How lifestyles affect health

Basics in Public Health
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Impact of lifestyles 1/2

• Health is multi-factorial and complex. It is influenced by a number of things including our age, family history of illness, employment, education and living conditions.

• A variety of lifestyle or health related habits (behavioural factors) can have a major impact on a person’s health.

• Behavioural and social issues that negatively impact on health include smoking, alcohol, poor diet leading to obesity or malnutrition, lack of physical exercise, sexual behaviour and problems resulting from drug taking.
Impact of lifestyles 2/2

Smoking – an increased risk of cancer, cardiovascular disease

Alcohol – an increased risk of cancer, obesity, cardiovascular disease

Illegal drugs – risk of bloodborne viruses (HBV, HCV, HIV), mental health issues

Sedentary lifestyles – obesity, cardiovascular disease, cancer

Poor diet – obesity, cancer, cardiovascular disease

Unsafe sex – sexually transmitted diseases, unwanted pregnancies

Stress - high blood pressure, heart disease, obesity and diabetes
Mental and physical health

“No health without mental health”

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.

Mental health problems have increasingly been shown to precede, and be important in the recovery from, physical health problems.
What drives lifestyle choices?

The unhealthy lifestyles and behaviours are often used because they are effective in managing stress.

Other factors like social norms, availability, price and legality also play an important role.

Almost 50% of all tobacco is now smoked by people with mental illness.

Obesity is more prevalent among people with mental illness.

Alcohol and drug misuse are commonly associated with mental illness.

Mental health problems and adverse experiences in childhood predict the adoption of unhealthy lifestyles in adolescence.

(Faculty of Public Health 2010, Bellis 2014)
Health inequalities and lifestyles

- Poverty and poor health are linked
- People in poorest areas have higher levels of ill health, lower healthy life expectancy
- People in poorest areas have lowest self-reported health

Often people in the poorest groups are seen to make the worst health choices.

- Smoking and alcohol consumption rates have been consistently higher among the poorest groups for a number of years. Reasons include stress, lack of education, lack of motivation.

(NICE 2013, The Scottish Health Survey 2014)
Is it just a matter of choice?

The root causes of health and social inequalities are seen as the essential pre-requisites for improving health, suggesting the degree of choice we have is relative to circumstances. (NHS Education for Scotland 2011)

Lifestyles are not solely attributable to personal choices or failure in personal responsibility.

Private choices are shaped by our environments. (BMA 2012)
NHS 5 Year Forward Plan

“…the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.”

How can people be encouraged to adopt healthier lifestyles?

To deliver quality outcomes for patients and healthcare services, frontline staff need to work towards creating informed patients who have goals and a plan to improve their health.

Consider the role of environment – e.g. advertising, cycle lanes, availability of fast food etc.

When people are motivated and ready to change an unhealthy behaviour, evidence-based techniques can be used to help them to achieve their desired outcome.

MECC (Making Every Contact Count) is an evidence-based intervention aiming to support people making healthier choices and directing them to appropriate sources of help. (NICE 2013)
The opportunities at population level

By improving maternal health, we could give our children a better start in life, reduce infant mortality and the numbers of low birth-weight babies.

Taking better care of our children’s health and development could improve educational attainment and reduce the risks of mental illness, unhealthy lifestyles, road deaths and hospital admissions due to tooth decay.

Being in work leads to better physical and mental health, and we could save the UK up to £100 billion a year by reducing working-age ill health.

Changing adults’ behaviour could reduce premature death, illness and costs to society, avoiding a substantial proportion of cancers, vascular dementias and over 30% of circulatory diseases; saving the NHS the £2.7 billion cost of alcohol abuse; and saving society the £13.9 billion a year spent on tackling drug-fuelled crime.

We could prevent many of the yearly excess winter deaths through warmer housing, and prevent further deaths through full take-up of seasonal flu vaccinations.  

(Healthy Lives, Healthy People 2010)


