Barriers to tackling obesity and diabetes: the conflicts between individuals, doctors and government.

Association of British Clinical Diabetologists' Spring Meeting. Leeds Met Hotel 27th April 2012.

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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. Has had a public health role since

2005 and a role in social care from

2012





National Institute for Health and Clinical Excellence

The pillars of our work



- Comprehensive evidence base
- Expert input
- Patient and carer involvement
- Independent advisory committees
- Genuine consultation
- Regular review
- Open and transparent process.

Methodological principles governing all NICE's work

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



NICE methods for public health

Second edition (April 2009)



The NICE public health guidance development process

An overview for stakeholders, including public health practitioners, policy makers and the public



The nature of the problem

- The link with human behaviour of a significant proportion of non-communicable disease.
- We have failed to properly integrate our understandings of human behaviour with our biomedical knowledge.
- At worst we have treated human behaviour as common sense and not considered it worthy of scientific scrutiny.

Evolutionary Trends



Source The Economist, 12 November 2003.







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



 NICE (2011) Preventing type 2 diabetes: population and community-level interventions in high-risk groups and the general population, London: NICE. http://guidance.nice.org.uk/PH35/Guidance/doc/English

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From: Heath I (2006) Combating Disease Mongering: Daunting but Nonetheless Essential. PLoS Med 3(4): e146. doi:10.1371/journal.pmed.0030146





 Population and community-level interventions to prevent type 2 diabetes among adults aged 18–74 in high-risk groups and the general population



National recommendations

- Integrating national strategy on non-communicable diseases
- Conveying messages to the whole population
- Promoting a healthy diet
- Promoting physical activity

Local recommendations

- Local joint strategic needs assessments and local strategy
- Interventions for communities at high risk
- Conveying messages to the local population
- Promoting a healthy diet
- Promoting physical activity
- Training

Local joint strategic needs assessments

- Identify local communities at high risk of developing type 2 diabetes
- Assess their specific needs
- Identify any gaps in service provision
- Identify existing resources and community groups that could help promote a healthier lifestyle

Developing a local strategy

- Develop a local, integrated plan aimed at preventing type 2 diabetes and related non-communicable diseases which:
 - targets communities at high risk
 - raises awareness of the risk factors
 - creates a local environment that encourages people to be more physically active, adopt a healthier diet and manage their weight

Interventions for communities at high risk

- Work in partnership to develop cost-effective interventions that take into account the needs of communities at high risk
- Use local media and other community resources to publicise the key messages
- Recruit and train lay and peer workers from the community to help plan and deliver interventions
- Commission culturally appropriate and affordable weight management programmes

Conveying messages to the local population

- Work with local people to tailor national messages on type 2 diabetes for use with their community
- Ensure lifestyle messages are consistent, clear and culturally appropriate
- Address any misconceptions that can act as a barrier to change
- Use local media, community facilities and workplaces to convey these messages

Promoting a healthy diet: food retailers, caterers and workplaces

- Ensure food retailers that provide healthier products at reasonable cost are accessible on foot or via public transport
- Encourage local retailers to use promotional offers to promote healthier food and drink options
- Encourage local caterers to include details in menus on the calorie content of meals
- Encourage the NHS and other local employers to help prevent employees from being overweight or obese

Promoting a healthy diet: public education

- Make people aware of welfare benefits and wider schemes to supplement their food budget and improve eating patterns
- Provide information on how to produce healthier meals and snacks on a budget
- Provide nutrition education sessions

Promoting physical activity

- Assess the local needs for physical activity opportunities and address gaps in provision
- Ensure local facilities and services are easily accessible on foot and by using other modes of transport involving physical activity
- Ensure physical activities and leisure services are affordable, culturally acceptable and provided in safe locations
- Encourage local employers to help employees to be more active

Training

•Ensure training for those involved in promoting a healthy lifestyle covers:

- how to provide healthy lifestyle advice
- diversity, including cultural, religious and economic issues
- identifying communities at increased risk of type 2 diabetes
- strategies for changing behaviour
- how to challenge stigma and dispel myths about type 2 diabetes

Savings

- Diabetes is estimated to account for at least 5% of UK healthcare expenditure - preventing or delaying the onset of type 2 diabetes and other non-communicable diseases would lead to savings for the NHS and other public service organisations
- The cost of targeting high-risk groups at population level to prevent or delay raised glucose levels is likely to be lower than the cost of one-to-one interventions to stop people with raised glucose levels progressing to type 2 diabetes

Find out more

- Visit <u>www.nice.org.uk/PH35</u> for the:
 - guidance
 - quick reference guide
 - costing statement
 - self-assessment tool
 - guide to resources

Some problems

Long causal chains

- Where causal relations between the intervention and the outcome is distal.
- Complex interventions in complex settings.

 Where X is a brief behavioural intervention in primary care to increase rates of exercise and where Y is reduced risk of diabetes



Nudge?



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Sons of Zeus

Apollo



Dionysus


The sons of Zeus



• order

Apollo

- discipline
- system
- predictability
- logic
- rationalism
- method

The sons of Zeus



Apollo

- order
- discipline
- system
- predictability
- logic
- rationalism
- method

Dionysus



- pleasure,
- the vine,
- drunkenness,
- disorder.
- complexity
- empiricism
- sponteaity

The Dual Process system.

- The reflective system.
 - Reflective, goal oriented system driven by our values and intentions requiring cognitive capacity or thinking space, which is limited.
 - Many traditional approaches to health promotion depend on engaging this system.
 - Often based on providing information designed to alter beliefs and attitudes, motivate people with the prospect of future benefits, or help them develop self regulatory skills.
 - At best, these approaches have been modestly effective in changing behaviour.

The automatic system

- The automatic, affective system that requires little or no cognitive engagement, being driven by immediate feelings and triggered by our environments.
- This automatic system is the focus of nudge theory.

Choice Architecture



http://pumabydesign001.wordpress.com/2010/10/07/michael-bloomberg%E2%80%99s-agenda-to-nudge-new-yorkers-using-food-stamps/







 MARTEAU, T.M., OGILVIE, D., ROLAND, M., SUHRCKE, M., KELLY, M.P. (2011) Judging nudging: can 'nudging' improve population health? *British Medical Journal.*

Predictive models



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Socrates meets Inspector Morse



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Conclusion

- Population and individual level interventions.
- The social and the individual level of explanation are distinct and important.
- No quick fix.
- Human behaviour in its social context is highly complex, but it is possible to understand it, if integrated causal pathways of a Socratic kind are developed.
- Such pathways must integrate the biological, the psychological and the social.