

**NICE PUBLIC HEALTH PROGRAMME GUIDANCE
BEHAVIOUR CHANGE**

**4th meeting of the Programme Development Group
Wednesday 18th October 2006, MidCity Place, London.**

MINUTES

Attendees:	<p><i>Members</i> Mildred Blaxter (Chair), Jennie Popay, Miranda Mugford, Christine Godfrey, Karen Jochelson, Ann Williams, Ray Pawson, Wendy Stainton Rogers, Martin White, Vimla Dodd, Terence Lewis, Stephen Sutton, David Woodhead</p> <p>Co-opted members: Roisin Pill</p> <p><i>NICE</i> Chris Carmona, Alastair Fischer, Jane Huntley, Lesley Owen, Catherine Swann, Gisela Abbam</p> <p><i>NICE observers</i> None</p> <p><i>Review Team:</i> David Taylor, Mike Bury</p>
Apologies:	<p>Miranda Lewis, Robert West, Charles Abraham, Vicky Catell, Ray Pawson</p> <p>Clare Wohlgemuth, Mike Kelly</p>
Audience:	None

Agenda Item	Minutes	Action:
<p>1. Welcome and introductions</p> <p>(Mildred Blaxter)</p>	<p>Mildred Blaxter welcomed the group.</p>	
<p>2. Declaration of interest</p> <p>(Mildred Blaxter)</p>	<p>A roundtable of previously undeclared declarations took place:</p> <p>Review Team – Have been in receipt of funds, to do the work from NICE.</p> <p>David Taylor has previously received funding from the pharmaceutical companies, has professional interest in BMA and RPSGB, pharmaceutical retailers, the voluntary sector and various NHS bodies. The London School of Pharmacy has received grants from Boots,</p>	

	<p>Pfizer, PhRMA, Marie Curie and Professor Taylor has been associated with these awards.</p> <p>Mike Bury – conducts consultancy for the London School of Pharmacy/</p> <p>Secretary’s note: Prof Taylor and Bury’s declarations were provided subsequent to the meeting.</p> <p>Karen Jochelson –a paper on theories on Behaviour Change.</p> <p>Wendy Stainton - Rogers – Research interests</p> <p>Stephen Sutton – None apart from research interests</p>	
<p>3.</p> <p>Minutes of last meeting.</p> <p>Mildred Blaxter</p>	<p>Relevant papers: BC3-MINUTES</p> <p>Matters arising:</p> <p>Web Board</p> <p>There is an error on Web board which the NICE team agreed to address.</p>	<p>NICE</p>
<p>4. Review of evidence: A Review of the Health Belief Model (HBM), the Theory of Reasoned Action (TRA), the Theory of Planned Behaviour (TPB) and the Trans-Theoretical Model (TTM) to study and predict health related behaviour change.</p> <p>Question and Answer Session</p>	<p>Relevant papers:</p> <p>The Chair thanked the review team for a helpful piece of work and invited a discussion amongst the PDG of the review.</p> <p>The review team summarised key findings and points of interest for the PDG.</p> <p>Discussion focused on the following issues: The link between policy and research, and any policy implications arising from the review, were discussed. The review team suggested that models of health behaviour have to be seen as useful within the context in which people operate. The key public health issue was that if individuals are abstracted from their context then the build- up of public health knowledge is very limited.</p> <p>Much research on models has relied upon self report, and it was observed that when self report is removed as a measure then the percentage of variance in behaviours explained by elements contained within models tends to fall. A major issue is how models are evaluated, and the team suggested that models should be used only when a proper evaluation is conducted.</p> <p>Tensions between the primary care context and people’s social beliefs and behaviours were noted, where the PCT system could be argued to be becoming less ‘personalised’. The reviewers suggested that public health was often seen as the ‘soft side’ of health science, and that</p>	<p>ACTION:</p>

	<p>public health could be used to advocate further biomedical research into the links between inequalities and behaviours. People do not always disclose accurate information to health professionals, although interventions often assume that they do. Martin White has a paper in press on socio-economic patterning of stages of change, which he will circulate to the group.</p> <p>The tendency of the University Research Assessment Exercise (RAE) process to prioritise specific, scientific research for example on micro-elements of models of health behaviour, over and above applied research that explores the social or policy contexts to behaviours was observed, and it was suggested that the guidance produced in this programme might serve to influence relevant RAE priorities in this area since applied research was found to be lacking. Potential research recommendations to come out of this review were discussed relating to policy development and the need to examine the link between social conditions and behaviour. It was noted that research recommendations would be produced later in the process.</p> <p>A need to understand the processes of behaviour change as they relate specifically to theories that drive interventions was discussed, as well as the need for approaches to consider sustained, long-term behaviour change. The lack of research on the relationship between the models considered in this review and actual health outcomes was observed. However, although health outcomes are a desirable measure to assess the utility of models of health behaviour, it was observed that their collection and measurement requires long-term commitment to projects that is not always practical and modelling forward from proxy indicators (behaviours) based on known data about their relationship with health outcomes is a possible alternative.</p> <p>The issue of the importance of models was raised, and it was suggested that they could simply be seen to be a useful heuristic for understanding health related behaviours rather than as an applied tool for informing interventions. It was suggested that some models, such as the Transtheoretical Model, might be different from the others considered and could be used as an applied and practical tool.</p> <p>The utility of different measures of effect was discussed and it was suggested that percentage of variance explained was a less useful approach to effect size than working with regression co-efficients provided by primary data – although this data tends to be observational in nature and relies on a set of assumptions about what observational data can measure. The utility of a review of reviews in this area was considered.</p> <p>It was noted that most of these models stand alone, but share many common concepts and elements (although the Theory of Reasoned Action and the Theory of Planned Behaviour are more closely related than others).</p> <p>The review team suggested that many health professionals use these models, in particular the TTM, and that any disinvestment to stem from guidance could have harmful effects on professional careers.</p> <p>Concerns were expressed about the lack of attention to context in the models and approaches, and their inability to consider power and social relationships. Another concern was expressed about the interaction between behaviours, eg the issue of smoking and overweight for women, and how models that examine behaviours in isolation cannot</p>	<p>MARTIN WHITE</p>
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<p>5.Review of evidence: The Influence of Social and Cultural Context on the Effectiveness of Health Behaviour Change Interventions in Relation to Diet, Exercise and Smoking Cessation.</p>	<p>account for the ‘payoffs’ that people make in real life.</p> <p>It was suggested that these models examine cognitive processes, and when used they should be clearly stated as focusing on these elements of behaviour and not assumed to be encompassing other influences and determinants.</p> <p>Members also considered the process of drafting recommendations and how these might look and be structured. It was acknowledged that recommendations must reflect the evidence collated for the programme, that the PDG must be clear about how it has used any additional evidence, and that recommendations might be applied to different levels of public health policy making and practice.</p> <p>Recommendations: The PDG discussed areas from the review where they felt it might be possible to make some recommendations. These were:</p> <ul style="list-style-type: none"> • That models can be useful for conceptualising aspects of behaviour, but have not been used coherently to date. • That these models should not be used without attention to the context of behaviours, and should be seen as approaches that encompass the cognitive processes associated with behaviours. • It was suggested that there was a lack of evidence in the review to support the use of any models to inform practice and interventions, although a lack of evidence could be interpreted as either an insufficiency of published work, a sufficiency of published work that shows no evidence, or a function of seeking evidence in the wrong places. • That disinvestment from use of these models in practice, other than when used as part of an evaluated study, could be proposed. <p>The paper was welcomed by the PDG and the team congratulated on the papers attention to detail and examination of cultural context.</p> <p>Discussion focused on the following issues: Since this review covered similar topics to a review considered earlier in the process, concern was expressed at the relative lack of overlap in the papers found by the search procedures of the different teams, and the differences in the quality and applicability scores awarded to those papers which were included by both teams.</p> <p>Disappointment was expressed that the review was unable to explore cultural context in greater detail, and it was noted that the relevant data on socio-cultural factors may be difficult to find at review level or using systematic searching techniques.</p> <p>The life-stage approach taken by the review was welcomed.</p> <p>It was suggested that given the variance in behaviours observed according to socio-cultural factors, then ‘appropriately tailored’</p>	
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<p>6. Drafting recommendations</p>	<p>interventions would be useful to employ. It was also noted that some cultural factors may be more powerful than others for different groups.</p> <p>The relationship between the social construction of behaviours and health outcomes, and people's active construction and negotiation of their identity, could be important in determining behaviours and behavioural change.</p> <p>The language used to express the constituents of 'social and cultural context' was noted to be important, and it was suggested that the PDG should attend to this in their work and be clear about how terms are used.</p> <p>A lack of information on the effects of place on health and behaviours was noted. It was suggested that this information may be available in geographical literature, and the committee will return to this point at the next meeting and consider whether this is a significant gap that needs to be filled either by identifying an existing review or through additional work. Lack of information on income and the experience of living in poverty was also noted, although additional work already requested by the PDG may encompass this.</p> <p>Work currently underway on income inequalities and smoking at the University of Glasgow will be available in December, and it was suggested that this may be of interest to the committee.</p> <p>The need to consider the particular requirements and context of different population groups such as adolescents was raised.</p> <p>The issue of whether planning and delivery, rather than models and contextual factors, was a significant influence on intervention effectiveness was discussed. The review team confirmed that they had identified evidence in their review to this effect, and similar observations by past HDA evidence briefings were noted. The NICE team will make the evidence briefings available via the webboard.</p> <p>Differences in effects and contexts between individuals and populations were discussed.</p> <p>A report on public health ethics is currently being compiled by the Nuffield Council on Bioethics and the NICE team agreed to try to track this down.</p> <p>The PDG were invited to suggest areas for drafting recommendations from this review.</p> <ul style="list-style-type: none"> • A recommendation about focusing on life-stages was suggested. • A recommendation that policy and practice should focus on interventions where there is evidence that behaviours can be influenced was proposed, eg diet. • The PDG suggested a higher-order recommendation around ways in which social and cultural context – expressed in terms of gender, settings and age – influence behaviours. 	<p>ACTION: ALL</p> <p>ACTION: NICE / MW</p> <p>ACTION: NICE</p> <p>ACTION: NICE</p>
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<p>7. Review of recommendations from previous meeting</p>	<ul style="list-style-type: none"> • The PDG discussed different ways of ‘pooling’ the evidence to form recommendations: for example, either by looking across reviews for areas where evidence about effect and effectiveness has accumulated, or by structuring the guidance by different audiences, populations and settings. Differences between ‘compulsory’ change (eg via legislation) and changes through individual, voluntary behaviour should be reflected in the recommendations. • An emphasis on positive, enabling interventions was felt to be important. <p>The attention of the PDG was drawn to a compilation of recommendations from previous reviews, as well as a list of their comments on recommendations from the review considered at PDG 3 and the edited version of these recommendations. They were asked how they wished to proceed with drafting recommendations, and how they would like to begin to reconcile disparate comments on the recommendations from PDG3.</p> <p>Making all recommendations and reviews available on the web board along with space for time-limited discussion and development was agreed to be a useful way forward. Recommendations for past reviews will need to be considered, amended or deleted, and new recommendations developed where necessary. The NICE team will update the web board in the days following the meeting to enable this work.</p> <p>It was also suggested that the PDG might find it helpful to develop a ‘framework’ – an explicit structure that maps domains of public health activity – in order to guide their recommendation. Martin White has already worked on an outline framework that might be useful to guide thinking here, and he was asked by the committee to make a summary of this available to the PDG in the week following this meeting. The NICE team will place this on the web board along with discussion space, so that the PDG will be able to develop it. Martin will present this at the December meeting.</p>	<p>ACTION: NICE</p> <p>ACTION: Martin White / NICE team.</p> <p>ACTION: PDG</p>
<p>8. Discussion of Field Work</p>	<p>The PDG will work with this information on the board when it becomes available, and use the time between now and the December meeting to develop the framework and recommendations.</p> <p>The NICE team will re-send instructions to the PDG on how to access and use the web-board.</p> <p>The PDG were asked to consider fieldwork, which will take place after the recommendations have drafted in full in February 2007. The aims and processes of fieldwork were explained. The PDG were asked to suggest suitable groups for inclusion in the fieldwork. The NICE team will make a space available on the web board for this, and suggestions should be posted by the 10th November.</p>	<p>ACTION: NICE team</p> <p>ACTION: NICE TEAM / ALL</p>

DATE OF NEXT MEETING: Monday 11th and Tuesday 12th December 2006,

BC4 - MINUTES

*MWB Exchange
10 Greycoat Place
London SW1P 1SB*

**MEETING PAPERS TO BE MAILED:
27 November 2006**