

This work has been submitted to **NECTAR**, the **Northampton Electronic Collection of Theses and Research**.

## **Conference or Workshop Item**

**Title:** Countering a culture of acceptance: Exploring councillor's views towards poor health-related lifestyle choices

Creators: Callender, M. and Sixsmith, J.

**Example citation:** Callender, M. and Sixsmith, J. (2014) Countering a culture of acceptance: Exploring councillor's views towards poor health-related lifestyle choices. Invited Presentation presented to: *Royal Geographical Society with Institute of British Geographers (RGS-IBG) Annual International Conference, London, 26-29 August 2014.* 

Version: Session proposal

## http://nectar.northampton.ac.uk/7061/



Session Title: Addressing Diseases of Lifestyle: A Public Health Mission

Conference: RGS-IBG Annual International Conference 2014, London, 26-29 August 2014

**Organisers:** Matthew Callender<sup>1</sup>, Judith Sixsmith<sup>1</sup>, Michelle Pyer<sup>1</sup>

<sup>1</sup>Institute of Health and Wellbeing, University of Northampton

Sponsor: Geographies of Health Research Group (GHRG)

## Abstract:

This session focuses on the co-production of good health and wellbeing within the new Public Health system in England. It is recognised in the Public Health White Paper that individuals, communities and local authorities are responsible for the co-production of better health and wellbeing outcomes in relation to the Public Health Outcomes Framework for England. The mantra of public health's campaign against diseases of lifestyle has been framed in reference to a sense of civic responsibility underpinning individual-level behavioural choices. Indeed, the libertarian-paternalistic model on which Public Health is based establishes individual-level behavioural choices as the 'field-of-battle' on which the vision of public health will be realised and the war against diseases of lifestyle will be waged. Research has shown that rates of obesity, physical inactivity, alcohol-consumption, tobacco-use and drug-use are higher in lower socioeconomic groups and that the gap "between rich and poor [is] getting progressively worse" (Department of Health, 2010:3; Cleland *et al.*, 2012, Vallejo-Torres and Morris, 2010). However, the extent to which government and/or public health should encroach upon individual-level choice(s) in order to improve health and wellbeing outcomes is a long standing matter of debate. This session will revisit this debate in the context of new public health in order to reflect upon strategies that address diseases of lifestyle.

An important dimension to the mission of Public Health concerns the identification and implementation of mechanisms that improve population health and wellbeing. Evidence-based practice has been perceived as the gold standard in this respect. Public Health's campaign has focused on informing the public to the health and wellbeing risks of behavioural choices and modifying the contexts in which people live to 'nudge' people towards healthier choices. Yet, types and sources of evidence through which positive change is identified have been rather narrowly defined, often based on randomised clinical trials and quantitative approaches which tend not to fully address the complexities of place, people and moment. While quantitative approaches to measuring positive change are beneficial, the evidence uncovered through more qualitative approaches in which 'understanding' and 'context' is prioritised is less valued. Taking into account the historical, cultural, ethnic and religious differences between different populations and localities, methods of identifying change are needed that are sensitive to lifestyle and behavioural choices that are constantly negotiated in different times and places.

This session will first discuss approaches to addressing diseases of lifestyle and the ideology that underpins the new Public Health system. Second, the methods and approaches to identifying success and positive change at a micro-level will be explored.

We invite contributions that address the following themes:

- Individual-choice and civic responsibility;

- Public Health ideology;
- 'Nudging' environments and working with context;
- What counts as evidence within public health
- Methods to capture and understand local health and wellbeing needs and priorities;
- Sensitivity of evidence on which to base commissioning decision-making.

Please send a proposed title, an abstract (up to 200 words) and your contact details by 1<sup>st</sup> February 2014 to Matthew Callender (<u>matthew.callender@northampton.ac.uk</u>).

Further details about the Annual Conference can be found at http://www.rgs.org/AC2014

## **References:**

Cleland, C.L.; Tully, M.A.; Kee, F. & Cupples, M.E. (2012) The effectiveness of physical activity interventions in socio-economically disadvantaged communities: A systematic review. *Preventative Medicine*, 54(6), 371-380.

Department of Health (2010) Healthy Lives, Healthy People: Our strategy for public health in England. London: Department of Health.

Vallejo - Torres, L. & Morris, S. (2012) The contribution of smoking and obesity to income-related inequalities in health in England. *Social Science & Medicine*, 71(6), 1189-1198.