PMAC PRINCE MAHIDOL AWARD CONFERENCE 2019

PARALLEL SESSION 1.1

ADDRESSING THE BEHAVIOURAL DETERMINANTS OF NCDS: EMPOWERING OR VICTIM-BLAMING?

| BACKGROUND

It is emphasized from the outset that the multiplicity of inter-dependent determinants of NCDs need to be considered and addressed together as part of a comprehensive framework. This session, however, will focus on the behavioural determinants of NCDs, which encompass individual lifestyle factors, and the promotion of health and nutrition literacy and behavior change communication to address them. Four major NCD risk factors have significant behavioural dimensions at the level of the individual: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets. NCDs impose a disproportionate burden that on poorer populations in upper income countries and across all populations in low and middle income countries. Given the evidence of greater impact of the behavioural determinants on populations with low socio-economic status, these groups require greater focus and appropriately tailored approaches. Despite the proliferation of health information on the Internet, there is often a lack of evidence-based and tailored information that is easily available to the general public, while on the other hand the public is receiving a huge amount of marketing information on unhealthy products from the various industries.

Health literacy refers, broadly, to the ability of individuals to "gain access to, understand and use information in ways which promote and maintain good health" for themselves, their families and their communities. Health literacy is particularly important in order to prevent and control NCDs and their shared risk factors. For example, people with higher levels of health literacy are better able to understand available nutrition information and to be empowered to make healthier choices, thus contributing to preventing both undernutrition and overweight and associated NCDs. At the same time, the availability and affordability of healthier choices and the socio-cultural contexts need to be considered and addressed – aspects covered in other parallel sessions.

A strand of narrative that has dominated the (industry promoted) discourse is that NCDs are primarily caused by poor individual choices on lifestyles, and that the strategy to prevent them is focused primarily on promoting healthy lifestyles, placing the onus (or blame) on the individual. This narrative still holds sway in certain contexts and among certain stakeholders – for example, in case of Governments which choose or are influenced to avoid addressing the wider socio-cultural, commercial and policy determinants, or among private sector stakeholders and the researchers they fund, which have vested interests in preventing those wider determinants from being addressed. The session will aim to explore this aspect of the narrative and reiterate that behavior change interventions support and complement strategies that address wider determinants of health.

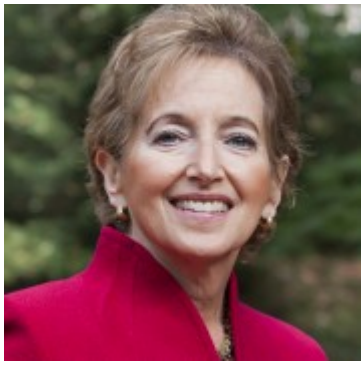
Social and behavior change communication – often in the form of "health education" - is one of the health promotion strategies to modify the behavioural risk factors through the life course and improve health and nutrition literacy. "Health education" is often the dominant form of behavior modification strategy in many countries. It should be considered one strategy among a comprehensive package which includes the legislative and policy measures addressed in other parallel sessions of the conference. It should be based on a thorough analysis of the epidemiological situation in each country by identifying the distribution of risk factors among different population groups and developing a national risk profile. Analysis of the social norms, socio-economic factors and motivators that influence individual behaviours should also be assessed, as well as the channels and communication approaches that are most likely to be accessed and successful among different groups. It should also assess the relative importance to different groups – including children and adolescents – of prevailing marketing of unhealthy foods and beverages, tobacco and alcohol. Another tactic to change individual behaviour is "nudging" to encourage people to make healthy choices, be more active, and eat better, among others, drawing on behavioural insight theory.

The session will emphasize the critical importance of starting early with health education interventions - during pregnancy, in early childhood and in adolescence - to create positive health related behaviours. It will discuss the evidence of the impact of early interventions on later NCDs.

This session will summarize the evidence on behavioural determinants in terms of data on prevalence of smoking, alcohol consumption, physical inactivity, unhealthy diets in different contexts – e.g. lower, middle and upper income countries, by income, age, sex etc - and evidence on various education/communication approaches to modify them. It will consider the question raised by the title of the session, whether behavior change interventions are empowering or victim-blaming. It will showcase examples of best practices, innovations and documented success from a range of countries in modifying NCD-related behaviours across the life course as well as potentially addressing failed strategies, and will identify knowledge gaps for further research and suggest recommendations going forward.

| OBJECTIVES

- To examine the current state of evidence on various behavioural determinants of NCDs
- To explore the evidence on strategies to address various behavioural determinants: what works, what does not work, and why; plus suggestions for national strategies
- To discuss examples of national strategies to address behavioural determinants, particularly from LMICs
- To analyze the political economy of “promoting healthy lifestyles” and explore whether strategies are empowering or victim-blaming
- To identify knowledge gaps and research priorities



Keynote Speaker

Karen Glanz

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Karen Glanz, PhD, MPH is George A. Weiss University Professor, Professor in the Perelman School of Medicine and the School of Nursing, and Director of the UPenn Prevention Research Center, at the University of Pennsylvania. She is also Associate Director for Community Engaged Research and Program Leader for Cancer Control, at the Abramson Cancer Center of the University of Pennsylvania. A globally influential public health scholar whose work spans psychology, epidemiology, nutrition and other disciplines, her research in community and healthcare settings focuses on obesity, nutrition, and the built environment; reducing health disparities; and health communication technologies. Her research, funded for over $40 million over the past 25 years, focuses on cancer prevention and control, theories of health behavior, obesity and the built environment, social and health policy, and new health communication technologies. Her research and publications about understanding, measuring and improving healthy food environments, beginning in the 1980's, has been widely recognized and replicated. She is a member of the NHLBI Advisory Council and served on the US Task Force on Community Preventive Services for 10 years. Dr. Glanz was elected to membership in the National Academy of Medicine of the National Academy of Sciences in 2013. She was designated a Highly Cited Author by ISIHighlyCited.com, in the top 0.5% of authors in her field over a 20-year period, and was named a Highly Cited Author from 2007 to the present and was designated as one of The World's Most Influential Scientific Minds 2015 by Thomson Reuters.