

**2010**



# **HEALTHY NUDGES - WHEN THE PUBLIC WANTS CHANGE AND POLITICIANS DON'T KNOW IT**

A policy action report from the Faculty of Public Health

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Published by  
Faculty of Public Health,  
4 St Andrews Place,  
London,  
NW1 4LB  
[www.fph.org.uk](http://www.fph.org.uk)

“ I am a firm believer in the people. If given the truth, they can be depended upon to meet any national crisis. The great point is to bring them the real facts.” Abraham Lincoln

Public health: “The science and art of preventing disease, prolonging life and promoting health through organised efforts of society.” Sir Donald Acheson

## Foreword

No civilised government wants to be seen as unnecessarily intrusive. Over-interference in people's private lives or personal space is inherently unpopular and a sure-fire vote loser. Politicians are naturally wary of signing up to any infringement of personal liberty unless there are clear and worthwhile gains.

But equally, no civilised government would deny that it has a duty of care with regard to the health and safety of its citizens. It has what the Nuffield Council on Bioethics has described as a "stewardship" role – to provide a framework of rules and regulations to help individuals, families and communities make healthier or safer choices in the way they live, grow, work and play.<sup>1</sup>

There are three main ways in which government regulation can foster health. One is to set standards around such basics as clean water, clean air, safe food, decent housing, safe working conditions, safe roads, healthcare provision, etc – the fundamentals for a healthy population. Second is action to circumscribe various individual freedoms, such as enforcing the wearing of seat belts or banning smoking in public places. And the third is to regulate various commercial interests which might be deleterious to health. Mechanisms for this last area, particularly pertinent to the tobacco, alcohol and food industries, include regulations around product standards, labelling, pricing, availability, advertising and marketing.

The present Coalition government has gone some way in acknowledging its stewardship responsibilities – not least in undertaking to protect the NHS and prioritise public health.<sup>2</sup> But recent statements by health ministers for England have suggested a shift in emphasis towards more reliance on personal responsibility for healthy living and less on state regulation of commercial interests.<sup>3</sup>

In a keynote speech to the UK Faculty of Public Health annual conference, Health Secretary Andrew Lansley hinted that he would like to see a new "responsibility deal" with business – a partnership with industry around social responsibility and greater commercial involvement in the popular Change4Life healthy living campaign – in exchange for what he termed "non-regulatory approaches".<sup>4</sup>

This championing of non-regulatory approaches has caused some concern in public-health circles. Health policy experts have seen so many voluntary codes and standards agreed with industry being widely ignored or circumvented.<sup>5</sup> They have also seen how the food and drinks trades in particular can successfully resist regulation through their immense lobbying power with governments. Witness the antagonism to the Food Standards Agency-proposed 'traffic-light' food labelling scheme<sup>6</sup> and the systematic resistance to minimum pricing of alcohol.<sup>7</sup> And yet some of the greatest advances in public health have come from government action in the

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1 Nuffield Council on Bioethics. *Public Health: Ethical Issues*. London, Nuffield Council on Bioethics, 2007.

2 Department of Health. *Equity and Excellence: Liberating the NHS*. White Paper.Cm7881. London, Department of Health, 2010.

3 Lansley A. Health Secretary for England speaking to the BMA annual representative meeting, June 2010. [http://www.bma.org.uk/whats\\_on/annual\\_representative\\_meeting/chairmens\\_speeches/lansleyarmspeech.jsp](http://www.bma.org.uk/whats_on/annual_representative_meeting/chairmens_speeches/lansleyarmspeech.jsp) (accessed 11 August, 2010).

4 Lansley A. Health Secretary for England speaking to the Faculty of Public Health annual conference, July 2010. <http://betterhealthforall.org/2010/07/07/health-secretary-speaks-at-fph-conference-2010/> (accessed 11 August, 2010).

5 Lang T, Rayner G. Corporate Responsibility in Public Health. *BMJ*. 2010;341:c3758.

6 <http://www.independent.co.uk/life-style/food-and-drink/news/laid-bare-the-lobbying-campaign-that-won-the-food-labelling-battle-2003686.html> (accessed 11 August, 2010).

7 Harkins C. Lobby Watch: the Portman Group. *BMJ* 2010;340:b5659.

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form of legislation or regulation. In July 2007 England finally joined the rest of the UK in banning smoking in all enclosed workspaces and public places. Despite predictable opposition from the tobacco industry, pro-smoking lobby and elements of the hospitality trade,<sup>8</sup> the ban has been widely welcomed by the public, with opinion polls showing strong and continuing support.<sup>9</sup>

It has also saved lives; evidence from Scotland, the first UK country to put a ban in place, has revealed a marked reduction in heart attacks along with improvements in many other health outcomes attributable to the shift in smoking patterns.<sup>10</sup> The smoking ban was a momentous piece of public health legislation and provides an excellent example of how laws can help to bring about behaviour change to improve health on a massive scale, without alienating the public.

But it is also an example of how public opinion can drive the legislators. Repeated polls leading up to the parliamentary process showed that the public was overwhelmingly in favour of restrictions on smoking in enclosed spaces.<sup>11</sup> It was the public itself, informed and energised by the health lobby, which convinced the politicians that the time was right for a ban. Years of groundwork by a wide range of health organisations, largely coordinated by Action on Smoking and Health (ASH), had built up a head of steam for action.

Scottish legislators were first to show the way in the UK, followed by Wales and Northern Ireland. For England the move came through a private member's bill and the decision was eventually by a free vote, resoundingly in favour. At the end of the day the politicians had felt empowered by the public to pass a law restricting individual freedom for the common good. The people were pressing for government action, and Parliament responded.

The perennial debate about personal freedom and individual responsibility versus legislation has been reignited by Westminster's new Coalition government. Health Secretary Andrew Lansley has made it clear that he is neither in favour of hectoring people about healthy lifestyles, nor of further regulation as the best way forward.<sup>12</sup> Instead he wants to "empower" people to boost their self-esteem and sense of personal responsibility. He argues that ultimately it is down to each one of us as individuals to choose what food and drink we put in our or our children's mouths, whether or not to smoke or practise unsafe sex, or whether or not to be more physically active. Lansley argues for less state "interference" in people's lives, less regulation and more corporate social responsibility, particularly by the food and drinks industries.

There are obvious risks in this strategy. The evidence from at least 30 years of health education and promotion has repeatedly demonstrated that appealing to people's sense of personal or social responsibility only works up to a point. Some people respond, but many others don't, and there are all sorts of reasons why not. Lack of information or knowledge is certainly an important barrier. So too are a lack of motivation to change or confidence to do so.

But an even more fundamental barrier is the lack of opportunity to make healthier choices. Often this is linked to personal, social or economic circumstances, such as low disposable income, difficulties with language, cultural or religious barriers – the hardcore of health inequalities – a set

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8 Arnott D, Dockrell M, Sandford A, Willmore M. *Comprehensive Smokefree Legislation in England: How Advocacy Won the Day*. ASH report. London, Action on Smoking and Health, 2007.

<http://www.smokefreeaction.org.uk/archive/pdfs/SmokefreeLegislationinEngland.pdf> (accessed 11 August, 2010).

9 ASH. Factsheet 742. [http://www.ash.org.uk/files/documents/ASH\\_742.pdf](http://www.ash.org.uk/files/documents/ASH_742.pdf) (accessed 11 August, 2010).

10 Sims M, Maxwell R, Bauld L, Gilmore A. Short Term Impact of Smoke-Free Legislation in England: Retrospective Analysis of Hospital Admissions for Myocardial Infarction. *BMJ* 2010;340:c2161.

11 Arnott D, Dockrell M, Sandford A, Willmore M. *Op cit*.

12 Lansley A. FPH speech. *Op cit*.

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of factors described by Marmot as “the causes of the causes”.<sup>13</sup> But it may also be due to supply-side factors such as lack of availability or choice, inadequate services or poor value-for-money – and powerful commercial pressures to smoke, drink more alcohol or eat junk food through advertising, marketing and price cuts.<sup>14</sup> Government policy can do much to reduce these barriers to healthy living. Sometimes legislation and regulation of the so-called ‘choice architecture’ are important tools for nudging people into making healthier choices.<sup>15</sup>

Finally there's the key issue of value for money. Attempting to change individual behaviour through awareness campaigns is expensive, and the effects are usually only short-lived. It is often far cheaper and longer-lasting to introduce regulations or change the law. The classic example of this is the use of seat-belts. Successive ‘clunk-click’ advertising campaigns which blanketed the media throughout the 1970s never achieved more than 40% compliance.<sup>16</sup> It took legislation making wearing seat-belts compulsory in 1983 to really change people's behaviour – over 90% compliance.<sup>17</sup> Despite howls of protest from the libertarians at the time, we now belt up without thinking twice about it, and the benefit in reduced deaths and injuries has been enormous.<sup>18</sup>

In his 2004 report, *Securing Good Health for the Whole Population*, Derek Wanless looked hard at the question of cost-effectiveness.<sup>19</sup> He concluded that only a “fully engaged scenario” at all levels and in all sectors to promote health and prevent ill-health could reduce the rapidly accumulating burden of chronic disease on the NHS. In his expert view as an ex-banker, this coordinated approach should include government action, and he outlined a number of ways in which timely and moderate legislation and regulation could save large amounts of public money in the medium to long term.

Focusing on personal responsibility, enhancing self-esteem and empowering healthy choices through social networking can all be effective in changing behaviour, but often need the additional support of government action at national or local level. As the smoke-free legislation has shown, public opinion is often ahead of the lawmakers and regulators.

The Faculty of Public Health (FPH) has commissioned an opinion poll by YouGov to look into the public's views on government action, surveying nearly 1,500 adults across Britain. The results reveal a high level of support for further government action in a number of areas. There are massive majorities for very practical public-health measures widely supported by health organisations.

A White Paper on public health is expected later this year. We hope that the Government will take note of the public's call for action and their priorities signalled in this paper as well as consider history's lessons showing that personal responsibility, societal change and government action can combine to create the right levers for improving health.

*Alan Maryon-Davis*

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13 Marmot Review Team. *Fair Society, Healthy Lives: The Marmot Review. Strategic Review of Health Inequalities in England Post-2010*. London, Department of Health, 2010.

14 Lang T, Rayner G. *Op cit*.

15 Thaler RH, Sunstein CR. *Nudge: Improving Decisions About Health, Wealth, and Happiness*. Yale University Press, 2008.

16 Divall D. Seat belt campaign toolkit. FIA Foundation.

<http://www.fiafoundation.org/publications/Documents/toolkit.pdf> (accessed 11 August, 2010).

17 Divall D. *Ibid*.

18 THINK! Campaign. <http://www.dft.gov.uk/think/focusareas/invehiclesafety/seatbelts?page=Overview> (accessed 11 August, 2010).

19 Wanless D. *Securing Good Health for the Whole Population: Final Report*. London, HM Treasury, 2004.

## Introduction

Scare stories about the public's health appear almost daily. Details of the obesity "epidemic", the "rising tide" of diabetes, the liver disease "tsunami" are laid out in colourful detail; each sounding as horrifying as the last. But the landing of each news nugget should be a call to action. Society can change; it has done before. We may have altered our habits, so that we consume more fats, stop signing organ donor cards and do less sport at school, but none of these are ways of life we have to continue. What's more, the public seem to be in the mood to support change. Across Britain the public appear more widely convinced of the need to introduce new policies and to improve overall public health than policy makers might realise. They want the Government to help nudge them towards better lifestyles and decrease their chances of becoming ill. The Faculty of Public Health (FPH) asked YouGov to poll a sample of 1,448 adults across Britain to assess attitudes to a variety of health issues, and to ask them what actions they thought the new government should prioritise. Separately we asked our own members (professionals working in public health) whether the health budget needed to refocus from an illness to a wellness service. Both our members and the public indicated they would support such a shift.

## Public attitudes: public health

Boozy Britain is a national, and even international, stereotype. Descriptions of heavy-drinking Brits carousing in sunny Spanish resorts and stories of raucous office parties regularly fill our newspapers. Alcohol prices have fallen in real terms and intake has gone up over the past 10 years<sup>20</sup>. This growing consumption is associated with health impacts<sup>21</sup> such as a rapidly rising incidence<sup>22</sup> of liver disease and increasing treatment costs to the NHS of around £2.7 billion a year.<sup>23</sup>

Our poll findings would suggest that the public would like to be better informed about the health impact of alcohol consumption. Giving the public easy access to detailed information about the calories and units of alcohol contained in each bottle or can received a strong positive vote in our polling. Indeed, 82% of the public believe that alcohol manufacturers should be required to print these details on all alcoholic drinks. This high level of support was closely matched across the UK, across all age groups and across supporters of all political parties, with 85% of Conservative and 82% of Labour and 84% of LibDem voters supporting the measure – something of a coalition of approval. Those aged 18-34 and those over 55 years both gave a strong thumbs up to clearer labelling on alcohol. The public, it appears, would like to know more about the impact on their health and wellbeing.

Better information can be the first step to healthier living. Once the public is informed about the dangers of an action, it can affect their choices. But further major change is driven by changing circumstances, such as banning smoking from buildings<sup>24</sup>. Scottish Chief Medical Officer Harry Burns argues that a ban also sends the public a strong signal that the Government thinks that the problem is severe enough to take action<sup>25</sup>. "As a clinician you would tell patients to stop

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20 [http://www.nhsconfed.org/Publications/Documents/Briefing\\_193\\_Alcohol\\_costs\\_the\\_NHS.pdf](http://www.nhsconfed.org/Publications/Documents/Briefing_193_Alcohol_costs_the_NHS.pdf) (accessed 13 August, 2010).

21 T Groves, Preventing Alcohol Related Harm to Health, *BMJ* 2010;340:c372.

22 Press statement: Liver disease deaths increase by 12% in just three years, British Liver Trust, 8 December 2009.

23 <http://www.heartstats.org/datapage.asp?id=4597> (accessed 10 August, 2010).

24 M Sims, R Maxwell, L Bould, A Gilmore. *Op cit*.

25 Connections, Influence and Passion: All in a Day's Work for Scottish CMO, *BMJ* 2010;340:c3276.

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smoking, and not infrequently in Glasgow you had the reply, 'If it's that bad for you, the Government would do something about it,'" he said. Experience shows that when public awareness of a particular health impact grows, as with, for instance, the link between cancer and smoking, some difference can occur. Information is at least part of the key to tackling health problems<sup>26</sup> through shifting public attitudes. With alcohol, other approaches to changing behavioural patterns might include a ban on ultra-cheap supermarket deals (through mandatory minimum pricing) and wider choice of non-alcoholic drinks in pubs as well as, obviously, considering wider societal changes which are needed.

Getting children and young people to shift off the sofa and do more sport is a national concern. As levels of car ownership, TV and DVD viewing and computer gaming have increased, children have become far less physically active than they were a generation ago, and this is contributing to the rise in childhood obesity<sup>27 28</sup> and other health risks associated with a more sedentary society.

Our poll found strong and widespread support for making two hours of sport compulsory in schools each week, with 81% backing this measure. The policy received slightly more backing from Conservative voters (89%), than either LibDem (81%) or Labour (77%). It was slightly more popular with men (82%) than with women (80%). The previous government at Westminster and the current government in Scotland have encouraged schools to increase the amount of sport, but those targets are not always being met<sup>29</sup>. According to a recent Freedom of Information request, in Scotland only 35% of primary schools and 23% of secondaries are hitting the target of two hours of sport per week.

There is no doubt that children are doing more, but although sport and exercise targets exist, via the Five Hour Offer and the two- and three-hour targets, providing a certain number of hours of sport or activity is not mandatory in schools. Research suggests that, despite efforts and targets, there are still problems. For instance, exercise can tail off in later teenage years. According to one report, in Years 12 and 13, pupils did an average of just 29 minutes of PE a week<sup>30</sup>. Some experts have also been sceptical about the self-reporting methods used in the School Sports Survey, compared to a survey carried out by interviewing the children themselves.

With the Olympics coming to Britain in 2012, there is a great opportunity to champion the benefits of physical activity and sport across the country, and use the historic moment to challenge children to follow in the footsteps of our leading athletes, or just kick a ball around in the park. Some of our Olympic-legacy funding is aimed at improving levels of community activities, offering sport and exercise outside schools, as well as inspiring the younger generation to be more physically active. Although there are concerns that this funding could be threatened by public sector cuts, the new Sports Minister has promised to protect sports participation<sup>31</sup>.

This is a vital opportunity to persuade our increasingly static nation that they need to do more than watch sport passionately. Translating that passion into action is not always easy. Physical activity used to be woven into our lives. We walked to work or at least to the bus stop. Many children who 10 or fifteen years ago would have walked or cycled to school are now taken by car. As more of us

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26 [http://www.bmj.com/cgi/content/full/341/aug04\\_2/c4198](http://www.bmj.com/cgi/content/full/341/aug04_2/c4198), *BMJ* 2010;341:c4198 (accessed 12 August, 2010).

27 <http://www.who.int/bulletin/volumes/88/8/09-070987.pdf> (accessed 12 August, 2010).

28 R Kipping, R Jago, D Lawlor, Obesity in children. Part 1: Epidemiology, Measurement, Risk Factors, and Screening, *BMJ* 2008;337:a1824.

29 <http://www.bbc.co.uk/news/10586543> (accessed 9 August, 2010).

30 Women's Sport and Fitness Foundation, *A Position Statement, Girls and PE, Sport and Physical Activity*, 2010, unpublished.

31 <http://www.guardian.co.uk/sport/2010/jul/27/london-2012-two-years-to-go-olympics2012> (accessed 5 August, 2010).

take to our vehicles, the exercise built in to our days is gradually disappearing. Some efforts have been made to change, with 'walking buses' to encourage parents to allow their children to make the journey to school safely on foot, or through cycling schemes, such as the one recently launched in London. In its manifesto this year, FPH argued that more cycle lanes and safe storage areas were needed to help persuade more people to use bikes. Overall, it is clear that the public feels more needs to be done to make children more active.

### **Information is power**

If we don't know which foods have higher or lower levels of calories, fats, sugar and salt, how can we make the right choices for ourselves and our families? And, as busy shoppers hurriedly scanning the supermarket shelves, we need this information on the front of products in as simple and instantly recognisable a form as possible. In the past 10 years, even fast-food giants, under pressure from public opinion, have had to diversify their offerings. For instance, back in 2004, McDonalds<sup>32</sup> introduced salads and pedometers as part of its Go Active campaign, after public pressure exerted itself. As years go by, public pressure has become an even stronger tool. But information gives the public part of that power.

One way in which that information could more easily be offered to the public is by changing food labelling. The 'traffic-light' nutritional labelling scheme, showing red, amber and green symbols for high, medium and low fat, saturated fat, sugar and salt content, has been recommended by the Food Standards Agency with the backing of a wide range of health organisations including FPH. Evidence from Sainsbury's<sup>33</sup>, which has introduced a voluntary version of the code, shows that manufacturers are also incentivised by this style of labelling to create healthier food, so that their foods get better ratings. Although supported by some other supermarkets, this system has been opposed by a powerful lobbying operation at national and EU level. The Health Secretary has indicated that he will not seek to make it mandatory. The campaign for traffic-light labelling was dealt a blow at European Parliament level in June, but many groups, including the British<sup>34</sup> and Irish heart foundations, continue to believe it is the best-understood system, with the potential for most impact<sup>35</sup>. Unfortunately the current mish-mash of labelling across different retailers is utterly confusing for shoppers.

In our polling, the introduction of an at-a-glance food labelling system with clear information about levels of fat, sugar and salt was popular with the public, with 78% overall supporting the policy, and 81% of women and 76% of men signalling it was the right way to go. The policy was more popular in the Midlands (83%) than in any other area of the country, and more popular with people over 55 (80%), than with other age groups. Here again would appear to be a signal that the public demands more detail and knowledge about items they consume, and how it affects their health.

Passive smoking creates a massive strain on Britain's health services. Around 300,000 GP appointments and 9,500 hospital admissions a year are caused by the effects of smoke on children, costing the NHS about £23 million<sup>36</sup>. An estimated two million children currently live in a household where they are exposed to cigarette smoke and many more are exposed outside the home, particularly in the confined space of a car.

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32 <http://www.msnbc.msn.com/id/4749559/> (accessed 16 August, 2010).

33 <http://www.heartforum.org.uk/downloads/NHFGDAreport.pdf> (accessed 5 August, 2010).

34 <http://www.bhf.org.uk/news-and-campaigning/our-campaigns/take-action---food-labelling.aspx> (accessed 13 August, 2010).

35 <http://www.irishtimes.com/newspaper/letters/2010/0803/1224276086917.html> (accessed 5 August, 2010).

36 <http://www.rcplondon.ac.uk/professional-Issues/Public-Health/Pages/Passive-smoking-faq.aspx> (accessed 9 August, 2010).

You might expect a measure to ban smoking in cars with children to produce a divided result. Our findings show this is not the case. Banning smoking from cars when children are on board received a strong vote of public support, with an overall 74% in favour, broadly matched across different political parties and regions.

When the idea is raised of regulating against allowing smoking in cars when children are on board, politicians are often concerned about legislation in the “private space”. Of course, there are clear parallels with seat-belt legislation, which introduced regulation in exactly the same space, the private car, and at FPH we have argued that the same people who enforce the seat-belt legislation could also enforce smoking-in-cars legislation, should it exist. There are strong scientific reasons why it is important to regulate smoking in cars. In a closed car, levels of second-hand smoke can be extremely high – the concentration in cars can be up to 60 times higher than in a smoke-free home, and up to 27 times greater than in a smoker’s home.

Often, introducing legislation is about changing attitudes as well as enforcement, making people question why they make decisions, or why those choices might create harm to themselves or to others. In 2010 the idea of driving or being a passenger in a car without wearing a seatbelt is anathema to most, but back in 1975 it would have been the norm. The Royal Society for the Prevention of Accidents says Britain now has one of the best road safety records in the world<sup>37</sup>.

In another area we found public opinion to be ahead of where politicians might suspect it is: in introducing a new system for organ donation. As Prime Minister, Gordon Brown came close to introducing an opt-out organ donation system rather than the opt-in system we have, but hung back. This, it was suggested, was because of worries of a public backlash. But his worries were out of sync with our findings which show the public to be 60% in favour. When we asked the public which were the top three public-health measures they would like the new government to take action on first, changing the organ donation system was ranked third.

The opt-out system, or presumed consent, works on the basis that you consent for your organs to be donated upon your death unless you have previously recorded in writing your opposition. Given Britain’s current low organ-donation rates<sup>38</sup>, the opt-out system would seek to increase the number of potential donors on the database and cut the high waiting lists. NHS research shows many people, 45%, intend to sign up the Organ Donation Register, but don’t get around to it. At the point of publication of the research<sup>39</sup>, 10,000 people were on the waiting list for a donation, and three people were dying each day.

Finally we asked the public to rate 11 public health policy proposals in order of priority. The top three results were (in order):

- making at least two hours of sport in schools compulsory
- banning anyone from smoking in a car when children were on board
- introducing an opt-out system for organ transplant

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<sup>37</sup> <http://www.rospea.com/roadsafety> (accessed 9 August, 2010).

<sup>38</sup>[http://organdonation.nhs.uk/ukt/newsroom/statements\\_and\\_stances/statements/opt\\_in\\_or\\_out.jsp](http://organdonation.nhs.uk/ukt/newsroom/statements_and_stances/statements/opt_in_or_out.jsp) (accessed 9 August, 2010).

<sup>39</sup> *Ibid.*

## Creating a public health service in hard times

With the crunch on public sector spending being analysed in the autumn, and the creation of a public health service expected to be announced in December's White Paper, it is interesting to see how the public think government funding for health is being spent and how it should be spent. Both the public and our members have clearly indicated that the wellness side of healthcare should receive more of a focus. Of 548 members who replied, 81% agreed or strongly agreed that wellness needed more priority. There is a clear message that more should be spent on preventing people getting ill – 'the wellness service' – than is currently the case. The suggestion is that there is strong public and professional support for making Britain healthier – making it the well man of Europe, for a change.

When we asked how much of the health budget the public thought was being spent on keeping people well, health-prevention work and programmes to promote healthier lifestyles, 34% of those polled thought nearly a third or more of the health budget was spent on public health, rather than treating illness. The average prediction of what is spent on the wellness, rather than illness, side of the health service was 22%. And when we asked what proportion of the whole health budget should be spent on public health measures, the average figure given was 29%. This contrasts dramatically with what is actually spent on public health in England: only around 4% of the overall health budget goes to public health<sup>40</sup>.

This strong result shows that the public would support the Government in shifting the financial balance towards wellness rather than illness, with more cash spent on stopping people getting ill in the first place. It also suggests a strong feeling of personal and collective responsibility for improving health. With the government commitment to setting up a public health service indicated in the recent White Paper, we would hope this would be taken into consideration.

With more information we could all make better choices. If we knew what fats or calories our food contained, would we choose to eat it? With more information within easy reach, the public are more empowered to make a choice that is better for them over the long term, and that allows them to be in the driving seat towards improving their own health.

## Conclusions

The public favours making more strident changes to Britain's health than policymakers might suspect. As we saw with the introduction of the smoking ban, public opinion can drive policy change and political action. A UK-wide smoking ban was made possible by local initiatives in that it was introduced by the devolved assemblies, and driven by public support for such action.

In a media-dominated culture, in which politicians worry about taking action that opens them up to attacks from highly influential columnists, public opinion can change faster than those in Westminster might realise. Over time the public continues to seek to push for action and change. Our polling shows that the public feels strongly about sport in schools, smoking in

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40 <http://www.audit-commission.gov.uk/sitecollectiondocuments/auditcommissionreports/nationalstudies/20100311HealthyBalance.pdf> (accessed 16 August, 2010).

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cars and an opt-out system to improve the supply of donor organs, as well as living in a healthier society.

What we are seeing is the public nudging politicians towards change, rather than the other way around. Public attitudes support firmer action on health and wellbeing than the Government might think.

### Appendix

## YouGov / Faculty of Public Health Survey Results

Sample Size: 1448 GB Adults  
Fieldwork: 6th - 7th June 2010

	2010 Election Vote				Gender		Age			Social grade		Region				
	Total	Con	Lab	Lib Dem	Male	Female	18-34	35-54	55+	ABC1	C2DE	London	Rest of South	Midlands / Wales	North	Scotland
<b>Weighted Sample</b>	<b>1448</b>	472	382	306	695	753	441	500	507	796	652	185	471	310	356	126
Unweighted Sample	1448	508	315	305	667	781	381	452	615	849	599	156	533	270	324	165
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
<b>Here are some proposals that have been made for government action to improve people's health. In each case, would you support or oppose the proposal?</b>																
<b>Require the makers of alcoholic drinks to print clear information about the numbers of calories and units of alcohol on all bottles and cans</b>																
Support	82	85	82	84	80	84	83	80	83	84	80	78	80	85	84	81
Oppose	8	8	9	6	10	6	6	10	8	9	7	10	9	6	8	10
Don't know	10	7	9	10	10	10	11	10	8	7	13	12	11	9	8	9
<b>Make two hours of games or sport each week compulsory in all schools</b>																
Support	81	89	77	81	82	80	81	81	82	82	81	79	82	82	80	83
Oppose	9	5	11	11	9	8	7	10	9	10	7	8	7	9	11	7
Don't know	10	6	12	8	8	12	12	9	10	9	12	13	11	10	9	10
<b>Require food manufacturers to put 'traffic light' labels on the front of food packages, so shoppers can see at a glance whether they have high, medium or low amounts of fats, sugar and salt</b>																
Support	78	78	81	80	76	81	76	79	80	77	79	78	75	83	79	76
Oppose	10	12	9	10	13	8	10	10	10	13	7	12	12	8	9	13
Don't know	11	11	9	9	11	12	14	11	9	9	14	10	13	10	12	11
<b>Ban anyone from smoking in a car in which any children are on board</b>																
Support	74	73	75	78	70	77	76	71	74	76	71	69	72	75	77	73
Oppose	18	20	18	15	22	14	15	19	20	17	19	25	18	18	15	17
Don't know	8	7	7	6	8	9	9	10	6	7	10	7	10	7	8	10

## Healthy Nudges: When the Public Wants Change But the Politicians Don't Know It

<b>Ban TV advertisements before 9pm for 'junk foods' such as crisps, sweets, pizzas and burgers</b>																	
Support	67	67	70	64	65	69	60	67	72	68	65	60	65	69	69	70	
Oppose	23	24	21	25	26	20	25	23	20	24	21	29	22	20	22	21	
Don't know	11	9	9	11	9	12	15	9	8	8	14	11	13	11	8	9	
<b>Introduce a system of 'presumed consent' for organ transplant, with the right for people to opt out, rather than the present system whereby people have to opt in to allow their organs to be used after their death</b>																	
Support	60	59	59	70	57	62	60	61	58	60	59	50	60	60	62	65	
Oppose	27	29	27	24	32	24	24	26	32	28	26	31	26	29	28	23	
Don't know	13	12	14	6	12	14	16	13	10	12	14	19	14	11	10	12	
<b>Raise the minimum age at which people can buy alcohol or tobacco from 18 to 21</b>																	
Support	57	64	54	49	54	59	49	55	64	55	58	51	57	57	58	57	
Oppose	35	29	39	41	39	31	38	37	30	37	32	36	34	35	35	34	
Don't know	9	6	7	10	7	10	13	8	6	8	10	13	9	8	7	9	
<b>Reduce the speed limit in heavily built-up areas from 30mph to 20mph</b>																	
Support	49	47	53	55	44	53	38	52	53	49	48	45	44	45	56	55	
Oppose	38	44	36	32	44	33	41	37	37	40	36	35	41	42	34	35	
Don't know	13	9	11	13	12	14	20	11	9	11	16	19	15	12	10	10	
<b>Require all cafes and restaurants to print information about calories, fats, salt and sugar on each item on their menus</b>																	
Support	49	50	54	43	47	51	52	46	49	47	50	43	43	55	54	48	
Oppose	33	34	31	37	37	30	29	37	34	36	31	31	37	28	32	40	
Don't know	18	16	15	20	16	19	20	18	17	17	19	25	20	17	14	13	
<b>Set a minimum price for alcoholic drinks sold in supermarkets by setting a minimum price for each unit of alcohol</b>																	
Support	45	47	43	49	44	45	38	45	50	46	43	36	47	48	42	47	
Oppose	44	44	49	41	48	41	48	45	41	44	45	47	43	42	48	44	
Don't know	11	9	8	10	8	14	15	10	9	10	12	17	11	10	11	9	
<b>Banning supermarket offers on alcohol such as 'buy one, get one free' and 'three for the price of two'</b>																	
Support	41	46	41	41	42	40	25	39	55	41	40	34	42	41	41	44	
Oppose	51	46	53	54	53	49	63	52	39	51	51	53	50	49	53	51	
Don't know	8	8	6	6	5	11	11	9	5	8	9	13	8	10	6	5	
<b>If the Government were to implement just a few of these proposals, which two or three, if any, should it make its top priorities? (Please select up to three.)</b>																	
Make two hours of sport each week compulsory in all schools	42	49	38	44	44	41	45	40	42	43	41	45	47	40	38	37	
Ban anyone from smoking in a car in which any children are on board	37	38	34	40	34	40	46	35	32	37	38	38	36	40	36	39	

## Healthy Nudges: When the Public Wants Change But the Politicians Don't Know It

Introduce a system of 'presumed consent' for organ transplant, with the right for people to opt out, rather than the present system whereby people have to opt in to allow their organs to be used after their death	35	32	38	41	32	37	35	34	35	36	33	26	35	39	35	37
Raise the minimum age at which people can buy alcohol or tobacco from 18 to 21	33	39	31	27	34	32	25	34	38	31	35	29	33	34	35	28
Require food manufacturers to put 'traffic light' labels on the front of food packages, so shoppers can see at a glance whether they have high or low amounts of fats, sugar and salt	25	22	30	27	25	26	25	29	22	27	24	28	23	25	27	26
Reduce the speed limit in heavily built-up areas from 30mph to 20mph	19	16	23	20	18	19	13	22	20	19	18	16	19	17	19	23
Set a minimum price for alcoholic drinks sold in supermarkets by setting a minimum price for each unit of alcohol	18	19	19	19	22	15	14	19	21	19	17	11	16	23	18	24
Banning supermarket offers on alcohol such as 'buy one, get one free' and 'three for the price of two'	18	20	19	18	20	16	11	15	26	18	17	19	18	16	18	19
Ban TV advertisements before 9pm for fast-food outlets and 'junk foods' such as crisps, sweets, pizzas and burgers	15	13	16	15	14	16	12	16	17	16	14	14	15	15	16	16
Require the makers of alcoholic drinks to print clear information about the numbers of calories and units of alcohol on all bottles and cans	13	12	14	13	12	14	14	13	13	13	13	16	10	13	16	14
Require all cafes and restaurants to print information about calories, fats, salt and sugar on each item on their menus	7	8	6	7	5	10	9	8	6	8	6	7	6	7	9	9
None of these	2	2	1	1	3	2	3	2	2	2	2	4	2	1	2	0
Don't know	3	1	3	2	3	3	5	3	1	2	5	5	4	3	2	3
<b>The National Health Service spends part of its budget on improving public health, as distinct from treating people who are injured, unwell or need long-term medical care. Public health activities include vaccination, cancer-screening services, ante-natal care, health visitors, and programmes to promote healthier lifestyles and avoid mental illness.</b>																
<b>If you had to guess, what proportion of the NHS's budget is spent on improving public health and helping to prevent people getting ill?</b>																
Around 50%	6	5	5	5	5	6	5	5	6	5	7	9	6	5	3	6
Around 40%	10	12	11	9	8	12	11	9	11	10	10	9	8	10	13	12
Around 30%	18	19	21	15	17	18	17	19	17	18	17	16	17	20	17	20
Around 20%	16	16	18	17	16	16	17	16	16	14	19	17	18	12	17	17
Around 15%	10	11	11	9	9	11	11	10	10	12	8	10	11	9	11	10
Around 10%	15	14	11	18	17	12	14	15	14	16	13	14	14	13	16	15
Around 5%	10	10	9	10	12	7	9	10	9	11	8	8	10	11	8	7
Around 1%	4	4	2	6	5	3	2	5	4	5	3	1	5	5	4	3
<b>AVERAGE</b>	<b>22</b>	<b>22</b>	<b>23</b>	<b>20</b>	<b>20</b>	<b>23</b>	<b>22</b>	<b>21</b>	<b>22</b>	<b>21</b>	<b>23</b>	<b>23</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>23</b>
Don't know	12	9	11	12	11	13	13	11	12	8	16	17	11	14	11	9

## Healthy Nudges: When the Public Wants Change But the Politicians Don't Know It

<b>And how much do you think SHOULD be spent on improving public health and helping to prevent people getting ill?</b>																	
More than 50%	11	9	12	10	9	12	11	8	15	8	14	9	10	12	12	9	
Around 50%	15	12	17	14	13	16	13	17	13	16	13	17	14	13	14	20	
Around 40%	14	17	17	10	9	19	15	13	13	14	13	16	14	13	11	20	
Around 30%	16	15	16	15	17	14	18	16	12	15	16	18	14	13	19	15	
Around 20%	15	17	12	18	17	13	11	17	16	15	14	9	15	15	18	9	
Around 15%	6	6	4	9	7	5	5	5	7	7	4	6	6	7	5	8	
Around 10%	8	8	8	8	12	5	6	8	10	10	6	7	9	10	6	5	
Around 5%	3	6	2	1	3	3	3	3	3	4	3	1	4	2	4	4	
Around 1%	1	1	1	1	2	1	1	1	1	2	1	1	1	2	2	1	
<b>AVERAGE</b>	<b>29</b>	<b>28</b>	<b>31</b>	<b>28</b>	<b>26</b>	<b>31</b>	<b>30</b>	<b>30</b>	<b>28</b>	<b>28</b>	<b>30</b>	<b>32</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>32</b>	
Don't know	12	9	11	14	11	13	16	11	9	9	16	18	12	13	10	9	

\*\*\* The survey of members attitudes to spending on wellness and illness was sent electronically to all FPH members. They were invited to take part and register their opinion. FPH has 3500 members. The results included were accessed on August 11, 2010.