Radical transformation

-what is healthcare's role in the wider determinants of health?

Ian Gilmore

Cleanmed Europe Conference

19th September 2013

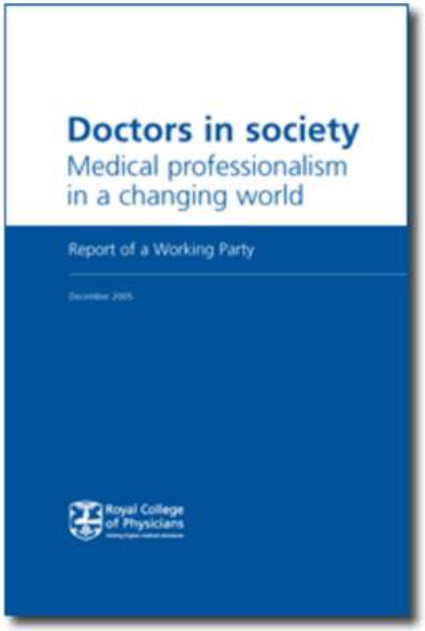
Why did I get involved in health inequalities and climate change

- The need to 're-engage' doctors when morale was low
- the success of professionalism projects in students and young doctors
- The emergence of leadership and advocacy as key threads of professionalism
- The need to harness these attributes to confront our biggest challenges in society
  - health inequalities
  - climate change

Doctors in Society

six vital themes emerged in RCP report:

- Team working
- Education
- Appraisal
- Career management
- Research
- Leadership



Where did doctors lose that leadership role?

- British Medicine had reinvented itself in the 19th century by emphasising the primacy of the doctor-patient relationship

- But 20th century clinicians used this to absolve themselves from engaging in the needs of the wider public

What is modern medical leadership?

…..doctors being at the heart of shaping and developing health care delivery for the good of patients as an integral and valued part of their core duties …..

Medical Leadership Competency Framework

Understanding Doctors

HARNESSING PROFESSIONALISM

Ros Levenson
Steve Dewar
Susan Shepherd

King's Fund

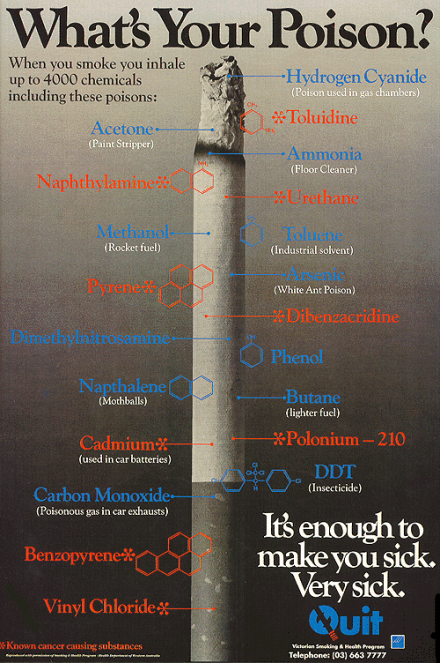
Royal College of Physicians
Setting higher medical standards

Public Profession of Values

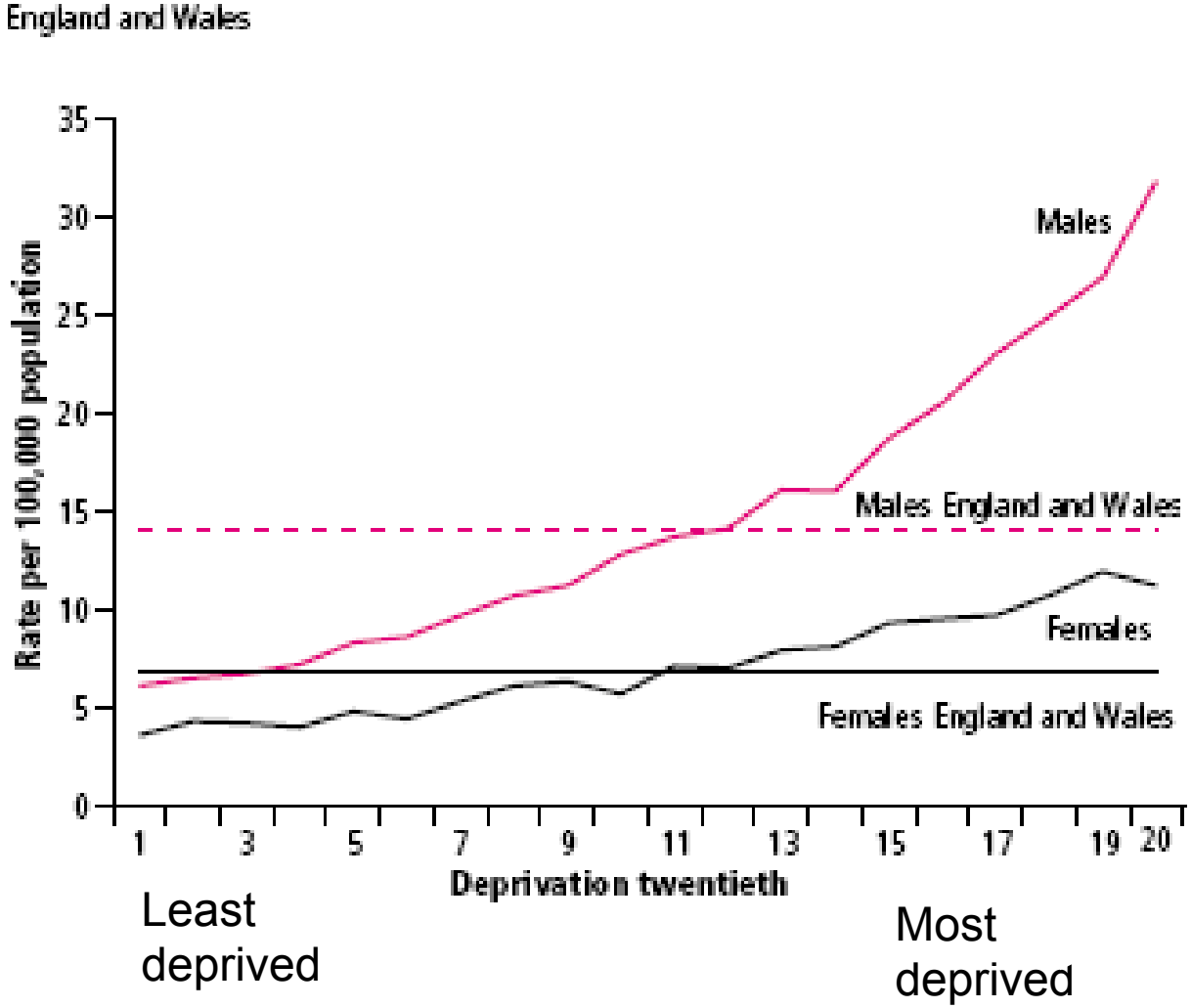
"Physicians should speak about their values. 'Profession' means, from the Latin, 'speaking forth'. Public avowal of values has been a distinctive feature of the professions from before medieval times"

Wynia MK

Public Health – where we are used to advocacy

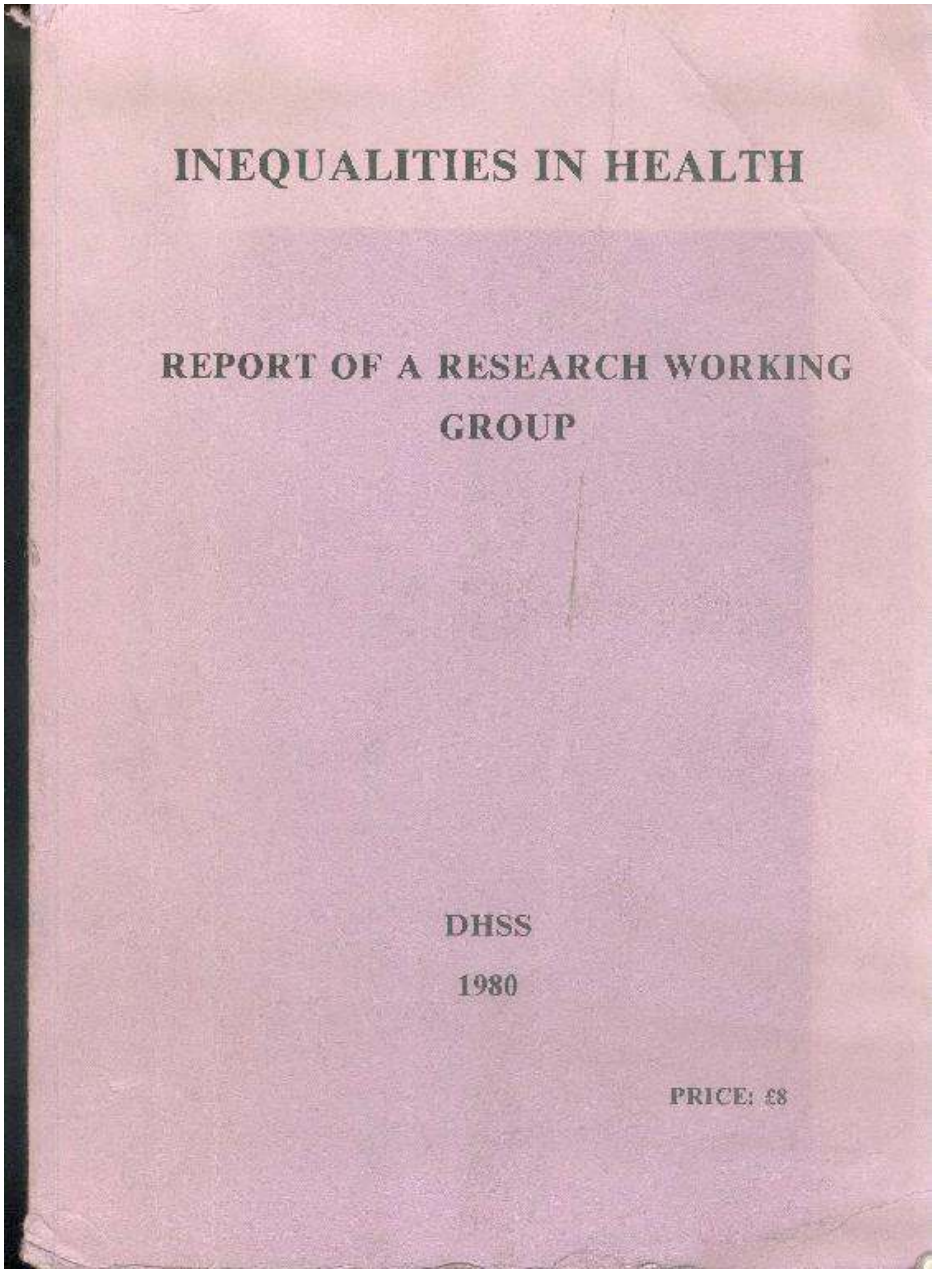


Age-standardised alcohol-related death rates by deprivation* twentieth and sex, England and Wales 1999-2003



* Carstairs deprivation index

Source: ONS 2007



The Black Report

- first robust strategy to address health disparities
- drew attention to actions needed beyond health (eg education, housing
- called for measures and targets to aim at
- 'buried' by incoming Conservative Government

World Health Organization

Commission on Social Determinants of Health

Closing the gap in a generation

Health equity through action on the social determinants of health

Health Consequences of Climate Change and its mitigation

- Deaths from heat
- Direct Injury
- [illegible]
- [illegible]
- Altered disease vectors
- Crop Failure
- Water shortages
- Mass Migration
- Resource Wars

Benefits for heart disease, obesity, cancer and mental

Most doctors 'get it'

- Active transport policies
- Reduction in meat consumption

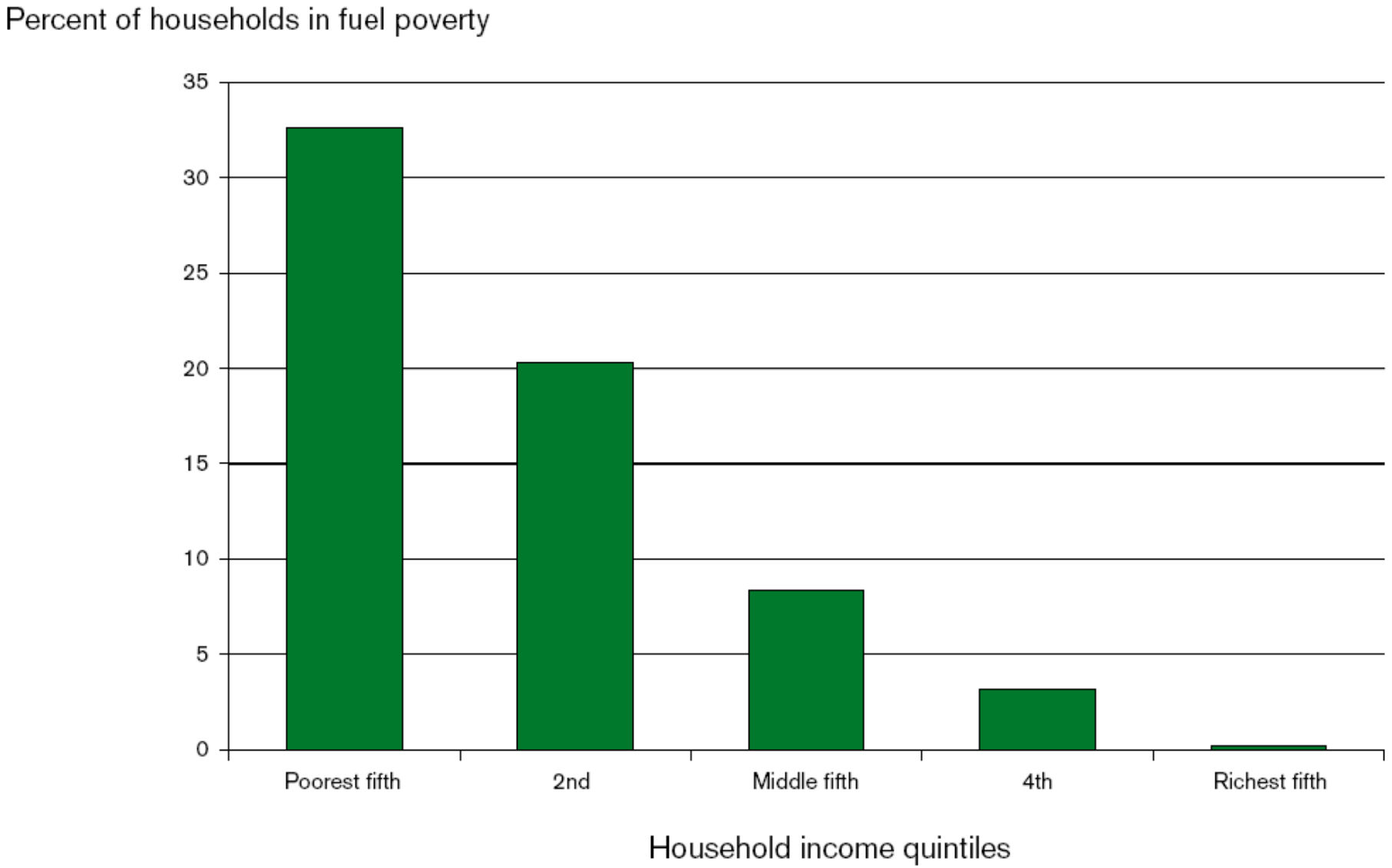
Improving energy efficiency in housing across the social gradient

Housing stock responsible for 13% emissions

- poorest homes have worst fabric, design and efficiency

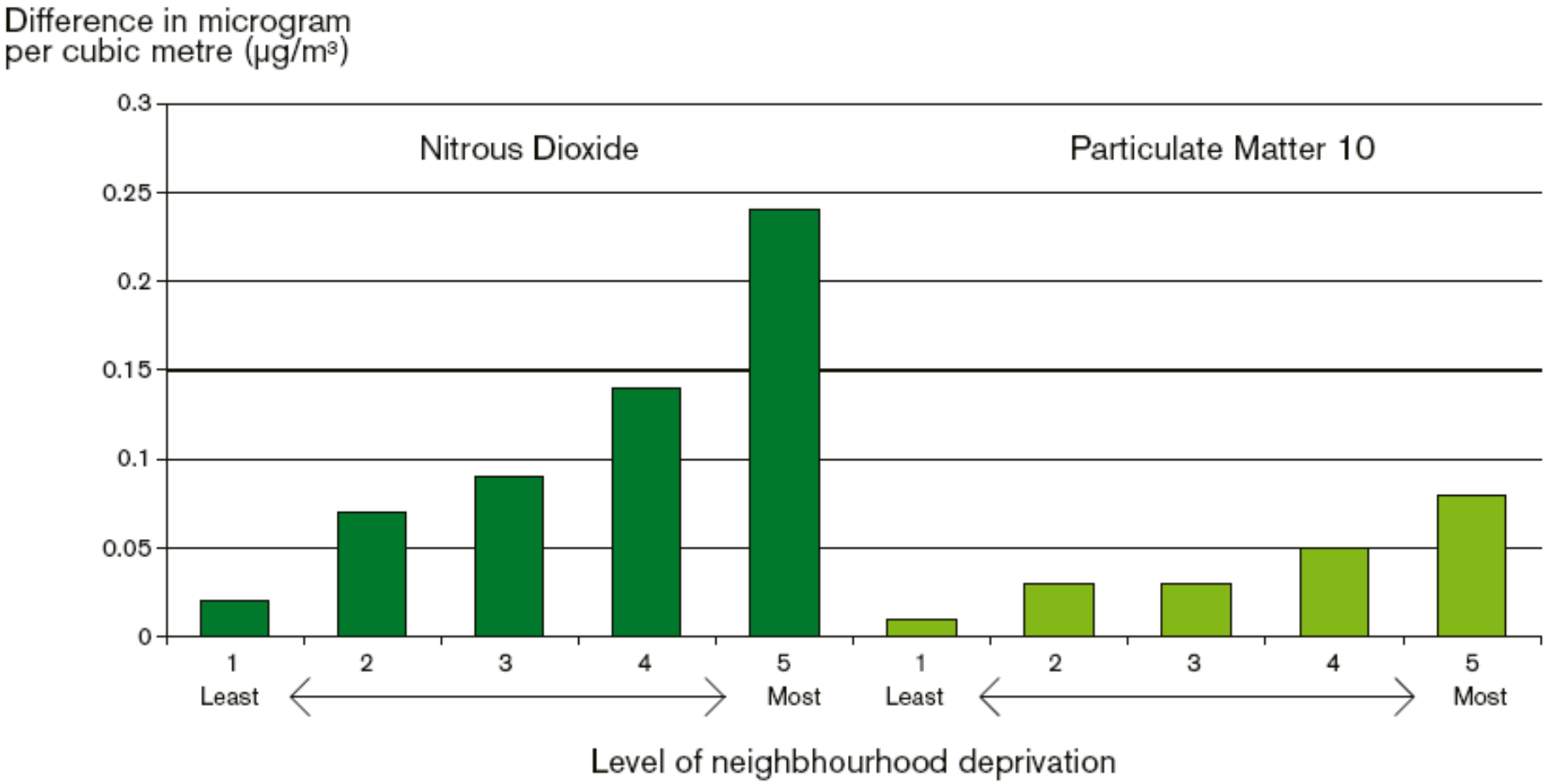
- Cold homes are a health risk

The risk of fuel poverty according to household income, 2009

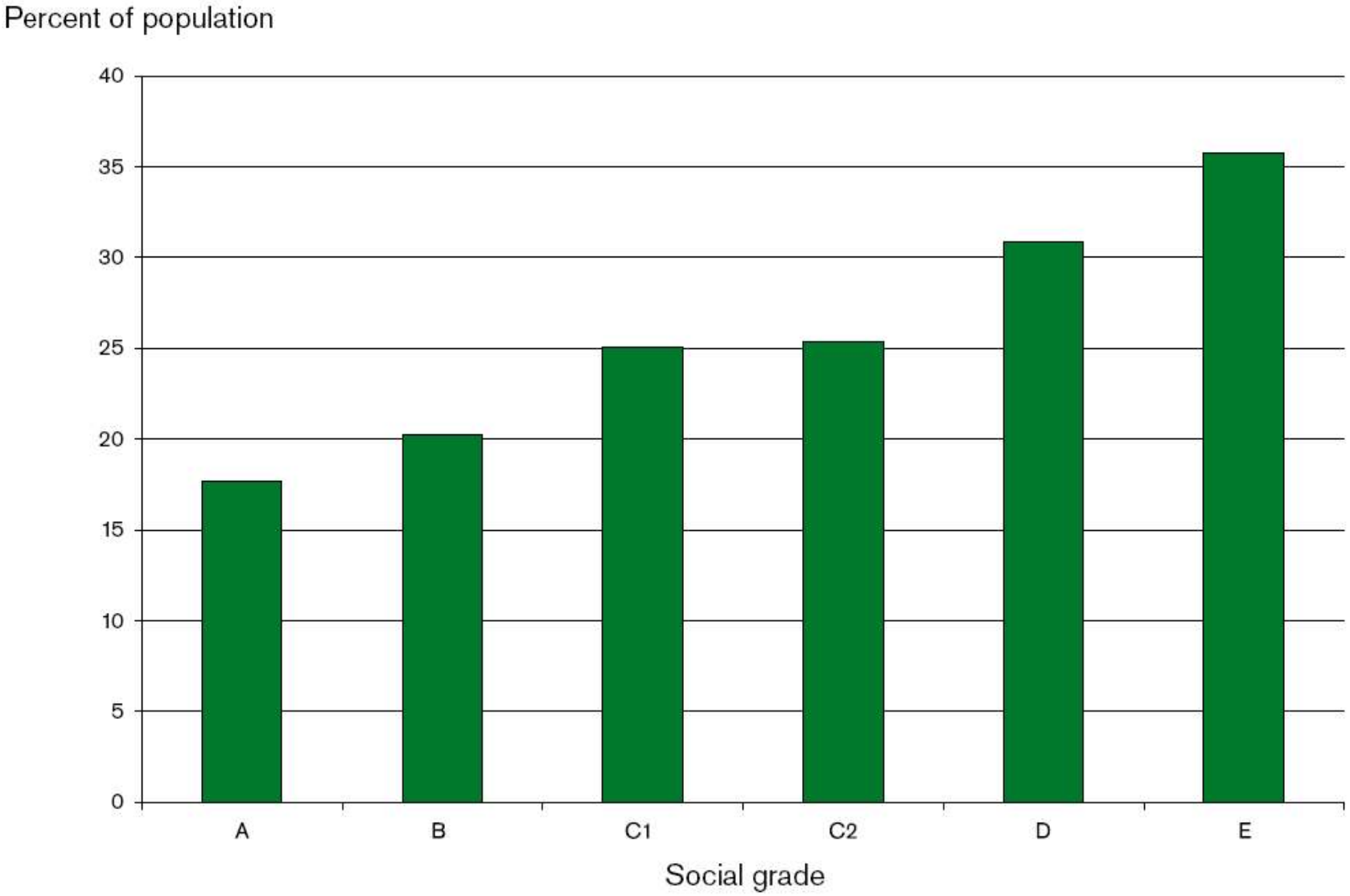


Source: English House Conditions Survey, Department of Communities

Modelled changes in air pollution concentration due to London Congestion Charge, by area of London and level of socioeconomic deprivation, 2003–07

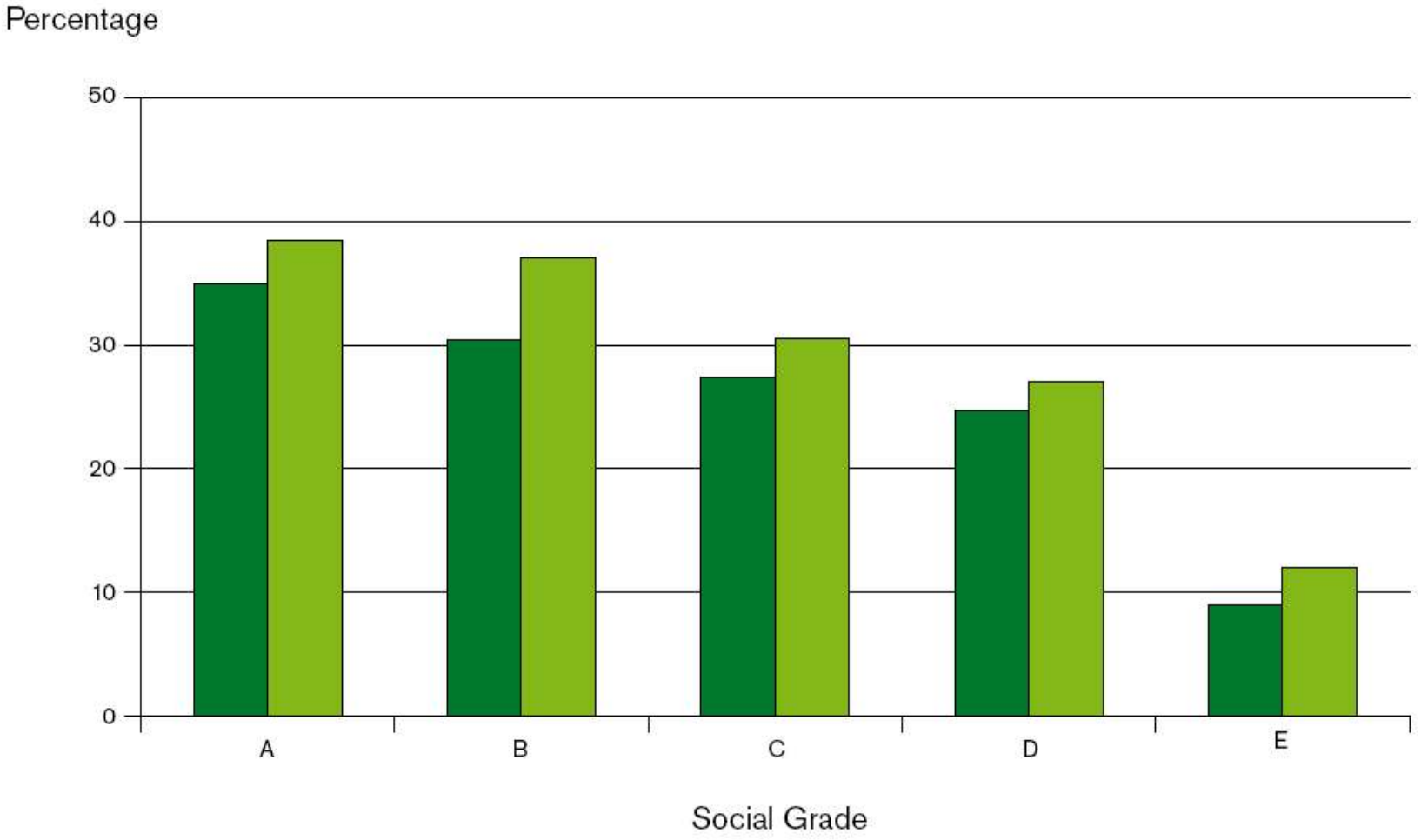


Percentage of population by social grade who visit a green space infrequently in a year, 2009



Source: Department for Environment, Food and Rural Affairs, Energy Savings Trust[426]

Proportion reporting any cycling in a typical week in the previous year, by social grade, 2006 and 2009



Source: Department for Transport[398]

Improving active travel across the social gradient

- Transport accounts for approximately 29 per cent of the UK's carbon dioxide emissions

- contributes to some of today's greatest challenges to public health in England:

    - the burden of road traffic injuries

    - physical inactivity

    - the adverse effect of traffic on social cohesiveness

    - the impact of outdoor air quality and noise pollution.

Improving good quality spaces available across the social gradient

- Access to green spaces, making parks
- Making areas walkable
- benefiting social cohesion
- reducing vandalism, increasing mental well-being

Improving the food environment in local areas across the social gradient

Encouraging healthier diets by:

- proximity to healthier food
- helping those with poor mobility
- Control of fast-food outlets
- public health measures for alcohol

Prioritise policies and interventions that both reduce health inequalities and mitigate climate change, by:

- Improving active travel across the social gradient
- Improving good quality spaces available across the social gradient
- Improving the food environment in local areas across the social gradient
- Improving energy efficiency in housing across the social gradient.

Priority objectives for healthy and sustainable communities

- Develop common policies to reduce the scale and impact of climate change and health inequalities.

- Improve community capital and reduce social isolation across the social gradient (social isolation is a bigger health risk to a 75 year old than smoking …)

The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction.

Rudolf Virchow
Die medizinische Reform

Professional Advocacy on health inequalities and climate change– using our assets

- doctors seen as
  - Authoritative
  - Independent
  - Influential with other health care workers
- Doctors remain trusted by our patients and the public.
- Many doctors are environmentally active in their personal lives but 'give up' at the hospital door
- We can help them take on a leadership role at work

The next challenge - making healthcare sustainable

- Hospitals are expensive and bad for the environment
- Hospitals make patients ill
- How do we engage and empower the public to value their health and wellbeing?
- How do we help to move move more care into the community?
  - Probably good for everyone (except hospital doctors)