Section A: CPHE to complete	
Name:	Jessica Allen
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Guidance title:	Behaviour change
Committee:	Programme Development Group
Subject of expert testimony:	Behaviour change – policy and context
Evidence gaps or uncertainties:	

Provide the PDG with an overview of your work on inequalities and health in relation to behaviour change, in particular around:

- The principle of Proportionate Universalism.
- How Local Authorities may be able to target their resources most effectively using this principle.
- What are the implications for intervention commissioning, design and delivery when considering this principle.

Section B: Expert to complete	
Summary testimony:	[Please use the space below to summarise your testimony in 250 – 1000 words – continue over page if necessary]

Health and life expectancy closely relate to socio-economic status and the relationship exists across the whole income distribution – everyone below the very top in society experience some degree of health inequality. This is known as the social class gradient in health and is observable in countries across the world. The English social class gradient was described in Fair Society Health Lives (2010).

- Action to successfully tackle health inequalities must relate to the whole social class gradient, to be <u>universal</u>, without this action will not be of sufficient scale or sustainability to tackle inequalities across the gradient.
- Action should also be <u>proportionate to need</u>, in order to lift and flatten the social class gradient in health.
- There is a need for population wide programmes, but with more focus on those at the lower end of the socio-economic gradient. Targeted action alone, can never achieve the scale and intensity needed to reduce population wide inequalities in health.

- Examples of proportionate universal policies are Childrens Centres, the NHS. Proportionate universal policies must also be appropriate for different stages across the life course and tailored as such. For instance smoking programmes which are appropriate for older people are not necessarily appropriate for teenagers.
- It would be appropriate to measure success in different ways across the social class gradient, with greater weight being given to success further down the social class gradient. This would provide an incentive for programmes to be proportionate to need and a disincentive for them to go for quick, easy wins.

References (if applicable):

Marmot M; Allen, J et al (2010). Fair Society Healthy Lives [The Marmot Review] - strategic review of health inequalities in England
http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review