Section A: CPHE to complete	
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Guidance title:	Behaviour change
Committee:	Programme Development Group
Subject of expert testimony:	Behaviour change – Complex and Multiple health-related behaviours
Evidence gaps or uncertainties:	

- How do health related behaviours cluster together?
- Are patterns of behaviours affected by socio-economic group, age, ethnicity or gender? What other factors influence the patterning and duration of behaviours?
- How can this data help our understanding of health related behaviours, and how to change them?

Section B: Expert to complete

Summary testimony:

People's health behaviours are widely known to affect their health and risk of mortality. Less is known about how these behaviours cluster together in the population and how multiple lifestyle risk patterns have changed over time between different population groups.

Using data from the Health Survey for England, we examined how four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – co-occur in the population and how this distribution has changed over time.

We found that the overall proportion of the population that engages in three or four of these unhealthy behaviours declined significantly, from around 33 per cent of the population in 2003 to around 25 per cent by 2008. However, these reductions have been seen mainly among those in higher socio-economic and educational groups. For example, people with no qualifications were more than five times as likely as those with higher education to engage in all four poor behaviours in 2008, compared with only three times as likely in 2003. The health of the overall population will improve as a result of the improvement in these behaviours, but the poorest and those with least education will benefit least, leading to widening inequalities and avoidable pressure on the NHS.

If policy-makers, public health commissioners and the NHS wish to address health inequalities, they will therefore need to find effective ways to help

people in lower socio-economic groups to reduce the number of unhealthy behaviours they have. This is likely to work only if a holistic approach to policy and practice is adopted that addresses lifestyles that encompass multiple unhealthy behaviours. At a policy level, this is likely to mean moving beyond siloed approaches to public health behaviour policies, in which the focus is on renewing strategies on individual lifestyle risks one at a time, as this ignores how behaviours are actually distributed in the population. It may also mean adapting services to work with "people" and their complex range of behaviours as well as injecting shots of intervention on single issues. However, there are still many unanswered questions about the right approach to intervention and how effective and cost-effective multiple intervention is compared to single, or sequenced intervention.
References (if applicable):
See powerpoint presentation at the session.