King's Fund

Research report

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OPINION LEADER RESEARCH

NHS

Health Development Agency

PUBLIC ATTITUDES TO PUBLIC HEALTH POLICY

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Summary

Improving the population's health is suddenly at the top of the public policy agenda. Derek Wanless's second report for the Treasury on future health spending (February 2004) warns that failure to prevent illness over the next 20 years could cost the NHS £30 billion. The Government has promised a new public health white paper in autumn 2004, following its widespread Choosing Health? public consultation.

Yet we still have remarkably little information about what the public thinks about health and who is responsible for securing it.

Until very recently, the state of the nation's health services received far more attention from politicians, policy-makers and the media than the state of the nation's health, and research has reflected this.[1] There have been plenty of surveys into people's views about the efficiency of health services, but almost none about their health and what they think should be done to help prevent them needing treatment in the first place.

In January 2004, the King's Fund began to address this information gap. With the support of the Health Development Agency – and later the Department of Health – we commissioned research consultants Opinion Leader Research (OLR) to carry out a detailed investigation of people's attitudes to their own and the nation's health. As part of this, OLR conducted a review of surveys into health that confirmed that research to date has been substantially focused on public attitudes to health care provision, rather than health.

Research themes

The OLR research explored four main themes:

- **Health expectations** How healthy do people think they are at present and how healthy do they expect to be in the future? What do they think are the main issues affecting their health and the health of the nation as a whole?
- **Individual responsibility and control** How far do individuals bear responsibility for their health? How far can individuals control their own health?
- **The role of the Government** What should the Government do to prevent illness and improve health? Which interventions are likely to be effective?
- **The role of the NHS** Should the NHS give more emphasis to promoting good health and preventing illness, or focus on treatment and care?

Research methodology

OLR conducted its research in three stages between January and March 2004. The first two stages consisted of discussion groups with participants carefully selected to represent a broad range of social classes, ages and experience of health services. The third stage was a survey of 1,002 members of the public to check the earlier findings and explore some issues in more detail.

Key findings

Health expectations

- People in higher socio-economic groups report better health than those in lower ones, and are more likely to expect to enjoy good health in the future. Eighty per cent of people in socio-economic groups A and B report having good health, compared with 59% of people in groups D and E. Seventy-two per cent of ABs expect to have good health in 10 years' time, compared with 53% of DEs.

Individual responsibility and control

- Most of the people surveyed (89%) agree with the statement that individuals are responsible for their own health and 93% agree that parents have greater responsibility for their children's health than anyone else. However, more than 60% think tackling poverty would be the most effective way of preventing illness.

- At the same time, more than 40% agree with the statement that there are too many factors outside individual control to hold people responsible for their own health.

- A higher proportion of those in socio-economic group DE feel that health is beyond individual control than those in socio-economic group AB and that tackling poverty is the best way of preventing illness.

The role of the Government

- A large majority of those surveyed say the Government should intervene to prevent illness by providing information and advice (86%); encouraging employers to promote health at work (82%); preventing actions that put others' health at risk (77%); and actively discouraging people from putting their own health at risk (75%).

- More than two-thirds (68%) say a ban on smoking in workplaces, including pubs, bars and restaurants, would be an effective way of reducing the health risks of smoking.

- More than 80% believe that ensuring healthy school meals would be an effective way to tackle obesity. There is also support for government intervention to limit salt, fat and sugar in processed foods, to ensure better physical education in schools and to invest in safe green spaces and streets.

- Interventions to reduce alcohol consumption inspire a little less confidence. The survey shows that there is support for a law prohibiting on-street drinking, and for government action to cut soft drink prices in pubs and clubs, with 70% and 64% of those questioned saying these measures would be effective, respectively.

- On sexual health, there is strong support for increasing young people's knowledge of the risks of sexually transmitted diseases, with 83% saying that this would be an effective measure.

- People in DE socio-economic groups are more likely than those in AB groups to support measures to make healthy food and exercise facilities available, and to ban on-street drinking, but are less likely to support a prohibition on smoking in public places.

The role of the NHS

- Nearly half of those surveyed say that the NHS should take a lead role in providing information, advice and support to enable everyone to prevent illness and lead healthier lives. A further 18% want the NHS to focus on improving the health of those at risk, rather than trying to improve health across the whole population.

- Less than a third think that it is more important for the NHS to focus on improving services to the sick rather than preventing illness.

- Those in DE socio-economic groups are less likely than those in AB groups to support the NHS taking a lead role in prevention and more likely to want the NHS to focus on services for sick people.

Conclusions

In relation to the four themes explored, the OLR research suggests:

Health expectations In general, people are concerned about health and have a good understanding of what contributes to it. They also understand that the worst off in society have the poorest health. Those who are better off, enjoy better health and have higher expectations than those in lower income groups, are generally more enthusiastic about preventing illness through lifestyle changes. Those in lower socio-economic groups, who are least healthy and have lowest health expectations, are more likely to feel that their health is beyond their own control.

Individual responsibility and control Most people recognise that individuals are responsible for their own health and that parents are mainly responsible for their children's health. At the same time, they can see that individuals do not control many of the factors that affect their own health, and that government action is required to create the conditions for people to live healthier lives and to enable them to make healthy choices. People in higher socio-economic groups are generally more enthusiastic about measures to prevent illness through lifestyle changes. Those who are less well off are more wary of measures aimed at changing their lifestyle, because they see these as further eroding their autonomy.

The role of the Government There is strong public support across the social spectrum for government action to prevent illness and improve health. Most agree that poverty must be tackled if health is to improve and that people need to know more about the cost to the public purse of failing to prevent illness. There is also a general tendency for people to be more favourable towards interventions that impact on other people 'out there' than towards those directly affecting their own lives and choices.

The role of the NHS People do not instinctively equate health with the national health service and tend to think about the two separately, acknowledging that most action to prevent illness must come from outside the NHS. People who are better off are generally more enthusiastic about the NHS taking a lead role in promoting better health for the nation as a whole. Those in lower socio-economic groups are more likely to anticipate being ill themselves, and more inclined to want the NHS to focus on improving health services for the sick. On the other hand, they are attracted to some kinds of government action, such as healthier school meals and more access to sports facilities and green spaces, which they feel will enable them to live healthier lives, extending their choices rather than restricting their freedom.

Ways forward

Support is strongest across the social spectrum for 'encouraging' measures that inform and advise, warn about health risks and encourage employers to promote health. 'Enabling' measures that help to create favourable social, economic and environmental conditions are also strongly supported, especially by lower social groups. Support for 'restrictive' measures to prevent actions that put others' health at risk or actively discourage people from putting their own health at risk is slightly lower, although nearly three in four people back a ban on smoking in public places.

The challenge for the Government will be to find sensitive combinations of the three kinds of measure to achieve effective health results and win support across socio-economic groups.

These research findings will contribute to the King's Fund's Putting Health First programme, which is exploring what a wider health 'system' geared towards keeping people healthy –

as well as treating them when they are unwell – would look like. We already know a great deal about the extent and causes of ill health. The programme aims to find the practical mechanisms and levers that will turn ideas about better health into action. Individuals, community organisations, national and local government, as well as public and private institutions, all have a role to play.

The research findings are also offered as an evidence-based contribution to the Department of Health's Choosing Health? consultation, which will lead to a white paper later in 2004, and to the work of the Health Development Agency, as it develops its communications strategy and promotion of local, regional and national public health networks.

Introduction

Improving the population's health is suddenly at the top of the public policy agenda, but until very recently it has been a second-order issue for most policy-makers and practitioners alike. The King's Fund's Putting Health First programme is designed to redress the balance, by building a vision of what a system that gives priority to health would look like, and by finding practical ways of moving towards it.

Putting Health First looks at ways of further changing the climate of opinion to create space to move in this direction. Politicians and journalists often claim, for example, that 'what the public really cares about' is waiting times or being able to choose where to have an operation – and people do care about these things.

However, information about what members of the public think is defined, to a large degree, by what they are asked by pollsters and social researchers, who are, in turn, influenced by political and media agendas. So although people have often been asked about how satisfied they are with health services, or how much choice and influence they would like, much less is known about their views on wider health policy.

In January 2004 the King's Fund set out to fill this gap. With support from the Health Development Agency, it commissioned research consultants Opinion Leader Research (OLR) to conduct research into people's opinions about their own health and the nation's health, what influences it and who is responsible for securing it. The research has been supplemented by a survey of 1,000 people, again supported by the Health Development Agency, and by the Department of Health as part of its own Choosing Health? consultation, which will feed into a white paper on public health, promised for autumn 2004.

Methodology

The study was conducted in three stages:

Stage 1 Qualitative research to scope out public attitudes to key public health issues

This included four extended group discussions with eight participants in each. Care was taken to include people from across the social, age and health spectrum to ensure that a wide range of views was represented. Groups were held in London and Manchester in late January 2004, and constructed so that there were:

- two groups of women and two groups of men
- two groups of people with professional and office jobs (socio-economic groups B, C1 and C2) and two groups of people with skilled and unskilled manual jobs (socio-economic groups D and E)
- one group of young, single people under 30, two groups with adults in family settings aged 30 to 50, and one of older people, aged 50 and over.

Each group included four people who described themselves as having a healthy lifestyle and four who felt that they could do more to ensure a healthy lifestyle. Each group also included four people who had used hospital services in the last two years and four who had had either no contact with the NHS or contact with their GP only.

Stage 2 Qualitative research to build on the scoping work and encourage people to deliberate on a range of public health issues

This included four more extended group discussions involving groups structured in the same way as in Stage 1, and one half-day workshop with ten 'protagonists' from across the age and socio-demographic range. Protagonists are outspoken and impassioned members of the public, who are able to sway the opinions of others. They exist in all walks of life. The fieldwork was conducted in London, Birmingham and York in March 2004.

Stage 3 Quantifying the response

Face-to-face interviews were conducted with 1,002 people in homes across Great Britain via a syndicated omnibus. This is a survey on which a number of research buyers place questions and share the set-up and administration costs. It provides a cost-effective way of obtaining a rapid response. The resulting data has been weighted by gender, ethnicity and social class in proportion to the national population; the weighted base is 1028. All differences in response by socio-economic groups reported are statistically significant.[2]

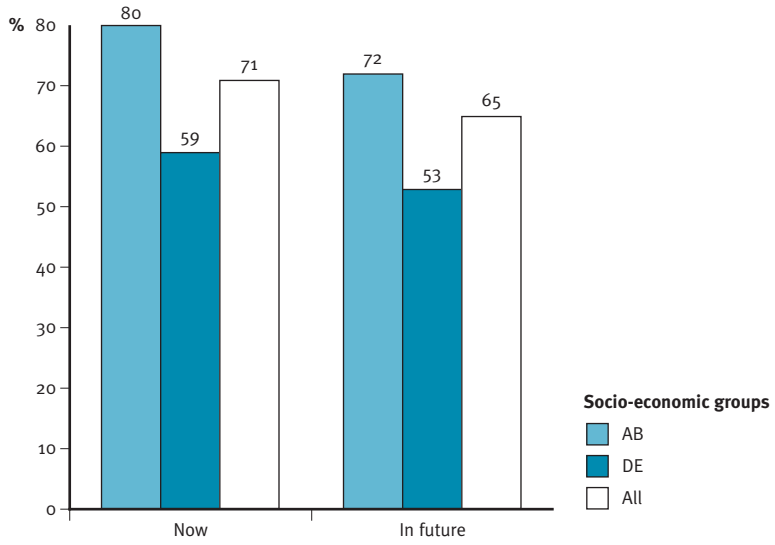
Main findings

Health expectations

Quantitative findings

The survey revealed large differences between socio-economic groups in terms of health expectations (*see* Figure 1 below).

1 PERCENTAGE REPORTING GOOD HEALTH NOW AND IN THE FUTURE



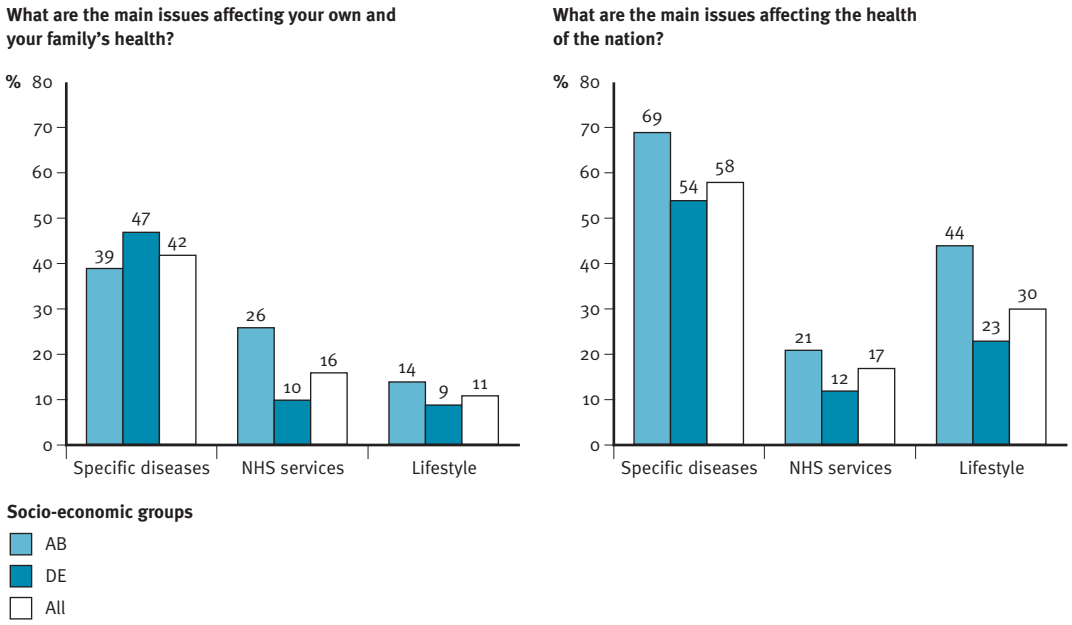
The survey asked people to identify issues that affected their own health and the health of the nation as a whole. The issues were grouped in broad categories: specific diseases and physical conditions such as cancer and obesity; mental health; lifestyle issues such as smoking and alcohol; NHS issues such as improving the quality of and access to health services; and the wider determinants of health such as air pollution and poverty.

Not surprisingly, physical conditions (including asthma, cancer, heart disease and diabetes) were cited most frequently as the main health issue for both respondents and their families (42%), and for the nation as a whole (58%).

People were more likely to identify lifestyle issues as important for the health of the nation, than for their own health and that of their families. This was especially true of higher social groups: for example, 14% of ABs and 9% of DEs said lifestyle issues were important to their families' health, but 44% of ABs and 23% of DEs said they were important to the health of the nation as a whole.

However, ABs were slightly more likely to see NHS services as important for their own and family health (26%), than for the nation as a whole (21%); whereas the situation was reversed for DEs (10% saw NHS issues as important for their own and family health, while 12% saw them as important for the health of the nation as a whole).

2 MAIN HEALTH ISSUES



Qualitative findings

During both qualitative stages people expressed concerns about the state of the nation's health. People were worried about high rates of cancer, heart disease, asthma, diabetes, sexually transmitted diseases, teenage pregnancy and obesity. All wanted to see government action to prevent these conditions. For many, this was their main priority – a higher priority than improving health services.

However, people also expressed numerous concerns about the state of the NHS. They were worried about hospital waiting lists, poor cleanliness and the threat from the 'superbug' MRSA, the quality of NHS staff (especially staff recruited overseas), and pressure on NHS resources (especially from people coming into the UK from overseas).

Those who prioritised preventing illness and improving health were often in good health themselves and expected to be healthy in the future. These people were mainly in the middle social groups (BC1C2s).

> *'Well I think the Government should do as much as it can really... It tends to be very short-termist, you know? Like obesity now... they have [been tackling the issue] for a year or two and they're expecting that everybody will just suddenly click into gear and be thin. It should be about doing stuff so that, say in ten to fifteen years, everybody lives more healthily.'* Woman, 30–50, BC1C2, York

Conversely, the people who prioritised improving the NHS often believed that they had an unhealthy lifestyle, were in poor health themselves, or had a family history of disease. As such, they did not expect to be healthy in the future (they were also mainly DEs).

> *'[I'd like to see] improving cleanliness to reduce the number of infections in the hospital. I'm getting to that age when I might need a hospital and when I'm listening on the television about all the superbugs, I don't want to go in with one thing and come out with another.'* Woman, 50+, DE, Oldham

Individual responsibility and control

Quantitative findings

Asked to agree or disagree with a number of statements, 88% of those responding to the survey agreed that individuals are responsible for their own health and 93% agreed that parents are more responsible then anyone else when it comes to ensuring that their children are healthy.

However, more than 60% thought that tackling poverty would be the most effective way of preventing illness. And more than 40% agreed that there are too many factors outside individual control to hold people responsible for their own health. This suggests that people are willing to take responsibility, yet are, at the same time, aware of constraints on their ability to do so.

Responses to these statements varied considerably between social groups. DEs were much more likely to feel that health is out of reach for them: 54% agreed with the statement that there are too many factors outside individual control to hold individuals responsible for their health, compared with 31% of ABs.

Similarly, 70% of DEs agreed with the statement that tackling poverty would be the most effective means of preventing disease and improving the nation's health, compared with 51% of ABs.

Qualitative findings

Throughout the scoping and the deliberative stages of the research, respondents also said consistently that individuals are responsible for their own health.

> *'It's up to you, isn't it? Nobody makes you eat what you don't want to eat and nobody makes you smoke and nobody makes you go out and get blind drunk every night if you don't want to, so you've got to start with yourself. Don't expect anybody else to do it for you.'* Man, 18–45, DE, Oldham

People also believed that the choices they make influence how healthy they will ultimately be, both in terms of the risks they take with their health and the steps they take to stay healthy.

They acknowledged that personal circumstances can influence people's health and lifestyle choices, and wanted action to improve people's personal circumstances (including their education, pay and working conditions, housing, and the wider environment). However, they also knew that some aspects of health are beyond individual control and, therefore, wanted good health services to meet their needs.

Overall, people acknowledged the limits of what governments can do for people's health.

> *'They can only do so much and the NHS has improved over the last ten years if you think about the money that has been pumped in to train doctors and nurses. They can't keep doing it. We have to take some responsibility for ourselves.'* Woman, 50+, DE, Oldham

Although some people showed concerns about levels of government intervention – raising the issue of the so-called 'nanny state' – most also felt that there is much that can be done by government (alongside local councils and private and voluntary organisations) to encourage and enable people to make healthier choices.

> ***What do you see as the role of the Government?*** *'To provide the money and resources needed... They've got to provide the ways and means... They've got to provide a structure where it's easy to do, it's fun to do, like exercise and healthy eating. They've got to give people some encouragement and if that means subsidising sports centres, subsidising food chains, supermarkets, to front the healthy-eating stuff – then that's what they've got to do.'* Man, DE, 30–50, Oldham

The role of the Government

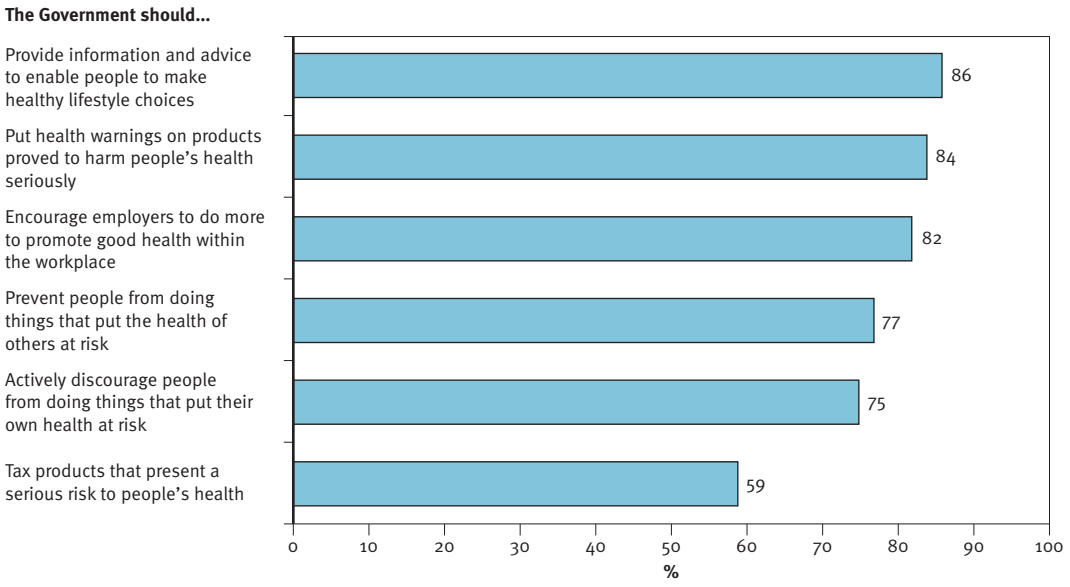
Quantitative findings

The survey suggests that there is widespread support for many possible government actions, but higher levels of support for some initiatives than others. A large majority of those questioned said that the Government should intervene to prevent illness by:

- providing information and advice (86%)
- putting health warnings on products that present a proven risk to health (84%)
- encouraging employers to promote health at work (82%)
- preventing actions that put others' health at risk (77%)
- actively discouraging people from putting their own health at risk (75%).

A smaller majority (59%) said the Government should intervene by taxing products that present a serious risk to health.

3 PERCENTAGE THAT AGREE WITH STATEMENTS ABOUT THE ROLE OF THE GOVERNMENT



Survey respondents were asked detailed questions about how particular health risks – smoking, diet, exercise, alcohol and sexual health – should be tackled. In each case they were asked to say whether specific measures would be effective in reducing the health risk and which measure they thought was the most important for the Government to adopt.[3]

Smoking

More than two-thirds of those questioned (68%) said a ban on smoking in workplaces, including pubs, bars and restaurants, would be an effective way of reducing the health risks of smoking. Slightly fewer (63%) endorsed a voluntary scheme to encourage workplaces and public venues to be smoke-free and supported more funding for GPs to help smokers give up.

More than half (51%) said government action to prevent cheap cigarettes being smuggled into the country would work. There was less support (42%) for increasing tax on cigarettes to discourage smoking.

There was less support for a ban on smoking in public places among DEs (66%) than among ABs (71%), and slightly more DE support for more funding for GPs (62% compared with 58% for ABs) and for action against smuggling (52% compared with 49%).

Asked which measure was the most important, there was a clear preference in all socio-economic groups for a public smoking ban, although it was more popular with ABs. Fifty-two per cent of them regarded it as the most important measure, compared with 33% of DEs. The next most popular measure across all groups was more funding for advice and support from GPs, with 17% of ABs and 21% of DEs saying that this was most important.

Diet and nutrition

The survey showed high levels of support for a range of measures to improve diet and nutrition. Most popular was government action to ensure that schools only provide healthy meals (89% of those questioned said that this would be effective), followed by laws to limit levels of salt, fat and sugar in foods (82%), and government action to ensure cheaper and more easily available fruit and vegetables for everyone (80%).

Next came government action to stop junk foods and sweets being advertised to children and young people (73%), and a law requiring clear labelling of nutritional values on all food, including food in cafés and restaurants (72%). There was more support among DEs than ABs for affordable and accessible fruit and vegetables (84% compared with 73%).

Asked which measure was the most important, preferences were more evenly spread across the different measures. The most popular overall was ensuring healthy school meals (26%), with action on advertising and limits on salt, fat and sugar contents in prepared food close behind (22% and 20% respectively). ABs were more in favour of limiting specific elements in food content (27% picked this as the one thing the Government should do), and DEs preferred healthy school meals (28% picked this as the one measure they wanted to see implemented).

Exercise

The survey also revealed strong support for government action to ensure better physical education in schools. Eighty-nine per cent of all respondents said that this would be an effective measure. There was also support for greater government investment to ensure that people have access to safe green spaces and streets (83%) and for a law requiring all local authorities to provide free access to sports facilities for local people on low incomes (79%). More than half of those questioned supported action to ensure transport systems that enabled people to walk and cycle (67%).

Asked which single action was the most important for the Government to take, preferences were spread across several measures, but there was strongest support for free access to sports facilities for local people on low incomes: 28% said that this was the most important thing to do, with far more DEs than ABs supporting the measure (36% compared with 25%). A law to improve physical education in schools was seen as the next most important measure, with 25% picking this option overall.

Alcohol

There was less clear endorsement for measures to tackle alcohol-related health risks. Support was strongest for banning on-street drinking (68% of those questioned said that this would be effective), for government action to cut the price of soft drinks in pubs (64%), and for a law lowering the legal limit for drink-driving (60%). Just under half (49%) thought a law requiring clear labelling of alcohol content in drink would be effective. DEs were keener than ABs on banning on-street drinking (74% compared with 60%).

An on-street drinking ban was considered most important by all socio-economic groups (32%), well ahead of lowering the legal limit for drink-driving (20%).

Sexual health

Most people questioned seemed to think knowledge was the key to better sexual health and that trying to discourage sexual activity by making contraception less readily available would be counter productive.

Support was strongest for increasing young people's knowledge of the risks of acquiring sexually transmitted infections (83% of those questioned said that this would be effective), while 74% supported outreach services to take contraception and advice on sexual health to young people outside schools and youth facilities, and 72% supported funding to train teachers to provide more effective sex and relationship education. More than two-thirds (67%) supported chlamydia screening for young people.

Very little support went to restricting the availability of condoms in schools and youth facilities: 25% said that this would be effective and more than half (53%) said it would be ineffective.

DEs were more inclined to support restricting the availability of condoms (32% compared with 18% of ABs), but also, perhaps paradoxically, gave stronger support to chlamydia screening (71% compared with 60% ABs).

Asked which one measure was the most important, there was a clear preference across all socio-economic groups for action to increase young people's knowledge of the risks of acquiring sexually transmitted infections (43%), although the preference was stronger among ABs (50%) than DEs (36%).

Qualitative findings

Participants in the second round of discussion groups were invited to consider a number of possible government health improvement initiatives to tackle smoking, drinking, drugs, sexual health, mental health and skin cancer.

All people agreed in principle that the Government should inform them about potential threats to their health. They believed the Government should create the right conditions to enable and encourage people to make healthy choices.

As with the survey, the results suggest broad support for a wide range of government actions, but higher levels of support for some actions than for others. Analysis of the qualitative response shows that there are five key reasons why levels of support differ.

Do I agree there's a problem?

People think it is more important to tackle some issues than others. They are more willing to accept higher levels of government intervention where they think the threat to health is clear cut.

> ***Do you think they should ban alcohol advertising?*** *'No. It's not necessarily bad for you is it? Whereas smoking is – full stop! Drinking in moderation isn't bad for you.'* Man, 30–50, DE, Birmingham

Do I understand and trust what is being suggested?

People find some government actions easier to understand than others. For example, they often find 'don't smoke' messages easier to understand than healthy eating and safer drinking messages, which tend to be couched in terms of eating certain numbers of portions of fruit and vegetables, or limiting drinking to a certain number of units per day or week.

People do not always trust the Government's motives for taking specific actions. For example, many believe that governments tax products to raise revenue rather than to change people's behaviour (for example, this was raised in relation to tax on tobacco).

Do you think the Government should ban smoking in public places? *'I think the Government cannot afford to ban smoking [in public places] because they'd lose too much money. They cannot do it.'* Protagonist, London

Do I think the remedy will work?

People want the Government to invest its limited resources in effective measures. They are concerned about the costs to the tax-payer of ensuring people comply with suggested measures. They also think it is more difficult to tackle some lifestyle choices than others.

'The Government has admitted it can't even enforce the thing where you shouldn't use a mobile phone in a car: there's not enough police to stop them using phones. So if they can't stop them using a mobile phone, then they're not going to have much chance of stopping them smoking [in public places].' Protagonist, London

How much change am I personally willing to put up with?

People have their limits in terms of how much change they are personally willing to accept. Smokers are more likely to challenge action to restrict their behaviour than non-smokers. Given the chance to deliberate options in detail, people are also less willing to accept actions that they see as designed to tackle other people's behaviour but that restrict their own personal choices.

Do you think they should ban junk-food advertising aimed at children and young people? *'If my grandchildren want to go to McDonald's, they can go. I'll take them there... you don't do it regularly, do you?'* Woman, DE, 50+, Birmingham

How much change am I willing to impose on others?

People also place limits on how much change they are willing to impose on others. They are most willing to place limits on individual behaviour to protect other people's health.

'Well, the difference between obesity and smoking is that smoking affects other people's health, whereas obesity, if you choose to be obese it doesn't affect anybody else. If you choose to smoke, it does.' Woman, 30–50, BC1C2, York

They are also concerned that high levels of government action might unduly punish the most vulnerable in society.

'My reservation about these groups who are smokers and obese, needing like hard punishing help, is that they may well be doing so for other reasons – depression or as a result of struggling with other issues.' Protagonist, London

The qualitative findings also suggest that health expectations influence the response to suggested actions. Those with higher health expectations need much less persuasion to respond positively to new messages and measures. They are also more motivated to tackle any personal behaviour that puts their health at risk (for example, smoking).

Those with lower health expectations can find it more difficult to respond positively. For example, they often think that the advice on safer drinking is too far off the amount they drink for them to take action. They can feel that some measures may diminish their choices and leave them increasingly powerless.

> *'How far do you go when you look after yourself? I think we're all entitled to a bit of indulgence... I don't want to live for ever.'* Man, 30–50, DE, Birmingham

The role of the NHS

Quantitative findings

The survey shows concern about the costs to tax-payers of failing to prevent illness. Seventy-nine per cent of survey respondents agreed with the statement that people should be told more about the long-term cost to the tax-payer of failing to prevent ill health.

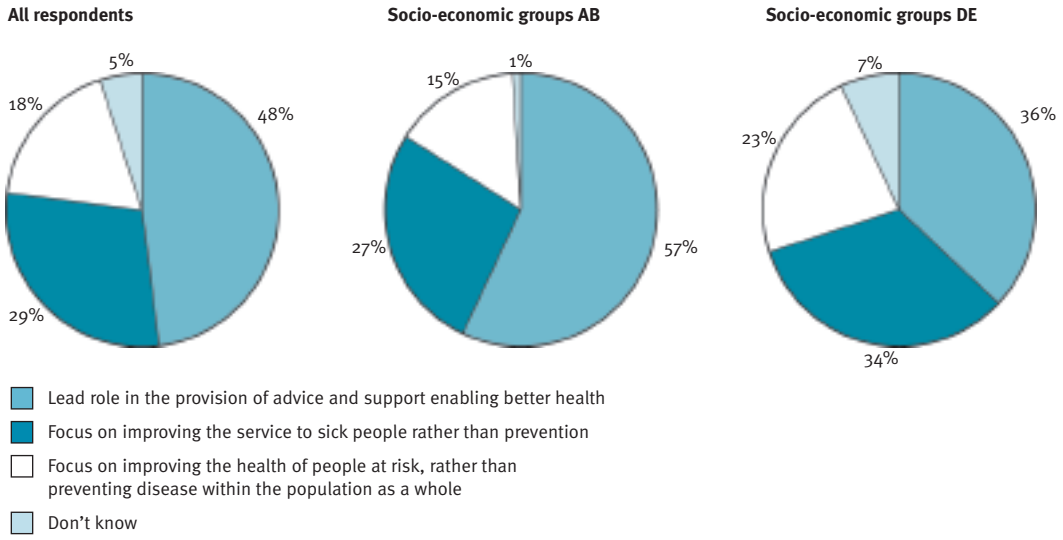
The survey shows that all socio-economic groups are in favour of the NHS taking a lead role in preventing illness and improving health, although there are differences in opinion about the extent of this role (*see* Figure 4 right).

When asked to indicate how far they agreed with three statements supporting different degrees of NHS involvement in prevention and care:

- 48% agreed that the NHS should take a lead role in the provision of information, advice and support to enable everyone to prevent illness and lead healthier lives
- a further 18% agreed that the NHS should seek to improve the health of people at risk, but should not get involved in preventing illness and improving health for the population as a whole
- 29% agreed NHS staff should focus on improving the service it gives to sick people rather than preventing illness and encouraging people to have healthier lifestyles.

All socio-economic groups favour a focus on prevention, but DEs are more likely to support a focus on prevention of illness for at-risk groups or looking after people when they are sick.

4 PRIORITIES FOR THE NHS



Qualitative findings

In both rounds of discussion groups, people also expressed concern about the cost to tax-payers of people who take risks with their health. Although people started out thinking about the NHS and health in different 'silos', when they were given time to think a bit more, they begin to build links between the two.

> *'If you do nothing it will be overrun, the NHS will be so overloaded with people. You know people who are obese, diabetic, this that and the other, because of their lifestyle.'* Woman, 30–50, BC1C2, York

However, people did not generally impose a civic responsibility on people to maintain their health. Few would go as far as limiting access to health services for those who take such risks and when participants put forward these views, they were strongly challenged by others.

> ***A:*** *'You can't have a government that says we'll let you smoke but there's no problem with fixing you on the National Health Service. You can't have both of those things at the same time.'*
> ***B:*** *'I think the state should create the conditions so that people would rather not smoke than smoke.' Protagonists, London*

There were, however, differences in opinion about what the NHS should do to improve health and prevent disease. Generally, people agreed that health professionals are credible providers of information, advice and support on health improvement and disease prevention.

Most believed that the NHS should continue to provide help and support to improve the health of people at risk of serious disease (for example, smokers, obese people, and so on). However, there were concerns that extending NHS involvement in disease prevention and health improvement for the population as a whole would overstretch limited resources. Some wanted the NHS to focus on improving services for sick people.

> *'The NHS hasn't got time to prevent. They're mopping up too much [illness].'*
> Woman, 30–50, DE, London

Conclusions

The survey and discussion groups show strong public support across the social spectrum for government action to prevent illness and improve health.

The research suggests that people have a good understanding of what causes illness and what could be done to prevent it. They do not instinctively equate health with the National Health Service and tend to think about the two separately, acknowledging that most action to prevent illness must come from outside the NHS.

Usually people recognise that individuals are responsible for their own health and that parents are mainly responsible for their children's health. At the same time, they can see that individuals do not control many of the factors that affect their own health, and that government action is required to create the conditions for people to live healthier lives and to enable them to make healthy choices.

A large majority of those surveyed agree that poverty must be tackled if health is to improve and that people need to know more about the cost to the public purse of failing to prevent illness. The qualitative research (Stages 1 and 2) suggests that, for any interventions to be acceptable to the electorate, most people will need to: agree that there is a problem that needs tackling; understand the proposed measures and trust the Government's motives; believe the measures will work; accept this level of change in their own lives; and feel comfortable about imposing this level of change on others.

There is a general tendency for people to be more favourable towards interventions that impact on other people 'out there', or on the nation as a whole, than towards those directly affecting their own lives and choices.

That said, attitudes vary considerably between socio-economic groups. People who are better off enjoy better health and have higher expectations than those in lower income groups. They are generally more enthusiastic about measures to prevent illness through lifestyle changes and about the NHS taking a lead role in promoting better health for the nation as a whole.

Those in lower socio-economic groups, who are least healthy and have lowest health expectations, are more likely to feel that their health is beyond their own control. As they are more likely to anticipate being ill themselves, they are inclined to want the NHS to focus on improving health services for the sick. They are more wary of measures aimed at changing their lifestyle because they see these as further eroding their autonomy.

On the other hand, they are attracted to certain kinds of government action, such as tackling poverty, healthier school meals, more affordable fruit and vegetables, and better

access to sports facilities and green spaces, because these are the ones that they feel will enable them to live healthier lives, extending their choices rather than restricting their freedom.

The challenge for the Government is to get the balance right between those measures that encourage, those that enable and those that restrict. Support is stronger across the social spectrum for 'encouraging' measures that inform and advise, warn about health risks and encourage employers to promote health, than it is for 'restrictive' measures that prevent actions that put others' health at risk or actively discourage people from putting their own health at risk.

Nevertheless, support for restrictive measures, such as a ban on smoking in public places, is high – with nearly three in four people backing them. And, as we have noted, 'enabling' measures are also strongly supported, especially by lower socio-economic groups.

Encouraging measures, such as health education campaigns, are known to get better responses from higher socio-economic groups and run the risk of widening health inequalities.[4] Enabling measures such as tackling poverty or improving access to exercise facilities, are usually (although not always) more complex to design and implement, and take longer to make an impact.

Restrictive measures are often more unpopular in the planning stages than after they have been introduced – witness the response to recent smoking bans in the Irish Republic and New York.[5] There is firm evidence that many such measures, such as drink-driving laws and compulsory seat belts, have been highly effective.[6] But if they are not combined with enabling measures, they may make the poorest in society feel even more powerless – and powerlessness is known to be a significant cause of ill health.[7]

This indicates a need for a sensitive combination of the three kinds of measure, in order to achieve effective health results and win support across socio-economic groups. An important first step is to listen to, and engage in a dialogue with, the public whose health is at stake. The Government's Choosing Health? consultation and this research have set that dialogue in motion. The next step is to heed what the public say, understand what works in practice, and act accordingly.

Ways forward

This research will help the King's Fund's Putting Health First programme to make the case for greater government leadership on health issues and to inform the media debate on where the acceptable bounds of intervention lie. It will also be used to help develop further pieces of work now being commissioned to explore aspects of the idea of a health system.

The survey, and the many responses to the widespread Choosing Health? consultation on public health issues being run by the Department of Health, will inform the development of policy for a government white paper on improving health in 2004.

The research will also be used by the Health Development Agency as it develops its communications strategy and develops local, regional and national public health networks.

Endnotes

1. Opinion Leader Research started the project by conducting a rapid literature review of national surveys of public attitudes to health. They found numerous examples of national surveys on NHS issues, but very few on wider health policy.

2. The Department of Health separately commissioned further sampling among young people, black and minority ethnic people and socially excluded groups. This work will inform the development of policy for the white paper on improving health, due out later in 2004.

3. Effectiveness was a key driver of public support in the qualitative stage and was selected as the primary measure for the quantitative research. Of course, in theory, some people may consider a measure effective but not support it in practice.

4. Benzeval M, Judge K and Whitehead M eds (1995). *Tackling Inequalities in Health: An agenda for action*. London: King's Fund pp 28–31.

5. Ireland: see for example 'Ireland smoking ban a success' on the BBC news website, 31 May (http://news.bbc.co.uk/1/hi/business/3763471.stm), reporting that 96% of pubs and restaurants are complying with the ban, one in five smokers no longer smokes on a night out and more non-smokers are visiting pubs.

   New York: see for example 'New York city restaurant survey supports smoking ban' on the website of the American Heart Association (www.americanheart.org/presenter.jhtml?identifier=3016321), reporting that people are eating out as much, or more, as before the 'clean indoor air' law was passed, and that jobs are up in bars, restaurants and hotels. See also 'New York cigarette ban sees smoking fall out of favour', the *Independent*, 13 May, 2004, reporting that smoking has fallen by 11% since the law was introduced.

6. King's Fund fellow Karen Jochelson has been researching the acceptability and effectiveness of government interventions in public health since the turn of the 20th century, as part of the Putting Health First programme. (Paper due later in 2004.)

7. Harry Burns, director of public health for Greater Glasgow health board, and a member of the Putting Health First steering group, is developing a model of how the different determinants of health affect individuals' capacity to choose healthy lifestyles, for the Putting Health First programme. (Paper due later in 2004.)