

Chapter introduction

Individual behaviour can be beneficial or detrimental to health. In the latest Global Burden of Disease study, behavioural risk factors were estimated to 'cause' more than a quarter (28%) of all death and disability in England. [1] Poor diet (including insufficient fruit and vegetable consumption) and smoking are the most important risk factors for health nationally; harmful alcohol consumption and insufficient physical activity are also major contributors to poor health. This chapter describes all four of these 'lifestyle' behaviours in the context of the population of Hackney and the City of London.

It is important to remember that these individual health behaviours are rarely a free lifestyle 'choice', but are strongly determined by the environment in which people live their lives. For example, easy local access to cheap cigarettes and alcohol, poor access to affordable healthy food and a built environment that favours car use over walking or cycling, all act as barriers to healthier lifestyles. Social and cultural influences also play a very important role in determining how much (and what) people drink, eat, how active they are and whether they smoke.

Often, these behaviours cluster together creating multiple risk factors for poor health. National evidence suggests that a quarter of the adult (age 16+) population engage in three or more of the behavioural risk factors covered by this chapter (smoking, excess alcohol consumption, low consumption of fruit and vegetables and physical inactivity). [2] People living in more deprived circumstances are more likely to be exposed to multiple risk factors, which acts to further widen social inequalities in health.

Growing recognition of the complex interaction of various external influences on individual behaviour has led to a rise in prominence in recent years of 'behavioural insight' or behaviour change theory. Behavioural insight uses information that is known about the drivers of behaviour in a particular population to design appropriate interventions to 'nudge' people away from undesirable (or unhealthy) behaviours towards more desirable ones. There are many theories of behaviour change; one that is commonly used in the UK is a theory developed by scientists at the Cabinet Office, which describes influences on individual behaviour using the mnemonic 'MINDSPACE' – see Figure 1.

Figure 1: MINDSPACE - influences on individual behaviour [3]

	Description
Messenger	We are heavily influenced by who communicates information
Incentives	Our responses to incentives are shaped by predictable mental shortcuts (e.g. we dislike losses more than we like gains)
Norms	We are strongly influenced by what others do
Defaults	We 'go with the flow' of pre-set options
Salience	Our attention is drawn to what is novel and seems relevant to us
Priming	Our acts are often influenced by sub-conscious cues
Affect	Our emotional associations can powerfully shape our actions
Commitments	We seek to be consistent with our public promises, and reciprocate acts
Ego	We act in ways that make us feel better about ourselves

Notes on the data used in this chapter

Much of the data reported in this chapter are taken from surveys in Hackney and the City of London. While these provide useful local estimates of behaviour, it is important to note that they will be subject to some biases – arising both from the samples on which the data are based and the self-reported nature of the information provided. For example, some behaviours may be under-stated by some people (such as alcohol consumption), while others may be over-stated (such as physical activity). Although every effort has been made to ensure that the survey samples are as representative of the local population as possible, and most survey questions are based on validated tools, residual biases are likely to remain and the data should be interpreted with caution.

In order to capture the uncertainty surrounding the use of survey data from small samples to make inferences to whole populations, confidence intervals are shown on the charts (where available). Confidence intervals are an indicator of how accurately the estimates shown reflect the 'true' or underlying population data. For more detail, see the chapter glossary.

Throughout this chapter, reference is made to 'statistical peers' when making comparisons with other areas. Statistical peers are local authorities with a similar demographic make-up to the local population. See chapter glossary for details.

Structure of this chapter

Each section of this chapter covers a different behaviour, but uses the same clear and consistent format to present the evidence for each, using the headings described in Table 1.

Table 1: Section headings

Subsection	Description
Introduction	A short description of the behaviour and an overview of the key relevant health and wellbeing issues.
Causes and risk factors	A short summary of causes and risk factors for different behaviours.
Local data and unmet need	The number of Hackney and the City residents estimated or known to be participating in specific behaviours. Where available, estimates of total unmet need are provided.
Inequalities	National and local data on relevant behaviours presented by equality area (such as age, ethnicity, gender, deprivation and other characteristics) to understand if different groups have different levels of need, and if these needs are being met.
Comparisons with other areas and over time	A selection of relevant indicators comparing local performance to similar London boroughs, as well as the London and England average, and showing how these have changed over time (where data are available).
Evidence and good practice	A short summary of key guidance and best practice recommendations in relation to each behaviour.
Services and support available locally	A short summary of current services and initiatives relevant to each behaviour in Hackney and the City.
Service gaps and opportunities	A brief description of the main gaps in current services and/or opportunities for improvement locally.

References

- [1] J. N. Newton, A. D. Briggs, C. J. L. Murray, D. Dicker, K. J. Foreman and H. Wang, "Changes in health in England, with analysis by English regions and areas of deprivation, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013," *The Lancet*, no. [http://dx.doi.org/10.1016/S0140-6736\(15\)00195-6](http://dx.doi.org/10.1016/S0140-6736(15)00195-6), September 2015.
- [2] D. Buck and F. Frosini, "Clustering of health behaviours over time: implications for policy and practice," 2012. [Online]. Available: https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf.
- [3] P. Dolan, M. Hallsworth, D. Halpern, D. King and I. Vlaev, "MINDSPACE: influencing behaviour through public policy," January 2010. [Online]. Available: <http://www.instituteforgovernment.org.uk/sites/default/files/publications/MINDSPACE.pdf>.