

Healthy Behaviours

KRIC 13 June 2023



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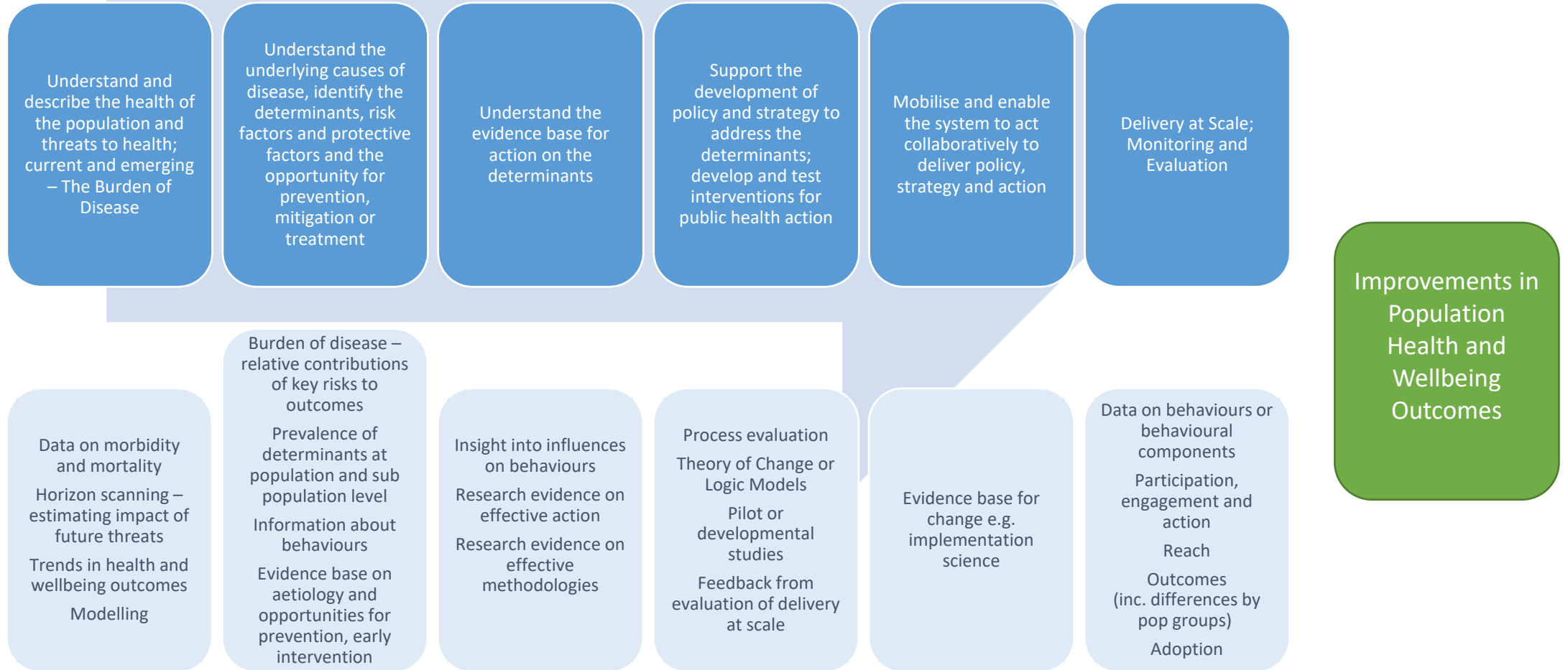
Healthy Behaviours Overview

Long Term Strategy Outcome Indicators

Behaviour	Prevalence	Trend
Adults smoking NSW, 2021/22	13%	
15 year olds smoking SHRN, 2021	7%	
Adults whose drinking is low risk < 14 units per week NSW, 2021/22	84%	
Adults meeting CMO guidelines for physical activity 150 minutes activity weekly NSW, 2021/22	56%	
Adults who are a healthy weight BMI <25, excl. pregnant people NSW, 2021/22	38%	

NSW method change
hard to interpret trend

A Public Health Approach



Principal requirements for data and analysis

Non-communicable diseases

- Time – annual data is often sufficiently frequent
- More frequent data required for: direct service delivery, understanding seasonality, early identification of change including impact of interventions
- Periodic granular data to understand population need and variation, including inequalities
- Prevalence – high quality, reproducible measures
- Consider further use of alternative data sources: observed behaviours data to cross-validate and supplement reported data, richer and more granular breakdowns, higher frequency data from e.g. sales data, admin data, qualitative data, text etc, alternative sources whilst NSW is paused in 2024
- Evaluation – proportionate to the evidence base

Understand and describe the health of the population

What do we have in place

- Burden of disease study
- Routine mortality data
- Horizon scanning internationally – emerging behavioural risks
- Implications of wider health threats to behavioural risks e.g. cost of living crisis

What are we developing

- Long-term projections
- Accessible, regularly updated trends for prevalence and incidence
- Smaller area statistics (primary care clusters)

What do we need to develop

- Additional long-term projections and models which include risk factors
- Avoidable mortality

Understand and describe the underlying causes of disease

What do we have in place

- Burden of disease study – relative contributions of risk and protective factors
- Prevalence data for key behaviours
- Behavioural diagnosis approach
- Evidence synthesis
- Research on new and emerging topics e.g. e-cigarettes research and evidence synthesis

What are we developing

- Analytical in addition to descriptive data
- Data-driven personas / profiles – adult and child smokers in Wales
- Improved data and analysis on risk factor inequalities e.g. improved data collection for Help me Quit

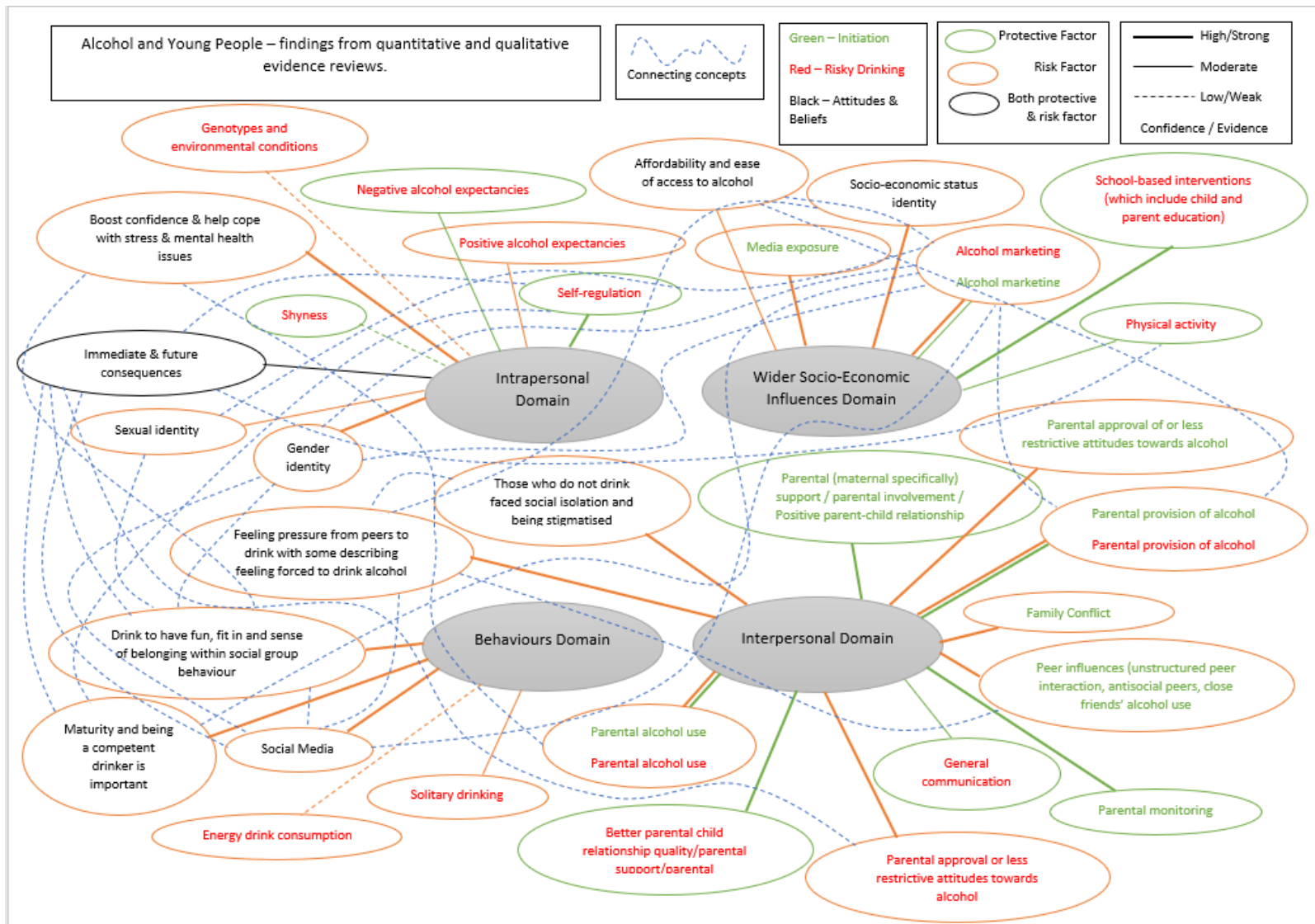
What do we need to develop

- Scenario modelling for policy / intervention options – what if...
- Explore feasibility of modelling smaller geographical areas
- Alternative data sources eg digital footprint, sales data, nutrition etc
- Understanding multiple-health behaviours and complex profiles eg smoking and alcohol - how does a change in one effect the other?

Our Approach to Behavioural Diagnosis

Understanding the drivers of behaviours

-
- Descriptive data – making the case for action
 - Quantitative evidence synthesis – risk and protective factors
 - Qualitative evidence synthesis – attitudes, beliefs, motivation etc.
 - Research to address evidence gaps
 - Bespoke insight gathering where necessary
 - Behavioural map and analysis
 - Evidence review effective interventions
 - Recommendations for policy and practice
 - Embedded outcome evaluation



Understand the evidence base for action on the determinants

What do we have in place

- Published systematic reviews
- Bespoke systematic reviews e.g. obesogenic environment reviews to inform HWHW
- Academic relationships with research groups
- Established approach to insight gathering e.g. Parental views of active travel to school

What are we developing

- Published systematic reviews
- Bespoke systematic reviews e.g. obesogenic environment reviews to inform HWHW
- Academic relationships to research groups
- Established approach to insight gathering

What do we need to develop

- Methods based reviews rather than topics
- Evolution of insight research

Support the development of policy and strategy to address the determinants

What do we have in place

- Development of TOC or logic models
- Public engagement surveys to test public acceptability
- Bespoke research and analysis to support specific questions e.g. ultra-processed foods; location of fast food takeaways; meal deals/BOGOF
- Creation of personas

What are we developing

- Use of formative evaluation methods to support development e.g. case studies
- UX/UI approaches to digital development

What do we need to develop

- Creation of personas (in house)
- Rigorous approach to piloting interventions

Mobilise and enable the system to act collaboratively

What do we have in place

- Published systematic reviews
- Use of frameworks such as RE-AIM
- Development of minimum datasets

What are we developing

- Range of data sources to track direction of travel
- Use of logic models to guide focus on 'active ingredients'

What do we need to develop

Delivery at Scale: Monitoring and Evaluation

What do we have in place

- Mixed range of national reporting
- Established approaches with Smoking Cessation; NERS
- Evaluation Frameworks - HWHW

What are we developing

- Minimum datasets and core reporting for AWWMP
- HIPAS for NERS and Smoking Cessation
- Dashboard for WSAMEW
- JUSTB Dashboard
- Familiarity with methods for measuring system change e.g. social network analysis; ripple effects mapping

What do we need to develop

- Methods for evaluation of social marketing interventions

Healthy Weight Healthy Wales Evaluation

Proposed Approach – Multi-level



Healthy Weight Healthy Wales Evaluation

Wales Population Level

Overarching Outcome: Proportion of the population who are a healthy weight and the difference in levels of Healthy Weight between the most and least affluent groups

Measures of population diet

Physical Activity

Nutrition

Food behaviours (choice; preparation)

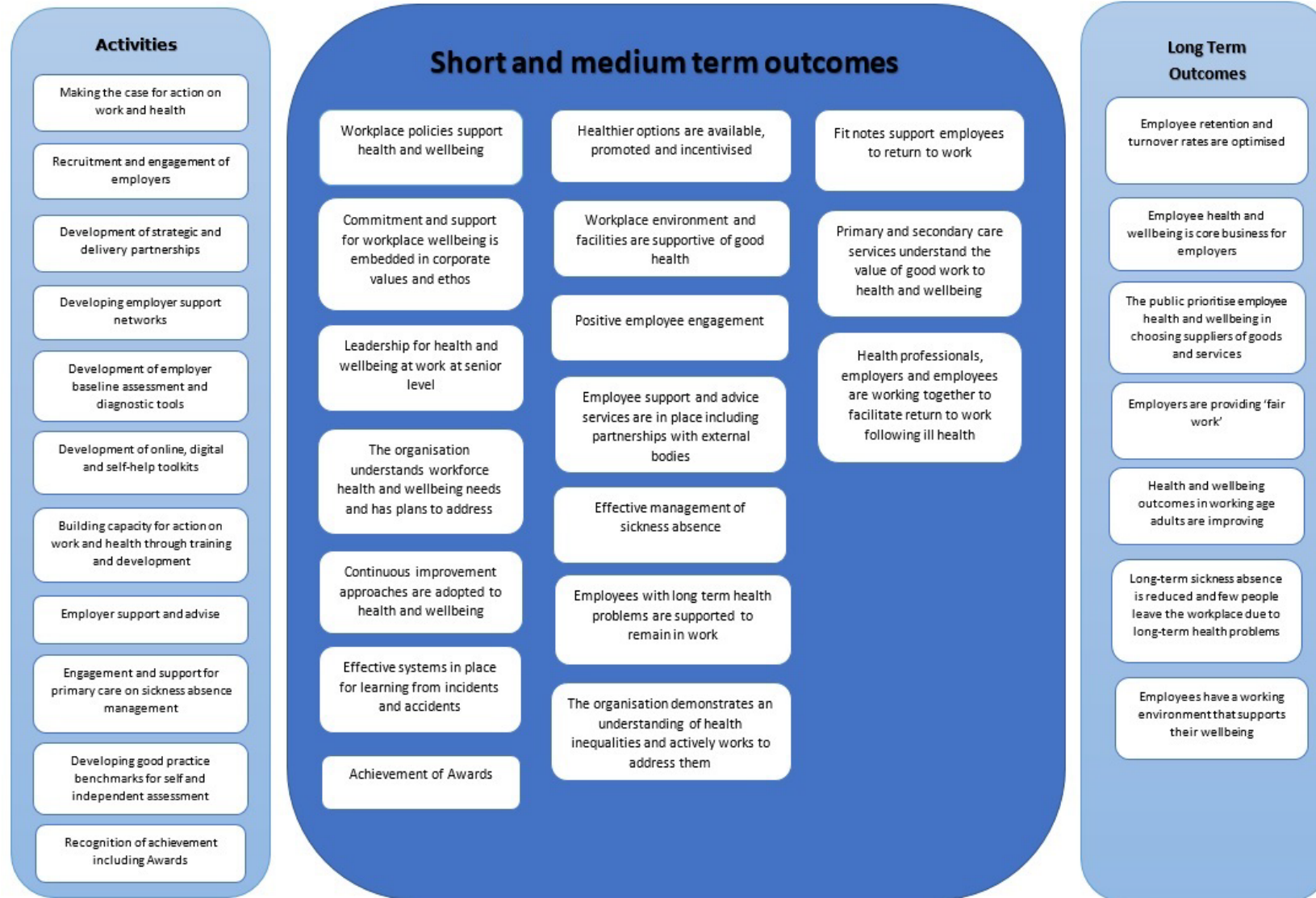
Active Behaviours

Food and Nutrition Environment Measures

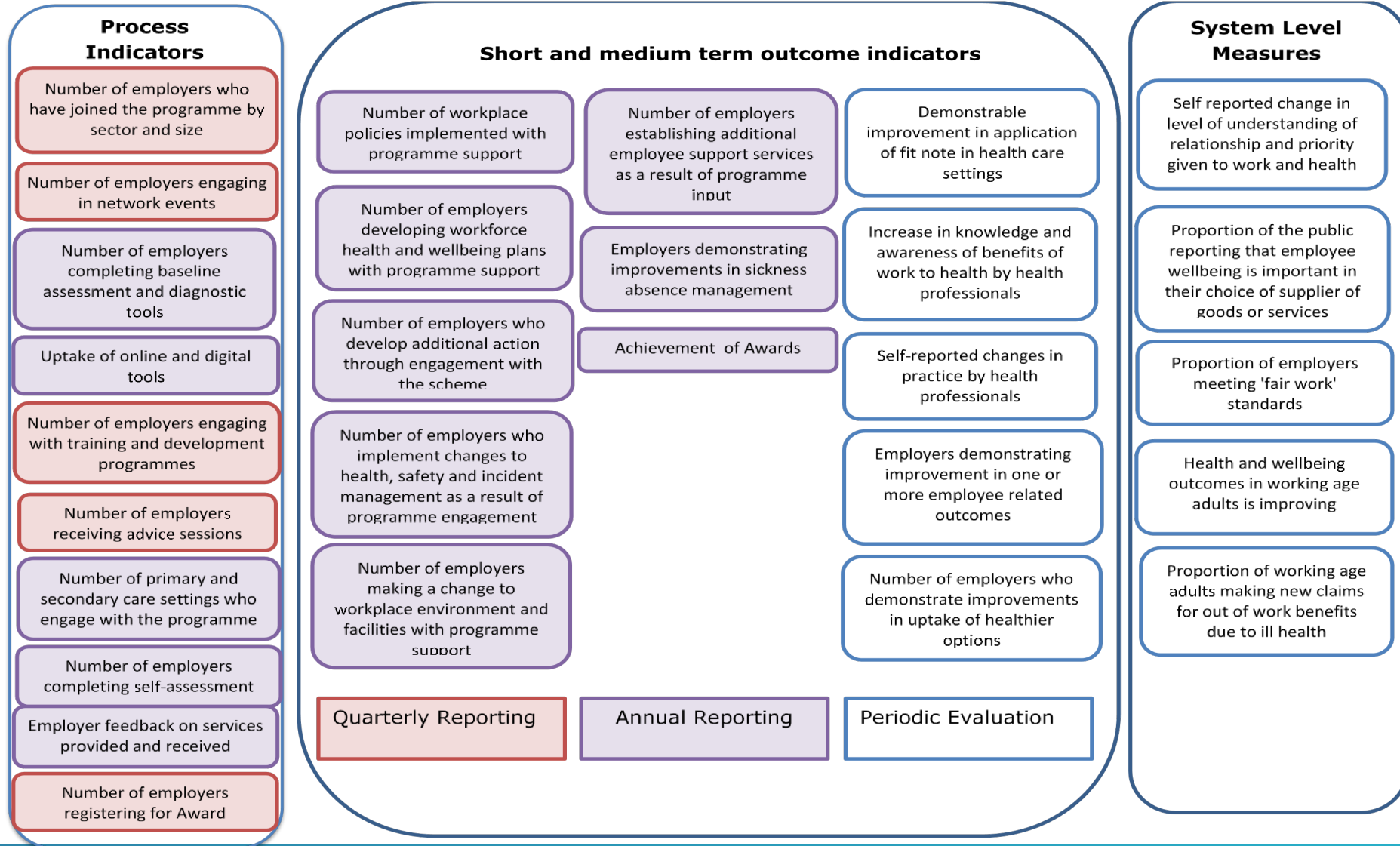
Weight Management Services

Active Environment

Healthy Working Wales Logic Model and Theory of Change



Healthy Working Wales Indicator Framework



Healthy Behaviours

Summary

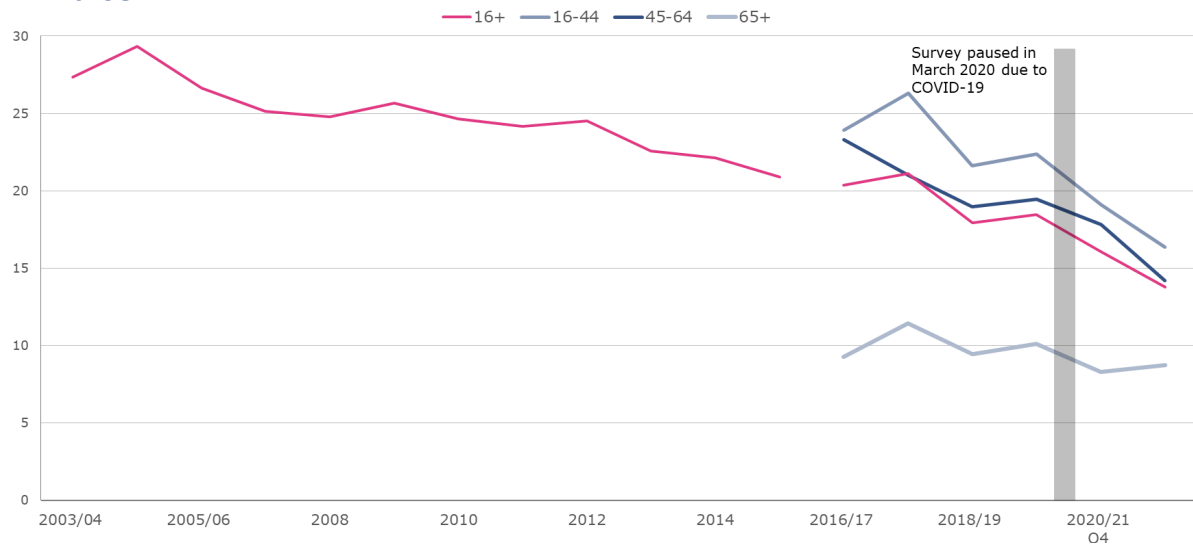
- We need to be clear about the difference between our support for measuring system level change and how we measure how well we are performing
- Complement established measures and explore and test usefulness of a range of data sources
- Making the most of what we already have
- Supporting local needs assessment
- Continuing to strengthen approach to and capacity for evaluation

Annex: healthy behaviours data

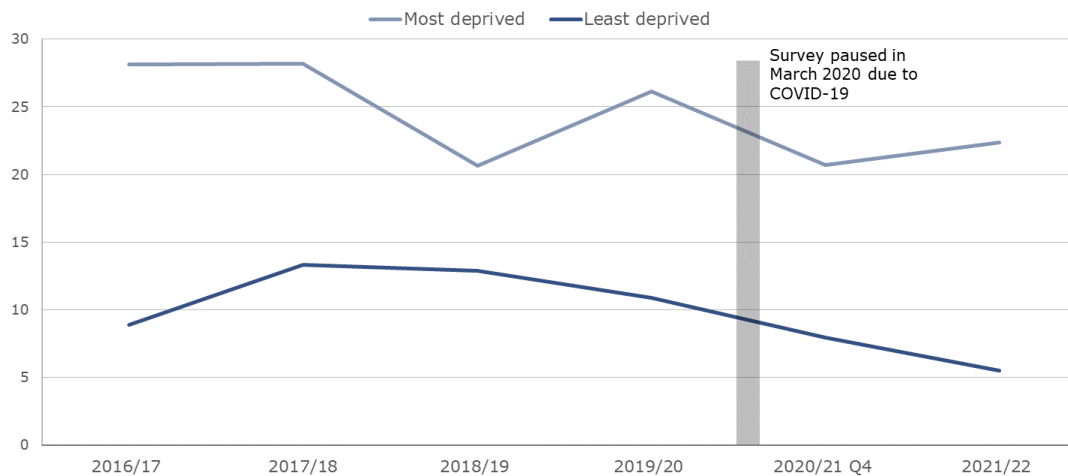
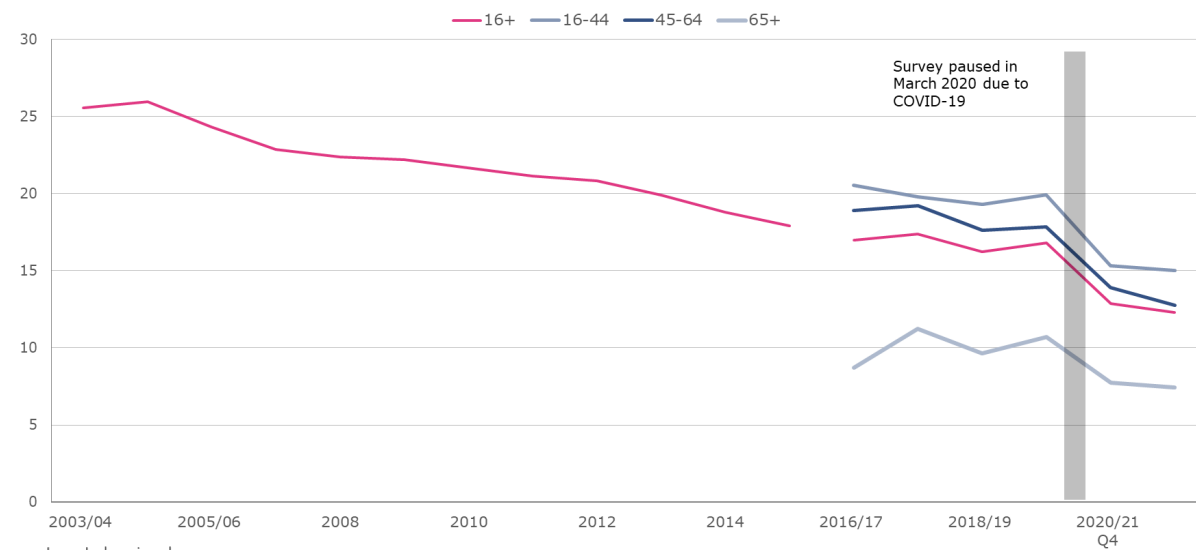
Adults in the most deprived fifth are more than 4 times more likely to be smoke than the least deprived fifth.

Adults reporting to smoke, percentage, males and females aged 16+, Wales
2003/04 to 2015 Welsh Health Survey & 2016/17 to 2021/22 National Survey for Wales

Males



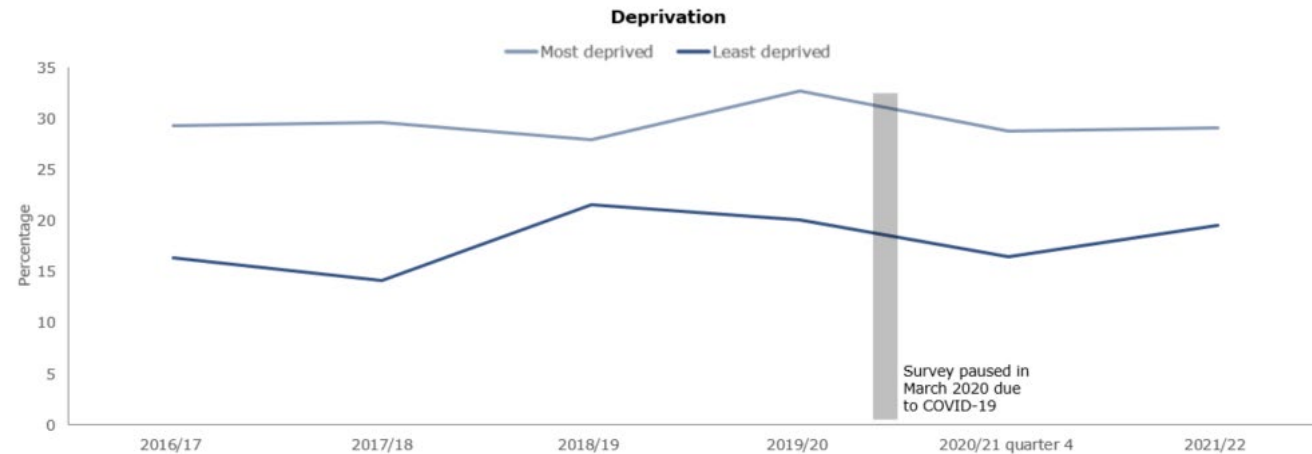
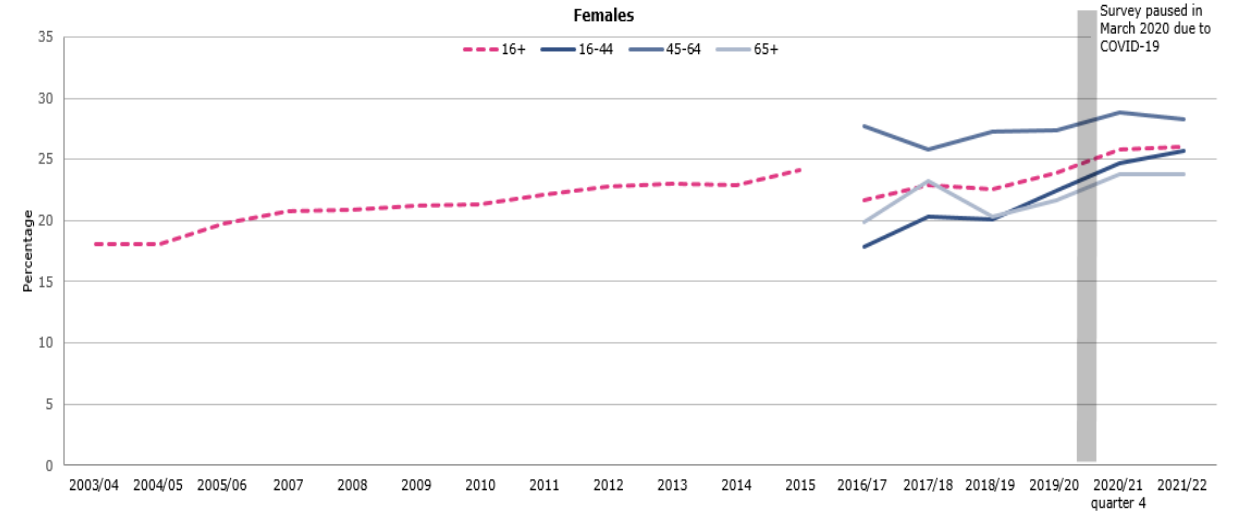
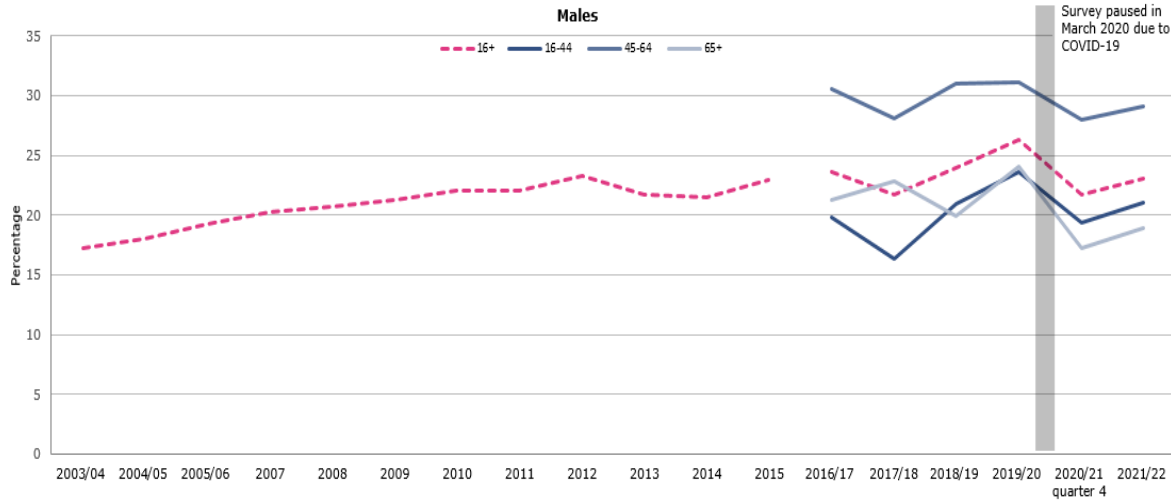
Females



Almost 30% of males and females aged 45-64 reported to be obese in 2021/22

Adults in the most deprived fifth are approximately 50% more likely to be obese than the least deprived fifth

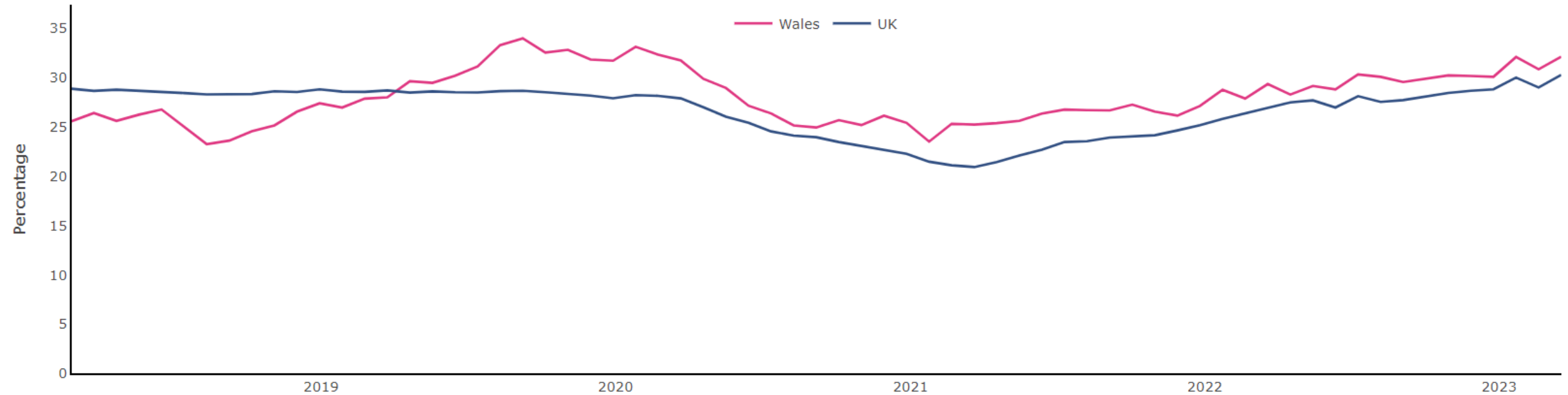
Adults reporting to be living with obesity (BMI 30+), percentage, males and females aged 16+, Wales 2003/04 to 2015 Welsh Health Survey & 2016/17 to 2021/22 National Survey for Wales



Almost one third of people in Wales (32.1%) eat less than one portion of fruit and vegetables per day, March 2023

Population eating less than one portion of fruit and vegetables per day, percentage, persons all ages, Wales and UK, 25/02/2018 to 19/03/2023

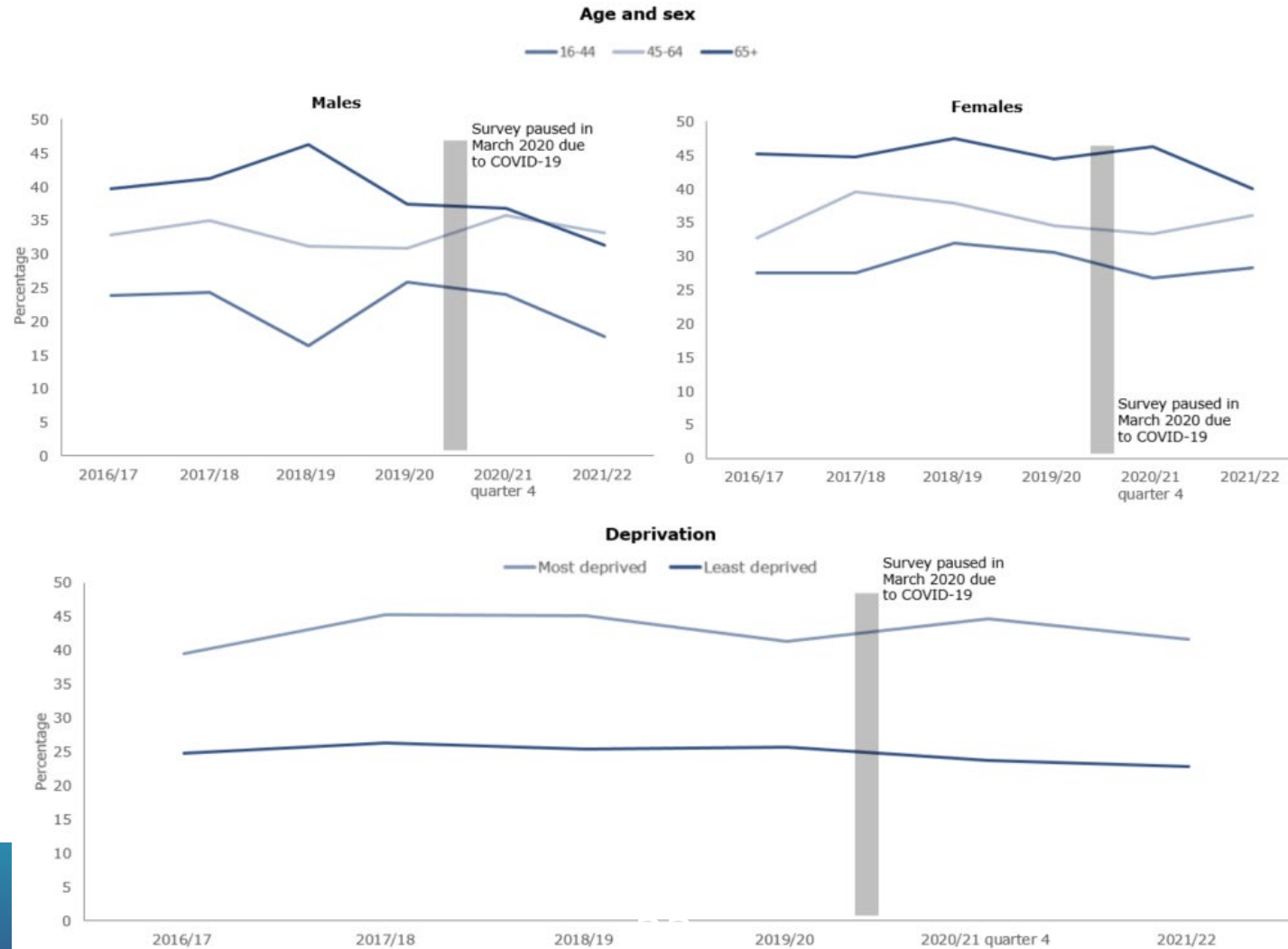
Source: PHW analysis of Kantar Worldpanel data



Around 40% of females aged 45+ and 30% of males aged 45+ reported to be physically inactive in 2021/22

Adults in the most deprived fifth almost twice as likely to be physically inactive than the least deprived fifth

Adults reporting being physically active less than 30 minutes in the previous week, percentage, males and females aged 16+, Wales, 2016/17 to 2021/22, National Survey for Wales



A higher percentage of males report to drink alcohol above guidelines than females for all age groups. More adults in the least deprived fifth drink above guidelines than the most deprived fifth.

Adults reporting to drink above guidelines in the previous week, percentage, males and females aged 16+, Wales, 2016/17 to 2021/22, National Survey for Wales

