BEHAVIOUR CHANGE

Mehboob I.M. Umarji
Department of Health (England)

The role for Social Marketing

- Integral component of behaviour change

Based on four key mantras
- people voluntarily changing their behaviour;
- the principle of exchange;
- the adaptation of marketing techniques e.g. segmentation; and
- improving the welfare of the individual and society
What is Healthy Foundations?

- A holistic and motivational segmentation
  - Life Course
  - Environment (IMD)
  - Attitudes and Beliefs

- An Oracle
  - A powerful insight tool
  - Cited as an exemplar of Best Practice segmentation
  - Mulgan Report on Behaviour Change

- Focus resources where need is greatest or necessary

Research Background

- Quantitative research
  - Random sample of 4,928 people aged 16-75 years old
  - Boosts to BME groups in deprived areas (c. 800)

- Qualitative research
  - 52 focus groups and 45 depth interviews
  - Explored participants’ lifestyle, motivations and the behavioural intervention approaches that might work for them
Underlying Factors

Age/life-stage

Circumstances/environments

Attitudes/beliefs towards health and health issues

Classifying Life-Stage

Discovery Teens

Freedom years < 25

Freedom years 25+

Aged < 45

Aged 45+

Younger settlers (no dependents)

Older settlers (no dependents)

Younger jugglers (dependents)

Older jugglers (dependents)

Retirement with partner

Retirement no partner

Alone again
Grouping the *drivers* of behaviour by type and function

**Demographics and Health Status**
- Age
- Gender
- Social Class
- Life-stage
- Health Status
- BMI
- GHQ score

**Individual Controlling factors**
- Self esteem
- Locus of control
- Self efficacy
- Attitudes to healthy living
- Long/short term view
- Complacency
- Self confidence
- Fatalism
- Excitement
- Risk taking
- Aspirations

**Environmental Controlling Factors**
- Peer-pressure
- Social norms
- Level of parental control
- Deprivation/social exclusion
- Life events
- Social Capital

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**Segmentation- Cluster Map**

- **High Motivation**
  - Balanced Compensators (19%)
  - Health Conscious Realists (21%)
- **Low Motivation**
  - Unconfident Fatalists (18%)
  - Hedonistic Immortals (19%)
  - Live for Today (25%)
  - Surviving (11%)
- **Thriving**
- **Fighting**
- **Disengaged**
WSMC 2011

Breakdown by Motivational Segments

Unconfident Fatalists 18%
Health Conscious Realists 21%
Hedonistic Immortals 19%
Balanced Compensators 17%
Live for Todays 25%

UF 3%
HCR 50%
HI 29%
BC 18%
LFT 0%
The National Picture – by SHA

National Averages
Unconfident Fatalists (18%)
Live for Today (25%)
Hedonistic Immortals (19%)
Balanced Compensators (17%)
Health Conscious Realists (21%)

Unconfident Fatalists – service use

Service use
- UFs were much more likely to have used NHS services than other segments: having used an average of 2.03 services in the past 3 months, compared with 1.49 amongst the sample as a whole.
  - They were particularly more likely to have used hospital services, being twice as likely as average to have been an out-patient (28%, 15% average)
  - 67% of UFs had been to a GP in the past 3 months, compared with 50% or less of those in the other segments
  - These higher levels of service use are likely to be linked to their higher propensity to have an illness/disability (58%, 29% average)
Satisfaction with service use amongst heaviest users

- Despite their higher levels of service use, UFs were significantly less likely than other segments to say that they are satisfied with NHS services locally.
- Even amongst the heaviest service users (3+ services in past 3 months), UFs were significantly less likely to be satisfied (70% v 76% average)
Cost Savings

If we were to reduce the number of UFs who report A&E attendance from 35% to the population average of 23%, this would be equivalent of a reduction of 745,000 people reporting an A&E attendance.

The estimate of the reduction in admissions leads to a potential saving of between £168m and £228m.

Interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Live For Today</th>
<th>Unconfident Fatalist</th>
<th>Hedonistic Immortals</th>
<th>Balanced Compensator</th>
<th>Health Conscious Realists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-ordinated approach – Health Trainer</td>
<td>High Intensity</td>
<td>High Intensity</td>
<td>Medium Intensity</td>
<td>Medium Intensity</td>
<td>Information of where to access facilities (i.e. cycle lanes) Supported Self Management materials Health check/MOT. Personalised and able for response to be positive behaviour change (e.g. CO, lung age, AUDIT: units calculator)</td>
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<tr>
<td>Structured single issue programmes, goal setting, and celebrated successes</td>
<td>Psychological interventions e.g. CBT approaches. This could consider the IAPT Programme. Health Trainers: Person centred and co-ordinated support access</td>
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Who can use Healthy Foundations?

Healthy Foundations useful to a wide range of health professionals

- Anyone involved in planning, designing and developing behaviour change programmes
- People working in the localities, Public Health Observatories (PHOs), GPs and Local Authorities (LAs)
- Service Commissioners and Strategic Planners
Healthy Foundations
Early Adopter Programme

- QIPP; LTC; Cancer Screening
- NHS Tower Hamlets
- NHS Ashton, Leigh and Wigan
- NHS Luton
- NHS Liverpool
- Middlesbrough Safer Partnerships
- Cambridgeshire Health and Wellbeing Partnership
- Cancer Research UK
- British Heart Foundation

Thank you

For further information please contact us on:
Mehboob.Umarji@gmail.com
lucycatherinegat@gmail.com