NICE PUBLIC HEALTH PROGRAMME GUIDANCE BEHAVIOUR CHANGE

3rd meeting of the Programme Development Group Wednesday 4th October 2006, Strand Palace Hotel, London.

MINUTES

Attendees:	Members Charles Abraham, Mildred Blaxter (Chair), Vicky Cattell, Vimla Dodd, Christine Godfrey, Karen Jochelson, Terence Lewis, Jennie Popay, Martin White, Wendy Stainton Rogers, David Woodhead, Ann Williams. Co-opted members: None NICE Chris Carmona, Alastair Fischer, Jane Huntley, Mike Kelly, Lesley Owen, Catherine Swann, Emma Stewart NICE observers None Review Team: Gareth Williams, Emily Harrop, Eva Elliott,
	A stenographer was present.
Apologies:	Miranda Lewis, Julia Fox-Rushby, Roisin Pill, Miranda Mugford, Ray Pawson, Stephen Sutton
	Clare Wohlgemuth
Audience:	None

Agenda Item	Minutes	Action:
1.Welcome and introductions	Mildred Blaxter welcomed the group.	
(Mildred Blaxter)		
2. Declaration of interest	A roundtable of previously undeclared declarations took place:	
(Mildred	Martin White declared an authored paper of his had been included in	

Blaxter)	the current review	
,	Wendy Stainton - Rogers – potential conflict if further work were commissioned in this area her department may tender for the contract.	
	Vicky Cattell – Has undertaken a qualitative study for ESRC on the experience of young people in multi-ethnic areas of London.	
	Mike Kelly – undertook research in this area in the 1990s	
	Mildred Blaxter explained to the group that it is not necessary to sign a declaration of interest form at every meeting. A verbal declaration at each meeting will suffice.	
		PDG Members
3.		
Minutes of last meeting.	Relevant papers: BC2-MINUTES	
Mildred Blaxter	Corrections:	
Wildred Blaxter	Page 7 – should read booster not boaster.	
	Matters arising:	NICE/
	At the previous meeting Robert West offered to circulate a Department of Transport report on driving behaviours. The group have not yet received the report. The NICE team will contact Robert.	R.West
	Jennie Popay has retrieved the review of qualitative work on behaviour change and agreed to circulate to the group.	
	The web board was discussed. Members must have completed and returned their confidentiality agreements in order to be given access to the web board. The group expressed concern about the functionality of the web board. The NICE team agreed to investigate.	Jennie Popay
	The following papers and reviews were highlight and may be of interest to the group:	
	Department of Transport review (via Robert West – see previous action point)	
	Department of Trade and Industry: The Foresight Group have commissioned a large number of scoping reviews around obesity for the DTI. It was suggested that some of these may be of interest to the group.	NICE/ Obesity Team
4. Review of	Relevant papers: BC3-2	
evidence: Resilience, Coping and Salutogenic	A discussion of the review took place among the PDG members, with points of clarification being provided by the reviewers, Gareth Williams, Emily Harrop and Eva Elliott.	
approaches to maintaining and generating health.	It was acknowledged that a review of this type has never been undertaken before for the production of Guidance and applying traditional NICE procedures created intellectual and scientific challenges.	

Question and Answer Session

The PDG congratulated the review on an excellent piece of work.

It was agreed that it is very difficult to extract specifics from a review such as this. But it is hoped that information from this review will help to sensitise policy makers towards considering the broader implication of policy. For example the material that looks at salutogenesis, resilience and coping frames ways of thinking about the relationship between environment and behaviour in ways which policy makers habitually do not..

It was acknowledged that there is a gap between the theoretical information and empirical evidence: it was noted that tis was in part a function of the review methods and the state of the field itself.

The need for Government departments and policies to 'join up' and evaluate their impact across a broad spectrum of outcomes that includes health was noted.

It was suggested that any intervention in this area should be very clear about the mechanisms through which change is expected to occur.

The issue of potential bias in the review was discussed. Search methods may have missed some key literature, equally some of the literature generally considered to be important in resilience, salutogenesis and coping may be labelled differently and not identified using formal search techniques. Social capital was identified as an area that has not been picked up through this searching strategy.

Access to socio-economic resources could be discussed in more detail. Martin White offered to circulate a paper on this issue.

It was acknowledged that looking only at reviews of reviews will produce a bias according to the original reviewer's interests.

Literature on human agency, much of which is qualitative, had not been picked up in the review, It was suggested that work in this area, which challenges traditional public health assumptions of individuals as passive recipients of knowledge, would be relevant. The language of intervention may not be appropriate here, as it can pathologise behaviours and individuals – an 'asset based' approach to health may be more useful.

A failure to take ideas about relationships between the economic and physical structures that people inhabit and their behaviour seriously in aspects of policy was noted. It was also noted that apparently maladaptive behaviours may serve useful functions. The relationship between areas of political and scientific activity was considered.

There was discussion between the committee and review team about the concepts of self esteem, self efficacy and locus of control (LoC). Literature identified by the review found self esteem to be associated with resilient outcomes, yet other work discussed suggests that self esteem (& LoC) are generalised aspects of the self and do not predict behaviour. LoC was suggested to be a biased construct not useful to thinking about behaviour change.

Summary points:

It is a fact that work produced by NICE operates in an environment where science (including social science) meets policy making and the

political processs. NICE is also at a relatively early stage in the development of its methods to produce public health guidance. It is helpful for the group to highlight methodological issues as they arise.

This review is of good quality, and the breadth of coverage of is outstanding. The key ideas of resilience, its link to agency, coping and skills, and of moving away from approaches that pathologises behaviour are important and provide clarity for a way forward. It is hoped that the guidance will help to bring about a subtle shift in emphasis in the language of policy makers.

It is possible that we could use this review to shape future work and / or provide a framework / preamble to all the recommendations in the final guidance.

Recommendation 18

Discussion focused on the following issues:

Where we have made recommendations we should be robust. Where we are making statements we should be unequivocal: 'warm and supportive' not specific enough.

Policies and practices that undermine existing strengths of families should be avoided: The evidence supports the notion of building assets and agency – people are consciously and rationally acting in their environments. Policies do not recognise this.

Recommendations that can be interpreted in many different ways are a concern. The PDG should be critical of any terms which do not give clear guidance on the particular type of intervention. It may be helpful to describe the skills necessary to implement a recommendation.

The review team advised that there is insufficient evidence to further advise on the type of intervention covered by Recommendation 18.

The Life Stages Approach – and focusing on 'teachable moments' and opportunities for intervention - could be particularly useful,

It was noted that the tabled recommendations focus on part two of the review, it was also important to focus on recommendations from part one of the review.

Cultural aspects are essential and must be considered. Practitioners should be encouraged to identify positive, supportive and competent behaviours that exist already in their client groups and build on them., and move away from approaches that pathologies behaviours. Recommendations must not assume that policy makers and practitioners know what an appropriate environment is. Cultural competency training for practitioners could be a recommendation. Some 'maladaptive' behaviours may actually serve an adaptive function, when culture and context are taken into account.

The term practitioner can refer to a vast array of people it is important that recommendations are explicit.

Focusing exclusively on the family will exclude many vulnerable groups eg. Those in clinical institutions, boarding schools and looked after

5.Review of evidence: Drafting recommendati

ons

Martin White children simply don't have the networks that the recommendations may define as important.

It was agreed to use the carer instead of parent.

Possible damaging effects of any intervention should be highlighted. There is an underlying assumption that 'goodness' will follow any intervention – this is not necessarily the case.

It was noted that most practitioners believe their practice to be positive. The committee noted that there is a difference between the rhetoric of practitioners and policy makers and the actual practice. The guidance will 'speak' to many different audiences, and it is important that senior policy makers hear even simple statements around this. It is important to note that a change in policy will not change practice overnight.

A measure of an improvement in self efficacy following an intervention is vital. Appropriate evaluation is important, including evaluation of policy interventions that span many domains.

Recommendation 20:

Discussion focused on the following issues:

Interventions are often short term and the recommendations should reflect this.

Many interventions that build resilience will take place outside of the NHS eg in schools.

The PDG recommended removing 'locus of control' from the recommendations. Locus of control is a weak predictor of any behaviour, and was noted to be a biased measure. Gain of actual control, rather than a sense of control, may be what makes a difference to people.

It would be helpful if the recommendations enabled a distinction between general concepts and specific ones. There are useful summaries of some of the concepts in this recommendation in 'Predicting health behaviour' (2nd edition) by Norman & Conner, which in fact doesn't cover LoC at all because of the problems with it. A further review (Emler, (2001) noted that it is very difficult to predict behaviours based on measures of self esteem.

Recommendation 21:

Discussion focused on the following issues:

The recommendation should be more explicit about what is meant by structural characteristics. It may be that it is not structural characteristics *per se*, but those valued by people living in the spaces, that are important. Recent work for the Joseph Rowntree Foundation has looked at people's understanding of a place and how they value it.

Research on the effects of traffic, roads and infrastructures on children's health is relevant here. There are strong links between public spaces, social relations and well-being. Helen Roberts has done work on how structural factors mediate health and parenting skills.

Practitioners need to work with communities to identify what is important

Charles Abraham

Vickey Cattell and plan ways of changing / intervening with them that take account of the environment / structural context.

There is a vast literature on the physical environment and health – so far the PDG have not considered it.

Recommendation 19:

Discussion focused on the following issues:

If people have social networks and intimate relationships they are likely to do better. Opportunities for casual interaction are incredibly important and can have very positive effects on wellbeing. Opportunities for interaction are also linked to leisure time and income.

It was suggested that there could be an additional recommendation about training for practitioners that includes concepts such as social capital that can inform their practice.

NICE team to circulate HDA work on social capital.

Developing a typology of interventions:

Charles and Martin were invited to progress this work.

Typology of explicit theories about behaviour change:

Some of this will be addressed in one of the next reviews to be considered. NICE will provide additional information on social cognitive approaches, goal theories and self regulatory approaches. Reviews by Fishbein et al (2001), Baumeister et al (2004),, Bandura (1997 & 1998) and Conner & Norman (mentioned previously) may be helpful in providing this information.

It was agreed that the additional information would be presented in the form of a short 'need-to-know' summary paper for the committee.

It was suggested that it would be useful to consider more sociological theories such as the work of Anthony Giddens, ,& Bourdieu , around structuration theory and other social theories. Jennie Popay kindly offered to prepare a brief summary.

Review of implicit programme theories

The PDG agreed that Ray Pawson should be approached to undertake this work. Legislation would be a good case study for this work.

Impact of interventions on health inequalities – positive and negative consequences.

The PDG discussed a number of useful sources of information, including a recent systematic review by Mark Petticrew & colleagues, a PhD thesis currently in preparation, work by the Cochrane & Campbell Collaborations and work by Hilary Graham.

NICE

NICE

NICE

Charles Abraham

Jennie Popay

Charles Abraham/ Martin White

NICE

Ray Pawson

Jennie Popay

6. Issues raised at PDG 2

It was agreed that the focus of this additional piece of work should be to provide information for the PDG on the relative effectiveness of interventions by social class, and also the unintended (iatrogenic) consequences of intervention for different socio-economic groups.

Catherine Swann

The NICE team agreed to identify a reviewer to provide the PDG with this information in time for the February PDG meeting.

Web Board

A number of PDG members expressed concern about the use of the web board. In particular members are concerned about the warning which appears on entering the chat room stating that all contents can potential be made public. The NICE team agreed to investigate.

The PDG agreed that they would like a dedicated space for discussing recommendations. It was agreed that we would use email to all until the problems with the web board have been rectified.

Drafting recommendations

The group discussed the best way to draft recommendations in the future.

The following was agreed:

- The reviews will be distributed in the normal way.
- Along with the review the NICE team will also send a table of evidence statements, which will be themed – where possible.
- NICE will prepare and send a typology of recommendations.
- Those members of the PDG who wish to do so will then draft recommendations or suggest headings.
- The NICE team will also draft some recommendations.
- The comments will be discussed with the Chair and the outcome posted on the web board.
- All draft recommendations and ideas for recommendations will be discussed at the next meeting.

Following each meeting the NICE team will:

- Redraft recommendations in the light of PDG comments.
- Send the redrafted recommendations out via email to the PDG for comment.
- Amend once more in the light of any further comments and present at the following meeting.

It was agreed that the NICE team will send all evidence statements from previous review to the PDG, electronically.

It was agreed that NICE would circulate a collated list of evidence statements / discussion points from reviews that indicate possible research recommendations.

It was agreed that the NICE team will send a list of gaps in research which have been identified so far.

NICE Methodology

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	The group discussed the NICE methodology. NICE would welcome suggestions from the group. It was agreed that NICE methodology would be an agenda item for a future meeting.	

DATE OF NEXT MEETING: Wednesday 18 October 2006, Derwent Room NICE, London

MEETING PAPERS TO BE MAILED: 4 October 2006