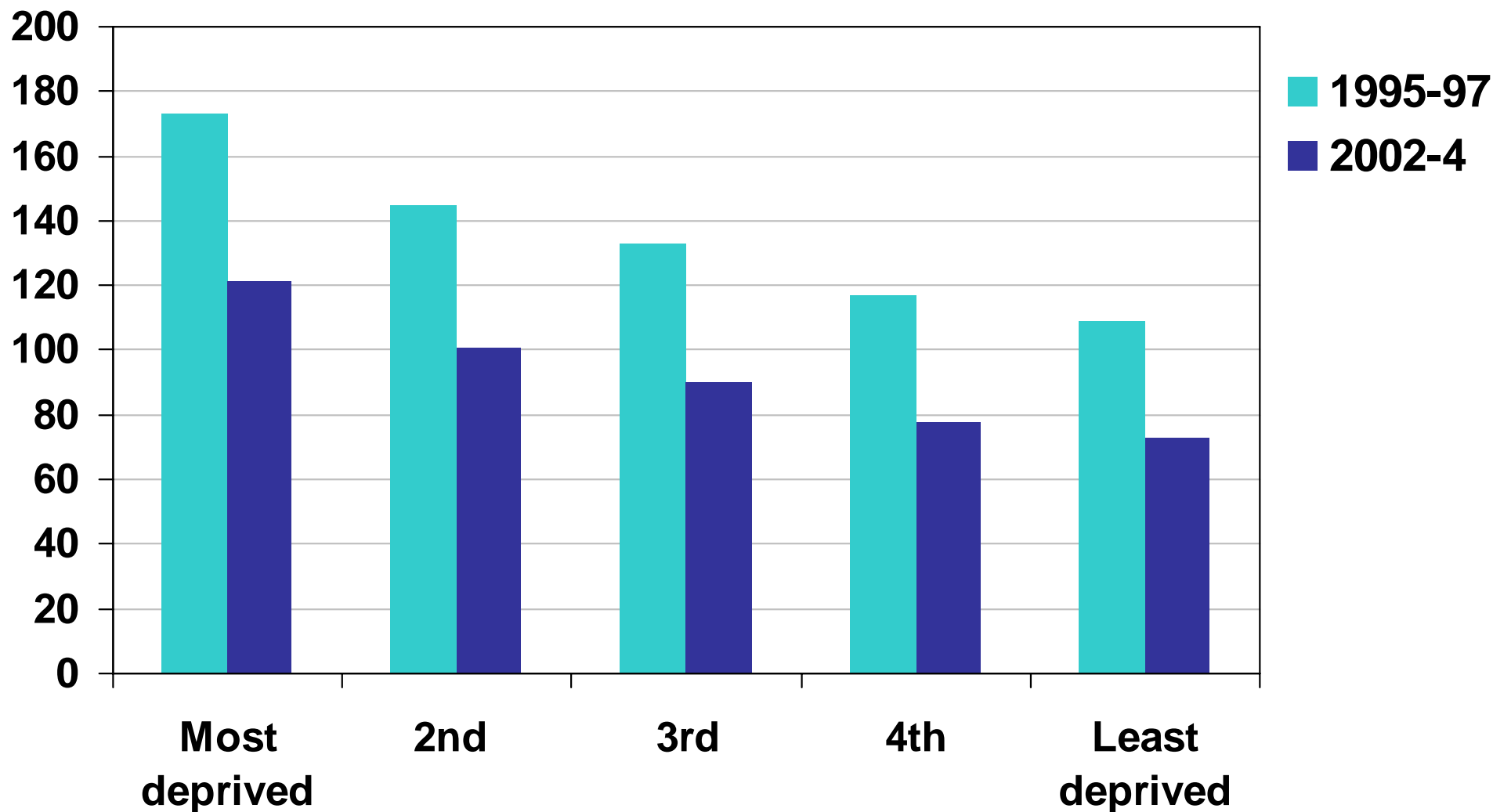


Source: Office for National Statistics

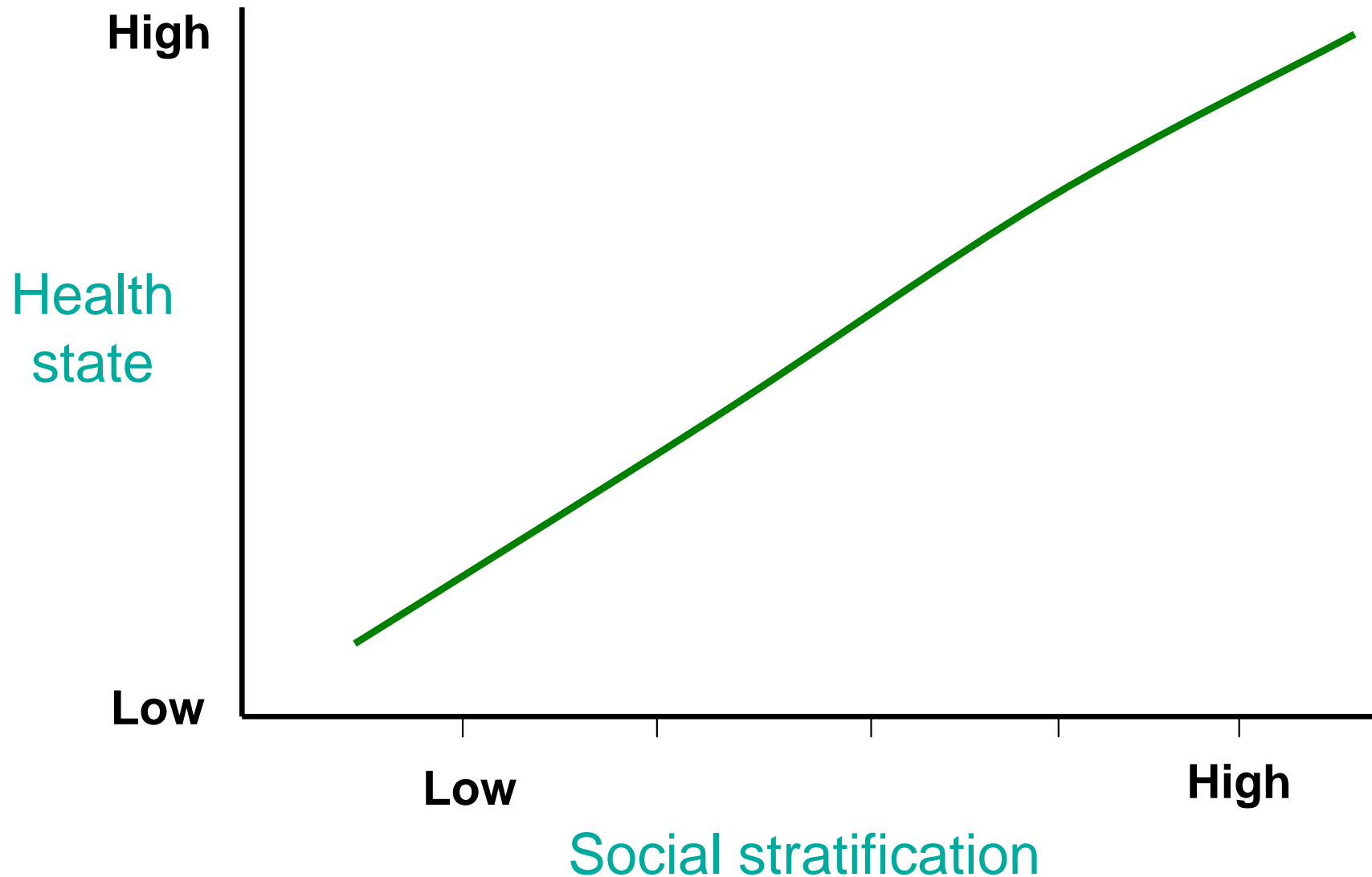
Age standardised death rates per 100,000 population for cancer under 75 by area of deprivation



Age standardised death rates per 100,000 population for circulatory diseases under 75 by area of deprivation



The health gradient



The behaviour change guidance

- Programme Development Group formed
- Psychologists, Sociologists, Public Health Specialists, Economists.
- Chaired by Mildred Blaxter.

Methods

- A series of reviews of the relevant psychological, social marketing, consumer behaviour literature.
- Economic modelling
- Consideration of the sociological and epidemiological contribution to understanding health inequalities
- Theoretical and methodological literature including Giddens, Habermas, Antonovsky, Pawson.



Planning

- Base plans on needs assessment and detailed knowledge of target groups
- Take account of the social context especially the socio economic context.
- Aim to build on strengths and assets
- Set out how the target population will be involved in planning, delivery and evaluation.
- Be precise about which behaviours are to be targeted
- Justify the use of any models to be used.

Planning

- Assess barriers to change
- Set out what will be delivered and for how long.
- Set out processes and outcomes that will be measured.
- Make provision for evaluation.

Plans should prioritise interventions which are:

- Based on the best available evidence of effectiveness and cost effectiveness.
- Can be tailored and targeted.
- Can be developed in collaboration with the target group.
- Are consistent with other evidence based local and national initiatives.

Plans should prioritise interventions which are:

- Disinvest in initiatives where there is good evidence that they are not effective.
- Where there is mixed or equivocal evidence ensure that evaluation is conducted properly.
- Help to develop social approval for health enhancing behaviours.

Assess social context



Assess social context

- Identify social , financial and environmental barriers
- Look in detail at the local context
- Support structural improvements

Education and training





Develop competencies in

- Assessing evidence
- Understanding diverse determinants
- Interpreting data
- Design, implementation and evaluation skills.
- Engaging in partnership working.

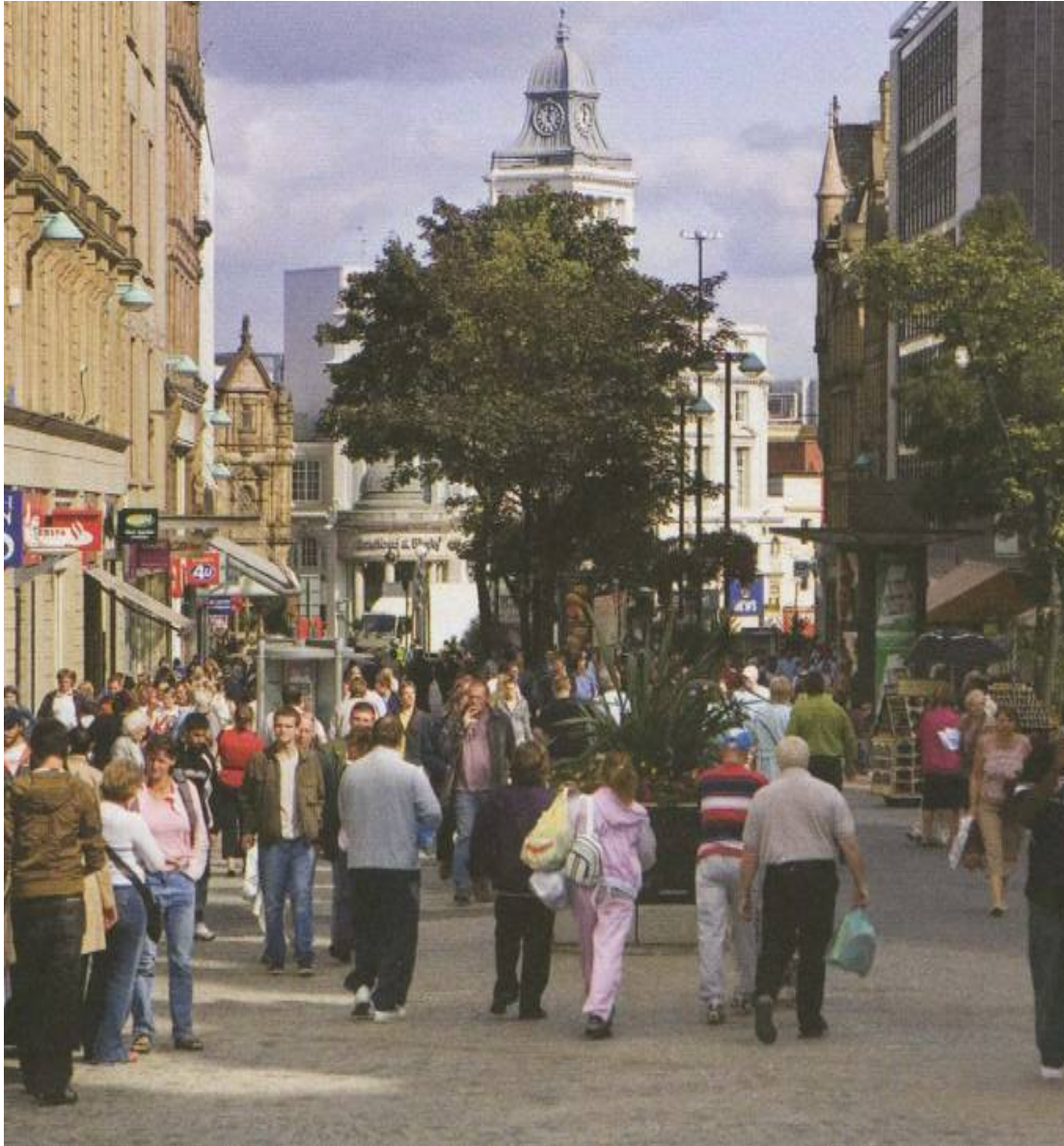
Individual level



Individual level

- Support and help people understand the short, medium and longer term consequences of their behaviour
- Help them feel positive about health enhancing behaviour
- Plan change in terms of easy steps
- Be aware of social context
- Plan 'if – then' strategies
- Help them make a personal commitment
- Share their goals

Community level



Community level

- Foster self efficacy
- Support positive social networks
- Support local organisations whose impacts are positive
- Promote resilience and skills
- Promote access to material resources

Population level



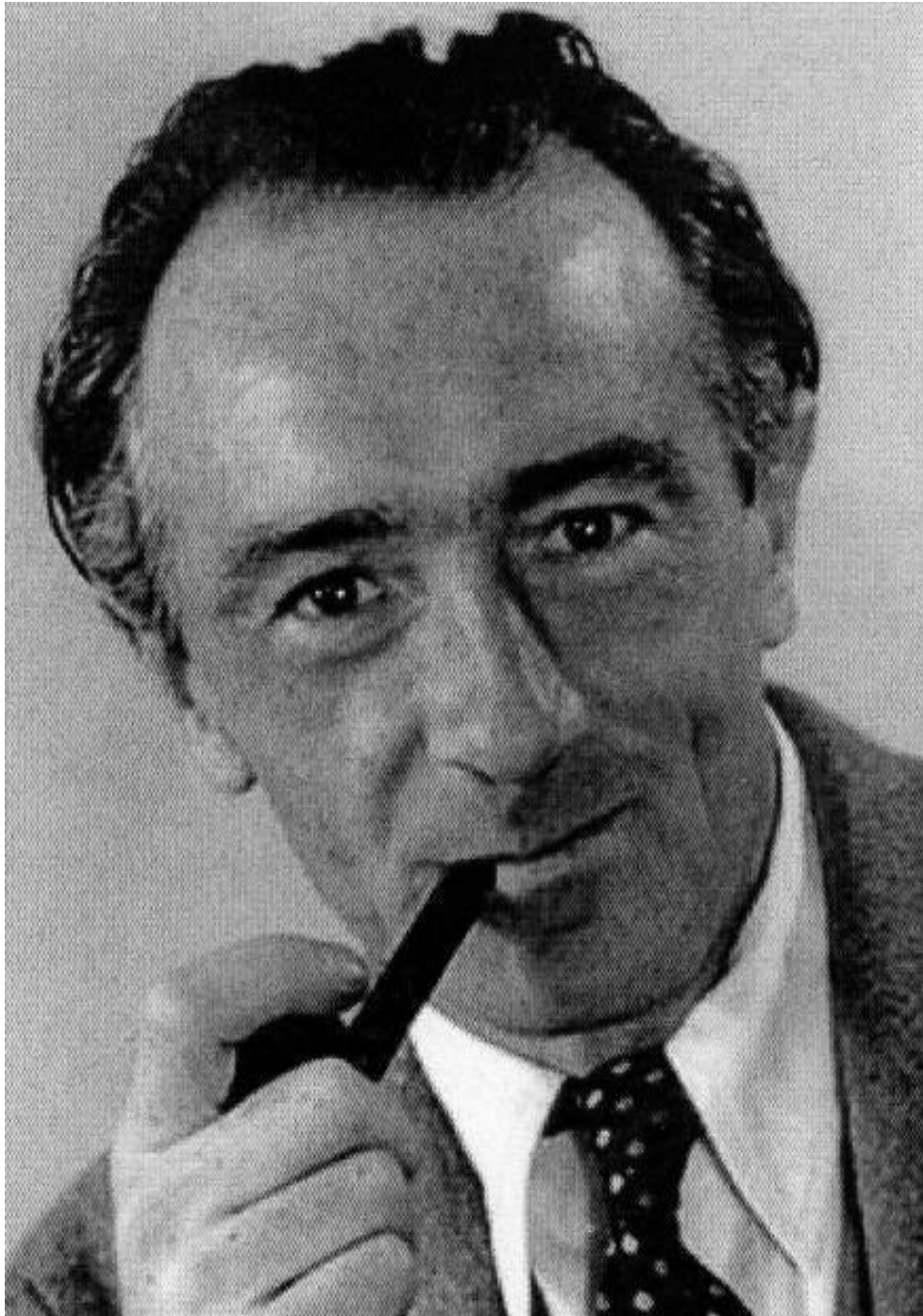
Population level

- Population level policies
- Consistent at different levels
- Based on best evidence
- Think through unintended consequences

The practical problems of preparing the guidance

- A particular understanding of the what it means to be scientific.
- Different disciplinary understandings of the problem
- The hierarchy of evidence as the dominant paradigm.
- In public health two separate levels of causation are important
- The potential power of the evidence based approach to root out poor, dangerous or non cost effective practice.
- The technical power and limitations of techniques like systematic review and meta analysis.



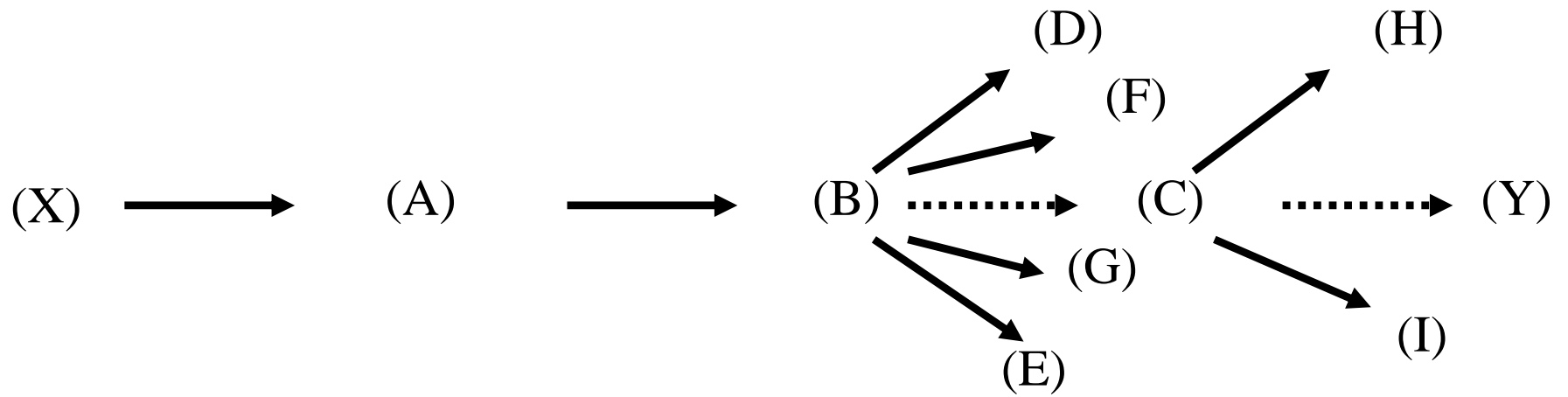


The practical problems of applying the existing hierarchy of evidence in public health

- Very few Randomised Controlled Trials to go at the top of the hierarchy
- External validity at least as important in public health as internal validity
- Strong pressure from stakeholders to take a pluralistic approach to public health evidence.
- Evidence base in which the evidence was not only plural but also rather poor.
- Very difficult to measure the strength of evidence on a single dimension.
- At the very least we needed multiple hierarchies of evidence.
- The need to deal with theoretical evidence.

The relationship between interventions and outcomes

- Where X is, for example, advice about the dangers of being overweight and Y is weight loss.



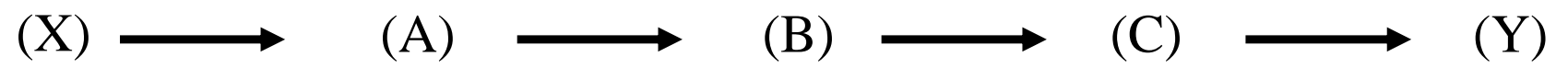
The relationship between interventions and outcomes

- Long causal chains.
- Importance therefore of developing logic models to describe the relationship between interventions and outcomes.
- The existing evidence base silent on large tracts of the logic models.
- Key points in the logic model involves evidence of a type that had never been near an evidence hierarchy.
- Two sets of causation - individual and social in which the causal chains are equally long

From evidence to recommendations

The importance of inferential reasoning in guidance development

- How do we get from the evidence to a recommendations?
- The evidence does not speak for itself.
- What other judgements being used and can we make them explicit?
- It's more than social value judgements although these are extremely important.
- Multiplicity of evidence



Conclusion: some false dichotomies

- Fact and value
- Qualitative and quantitative
- RCTs and everything else
- Biomedicine and the social sciences

- We reason in two ways – about matters of fact and about ideas
- To synthesise evidence and develop guidance we need to do both

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