How doctors can close the gap

Tackling the social determinants
of health through culture change,
advocacy and education

Royal College of Physicians
Setting higher medical standards

Royal College of General Practitioners

NHS Sustainable Development Unit

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

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Acknowledgements

The Royal College of Physicians

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Foreword

The inequalities in health that persist today in the UK are not inevitable. All sectors have a role to play in reducing the gap in health between the richest and the poorest in our society. Doctors are one of the linchpins in this endeavour and, within an enabling policy framework, must initiate, involve themselves in and advocate for programmes of action to tackle the social determinants of health and reduce health inequality.

This policy statement and the recommendations contained within it are a synthesis of the ideas and proposals that emerged from a series of policy dialogues organised by the Royal College of Physicians (RCP). The aims of these dialogues were to identify what role doctors can play in reducing health inequality in the UK by acting on the social determinants of health, and how they can best be trained to do this.

The statement contains recommendations that cover the need for change in doctors' attitudes towards the social determinants of health, a change in healthcare and social systems, and a change in the education of doctors. The proposals are aimed at a broad range of actors, from individual doctors and their teams to the health departments of all UK administrations and other public and third sector organisations. This reflects the necessity for cross-sectoral programmes working at both the macro and micro scale.

There is a growing movement to confront social inequity and I believe this statement to be a timely contribution to this endeavour. It is set against the background of the recent report on health inequalities carried out by Sir Michael Marmot – *Fair society, healthy lives*[1] – and focuses more specifically on the roles of doctors, medical schools and the health service.

It is my hope that these proposals are read and acted on by doctors and policy makers of all levels and disciplines and that together we can strive to close the gap.

June 2010

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1 Introduction

The social determinants of health can loosely be defined as how the circumstances in which people develop and live affect their mental and physical well-being and life expectancy, and have been characterised as the *causes of the causes*[2] of health (or ill health). As well as age, sex and biological characteristics that are largely fixed, individuals are part of society and therefore the debates around health policy and healthcare provision must reflect the influence of societal, economic, environmental and cultural factors on a person's lifestyle, as well as their interactions with familial, social and community networks. These interactions and layers of influence affecting health are represented in the well-known diagram devised by Dahlgren and Whitehead in the early 1990s (Fig 1).

A healthy life relies heavily on the physical and social infrastructure of communities – access to and uptake of healthcare and social support, the quality of services and amenities, and environmental factors such as pollution and access to green spaces. Climate change is increasingly being recognised as a (social) determinant of health, and socially disadvantaged groups, who lack adequate environmental protection, resources and insurance, and are more prone to its effects on health.[6] Reflecting this, there is a growing movement in the health service towards the development of sustainable buildings and care pathways and also the promotion of programmes that have co-benefits for the physical and mental well-being of socially disadvantaged groups and the environment.

There is much evidence that social disadvantage and inequity can result in vast gaps in health in the UK – for the years 2002–6, in Canning Town, a deprived district in the East End of London, the average male life expectancy was 73 years, compared with 79 years in the affluent borough of Westminster (Office for National Statistics) (Fig 2). Individuals and communities need the support of the health system, health programmes, social services and local and national
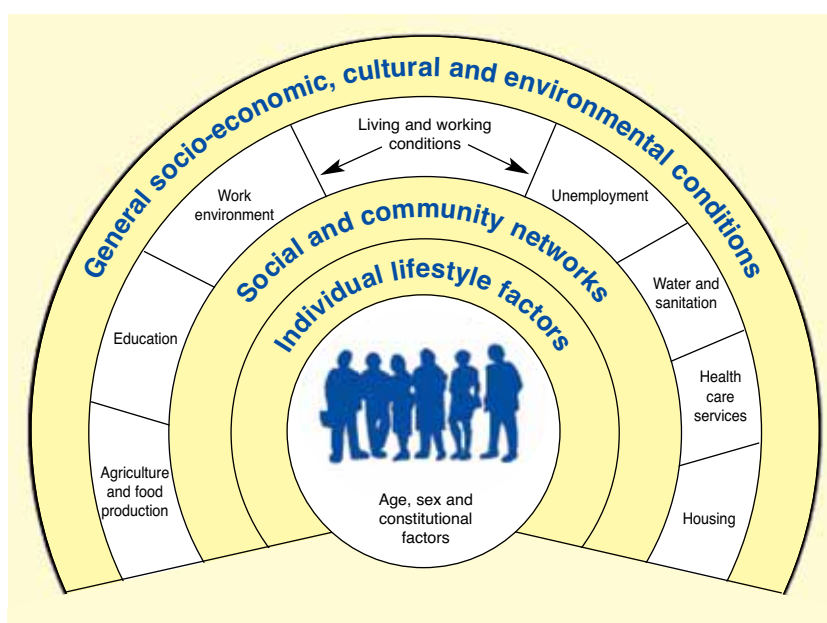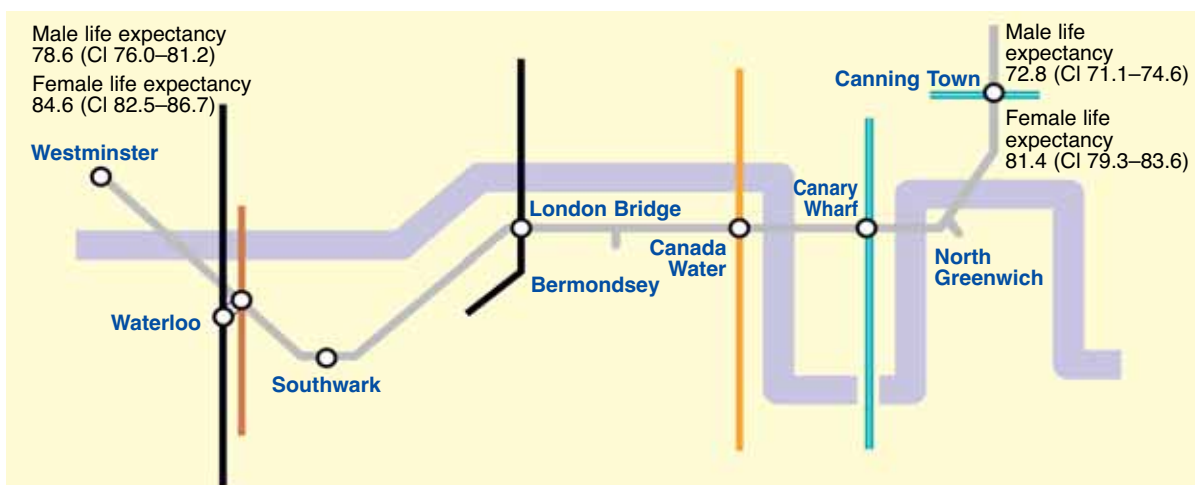

Fig 1. Layers of conditions affecting health. (From G Dahlgren and M Whitehead. *Policies and strategies to promote social equity in health*. Stockholm: Institute for Futures Studies, 1991.)[5]

governments to create the enabling conditions for them to take effective health action. Doctors also need an enabling policy framework and the finances and capacity to adapt their practice in order to effectively tackle the social determinants of health. It is important to combine top-down policies with grassroots actions. The distinct principles of equality (parity in health) and equity (fairness in health) must synthesise to promote good health for all.

The *Black report*[3] published in 1980 represented the first example of a robust strategy to draw attention to health disparities over the life course. The report also looked at actions that were needed beyond the health system and the need to agree measures and targets to bring about population change in terms of lifestyle factors. Most recently, Sir Michael Marmot's report, *Fair society, healthy lives*,[1] has set the problems of health inequalities in the widest possible context; with policy proposals aimed across the government, public and private sector organisations.

In 2006/7 only 4% of the NHS budget was spent on prevention[4] and while this level had increased during the decade before this, it is still considered by many to be inadequate. Some doctors remain entirely focussed on the medical interventions that they make, whereas all medical professionals need to adopt a population health perspective that looks beyond the immediate needs of individual patients and work to actively promote health and well-being. Public health interventions need to be made long before a patient presents with their symptoms, and preferably in their early-years development, in order to reap the most benefits for health and well-being in the long term. Doctors and other healthcare workers have a crucial stewardship role and can use their position as leaders within the health system and respected voices in their communities to influence, advocate, inform and build partnerships with other sectors to promote health equality.

Fig 2. Jubilee Line of health inequality. Travelling east from Westminster, each tube stop represents up to one year of male life expectancy lost at birth (2002–6). Source: Analysis by London Health Observatory using Office for National Statistics data revised for 2002–6. Diagram produced by the Department of Health. (Reproduced under the terms of the Click-Use Licence.)

2 Changing perspectives

To tackle effectively the social determinants of health a holistic approach to the issues is required, with doctors not only taking a lead in promoting and protecting health, and preventing ill health, but also working collaboratively across all sectors to develop systems to reduce health inequalities. There needs to be a higher degree of solidarity between professionals concerned with different facets of healthcare, enabling them to act to address the social determinants of health in a far more effective and targeted manner. An increased interaction between public health teams and researchers, clinicians, social care services and local government, and a better flow of information between these groups, will help to establish which health promotion initiatives are most effective or which population groups are under-utilising various healthcare services. Information-sharing on the best practice in the UK on how to tackle the social determinants of health should be encouraged and centralised.

Many doctors have long seen their role as curing illness and have paid insufficient attention to their responsibilities in promoting and protecting health, preventing ill health and reducing inequalities in health or access to healthcare. To deal with the social determinants of health, more effort and funding should be focussed earlier in people's life-course to prevent disease and injury. Health professionals must act to instigate and/or guide these initiatives. It is important to promote health literacy and to tackle ill health, both before and after it becomes manifest.

It is also commonly recognised that doctors are some of the most trusted and respected professionals in society and this goodwill needs to be channelled into programmes tackling health inequalities. Doctors at all levels need to join forces to advocate health equality – from impassioned medical students to influential deans and directors. The entire profession can use their powerful voices, whether on a personal, community or national level, to promote action on the social determinants of health.

All doctors should recognise and understand the effects of climate change on health and how healthcare systems will need to adapt in the face of shifting pressures, whilst reducing greeenhouse gas emissions. It is important to pay attention to social and environmental issues when allocating funds and resources. Those with management responsibility in the health sector need to be informed as to the breakdown of the carbon footprint in their working environment, to enable them to identify areas for improvement. Doctors can also advocate directly to patients and encourage or refer them to take up activities that positively affect both their health and environment.

Recommendations

▶ **All doctors should consider the impact on health inequalities of their day-to-day practice.**
Key actors: All doctors

▶ **Senior medical figures and medical educators should legitimise, encourage and harness the power of student advocacy and action on the social determinants of health.**
Key actors: Deans, course directors, undergraduate and postgraduate deans, royal medical colleges

▶ **Information-sharing on best practice in the NHS and beyond concerning the social determinants of health should be encouraged and centralised.**
Key actors: Department of Health, Academy of Medical Royal Colleges (AoMRC)

▶ **Medical professionals should highlight and advocate policies and programmes that both have benefits for the physical and mental health of socially disadvantaged groups and result in reductions in greenhouse gas emissions.**
Key actors: All doctors, NHS Sustainable Development Unit (NHS SDU), AoMRC

▶ **All medical professionals should be educated and informed about the implications of their healthcare decisions on greenhouse gas emissions.**
Key actors: NHS SDU, strategic health authorities (SHAs), primary care trusts (PCTs), medical royal colleges, AoMRC

▶ **Clinical doctors and public health specialist teams should work together more closely in shaping services and developing programmes to promote and protect people's health, prevent ill health and tackle health inequalities.**
Key actors: All doctors, local public health teams, local commissioning and planning teams.

3 Changing systems

A key challenge in addressing health inequalities is that the most disadvantaged and marginalised are often the last in society to seek medical help. This can result from physical or mental impediment, logistical issues, language barriers or even a stoic attitude towards health and a general acceptance of ill health as inevitable. All healthcare professionals need to engage with their local communities and work to widen access to services and connect with hard-to-reach sections of society. Healthcare programmes should be designed to empower the public and take increased control of their health. It is vital to provide user-friendly and accessible information and advice on health issues to socially disadvantaged groups, and in particular younger people. Engagement programmes should go hand-in-hand with a broader restructuring of primary care services, where healthcare providers are more closely integrated with social services, education and childcare provision and employment services.[7] The incentives system within the NHS also needs to be examined with a view to promoting action on the social determinants of health.

During the consultation between a clinician and the patient there are opportunities to address the factors affecting their health beyond the formulaic approach of the social history (Fig 3). There are roles for clinicians at all levels and in all clinical settings, from GPs to those working in secondary care, to highlight the health risks of a patient's behaviour and environmental circumstances.[8] Clinicians can discuss with patients the impact of wider social determinants on their health, identifying areas that may have a significant health impact and signposting towards appropriate support and services, inside and outside the health sector. This could be through helping them to access health information, screening, health promotion and prevention services and treatment. Doctors can also help and encourage patients to act to modify their environment.

A useful framework for considering these various approaches is provided by the 'three E's' of engagement, empowerment and environment.

Using consultations to address wider social issues could reap benefits for the long-term care of the patient, and also prompt them to act as expert patients and advocate for health issues with their family, friends, colleagues and the wider communities in which they live.

Fig 3. GP on a visit. During visits doctors get to see first hand the social and physicial environment of their patients.

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Doctors can involve themselves in the development of schemes in socially deprived areas that create more efficient housing and activity-friendly and green environments: these have the co-benefits of both reducing greenhouse gas emissions and boosting a population's physical and mental well-being (Fig 4).[9] The sustainability of health services is becoming an increasingly prominent issue, and new healthcare facilities need to be planned with sustainability and patient access as two of the most important factors in their design. Existing facilities can also be greened as much as finances and patient care will allow.[10] Health professionals and policy makers in this country could learn from resource-poor countries when designing new protocols and approaches, including increasing the amount of recycling and reusing of equipment and resources and reduction of waste. The reorganisation of healthcare and ill-health prevention services outlined above could also have the dual role of reducing patient miles and the overall carbon footprint of a service, as well as giving the opportunity to reach out to disadvantaged and marginalised groups in society.

Fig 4. Active travel such as cycling can be promoted by doctors to both boost health and cut greenhouse gas emissions.

Recommendations

▶ **Doctors need to work innovatively and collaboratively to develop systems to reduce health inequalities and must be given adequate resources, including finances, information and time, to do this.**
Key actors: All doctors, SHAs, PCTs, acute trusts

▶ **There should be adequate medical input into decisions taken within non-health sectors to ensure that the initiatives do not exacerbate health inequalities and simultaneously maximise potential health gains.**
Key actors: All doctors, national and local government

▶ **Healthcare services should be better integrated into the community to reach out to disadvantaged and marginalised groups in society and reduce the many barriers impeding access to advice, prevention, diagnosis and treatment.**
Key actors: All doctors, PCTs, SHAs, Department of Communities and Local Government

- ▶ **In the course of all doctor–patient consultations there needs to be more scope to discuss the root causes of ill health and signpost patients towards appropriate support and services, inside and outside the health sector.**
  Key actors: All doctors

- ▶ **All providers of healthcare should be encouraged and given incentives to implement sustainable care pathways and working environments.**
  Key actors: PCTs, SHAs, NHS SDU, acute trusts

4 Changing education

We must give medical students and trainees the encouragement and support to act on social determinants of health and to promote health throughout the population, rather than exclusively concentrating on treating individual patients. It is important to impress on students early in their medical careers that learning about the social determinants of health really will help them to make a difference to the health of society. As well as being taught explicitly, public health issues relating to health inequalities and the social determinants of health should be embedded as a vertical thread running throughout all parts of the curriculum and training. Students need strong and active role-models throughout their training; not only medical practitioners but also representatives from other sectors including social workers, third sector workers and childcare specialists. Role-modelling provides students with opportunities to gain skills, as well as driving enthusiasm. It is important to properly train the trainers, and good trainers need to be encouraged to pursue programmes that tackle the determinants of health.

The majority of medical students embark on their education with an idealistic and optimistic outlook and undergraduate courses need to be designed to harness and structure this passion. Despite the fact that there are many individuals and groups who develop an interest in issues around health inequalities during their time at university, this is usually not driven by the courses they participate in, but by the non-taught curriculum and advocacy activities (Fig 5). Current teaching in public health is often seen as dry and uninspiring and needs to be modified in order to grab students' attention on issues of health inequality. It is acknowledged that the context of learning is as important as the content and there are opportunities for establishing a more hands-on approach to learning by the development of exciting and engaging experiential courses in social health issues. A 'two-pronged' approach, coupling academic courses with experiential training, is important and placements with community groups, charities and social care networks allow students to see how a variety of social situations affect the health of the people living within them. Such placements can be life-changing experiences for students. Innovative student-selected components (SSC) and socially oriented electives are perfect opportunities for furthering students' interest in particular social health topics and will allow students to emerge from their education with a more rounded view of healthcare.

Experiential learning programmes can make population-based medicine visible through individual people and help the social determinants of health agenda come alive. However, such programmes need to be backed up by engaging academic courses that inform students of the broader picture and the hard facts behind population health. It must be recognised that public health and health inequalities affect all disciplines and need to be taught across the curriculum, not just explicitly as stand-alone modules. This can be done by linking specific diseases to their causes and getting students to discuss the causes of these causes – for example when learning about respiratory disease, students need to understand how a person's family and social networks, and living and working conditions, can impact on such factors as smoking, and what measures can be taken to reduce the impact. This practice can be mirrored in the hospital setting, where public health specialists do ward rounds with the students and discuss individual cases from a sociocultural perspective. Medical students also need to develop a broad range of transferable skills to better tackle the social determinants of health and this can be done not with bland lecture courses but through experiential management and communications programmes.

Doctors at all levels have a role to play in addressing the social determinants of health and to enable this there need to be changes made to both the foundation and specialty training of all doctors. The inclusion of an element of primary care and/or public health in the foundation training of all junior doctors will allow them to work more directly with health inequalities issues and develop first hand the skills and understanding to tackle the social determinants of health. The structure of postgraduate medical training needs to be examined, to create more opportunities for trainees to be exposed to social issues outside the clinical setting. This, in turn, will give trainees the skills and knowledge to better structure their systems and practices in the future to engage most effectively with socially deprived and marginalised groups.

There is also a need to have more flexibility in the professional development of clinical specialists. This could come from encouraging trainees to take accredited public health modules as part of clinical specialty training or undertaking dual accreditation (a combined public health

Fig 5. Medical students can be powerful advocates for change.

and clinical training programme leading to accreditation in both specialties). Many doctors have a strong interest in public health but are reluctant to give up clinical practice entirely (and vice versa) and a transformation of the system would give doctors the opportunity not to have to make such a stark choice on their career path at an early stage, allowing for a more diverse medical workforce that is well equipped to tackle health inequalities. There are also opportunities for the inclusion of more public health and social determinants material in the examinations of all medical colleges.

Recommendations

▶ **Learning on health promotion, health inequalities, disease prevention and the social determinants of health should be made more engaging, be embedded as a vertical strand throughout medical education and be considered a key outcome of the process.**
Key actors: Deans of medical schools, course directors, postgraduate deans, medical royal colleges

▶ **Experiential and research-based student selected components in the social determinants of health should be offered at every medical school in the UK.**
Key actors: Deans of medical schools, course directors

▶ **Dynamic trainers and teachers should be fostered, encouraged and trained to devise and implement innovative programmes in the social determinants of health.**
Key actors: Deans of medical schools, course directors, postgraduate deans, medical royal colleges

▶ **The training of all foundation year 2 doctors should contain an element of primary care or public health.**
Key actors: Medical Education England (MEE), postgraduate deans

▶ **The structure of postgraduate medical training of all doctors must be examined, to see how opportunities to engage with the social determinants of health can be better incorporated through practice, research and secondments.**
Key actors: All doctors, General Medical Council (GMC), AoMRC and postgraduate deans

▶ **Innovative and flexible options for certification and continuing professional development need to be instigated to give clinical doctors the opportunity to remain involved with public health issues and vice versa.**
Key actors: GMC

▶ **The examinations of all the royal medical colleges and faculties should include an element of public health and social determinants.**
Key actors: AoRMC, all royal medical colleges and faculties

5 Moving forward

Doctors are integral to the society-wide and cross-sectoral responsibility in tackling the root causes of ill health across the social gradient and especially amongst the most disadvantaged sections of our society. A holistic approach needs to be taken and the profession should contribute its knowledge, leadership and influence to strategies and programmes that lessen inequalities and inequities. At the very least, doctors should work to transform the NHS into an organisation with much more of an emphasis on promotion of health and the prevention of ill health, whilst continually stressing the need for high-quality care for all patients. Policy makers and healthcare trusts need to develop the capacity within medical practice to allow this to happen. Individuals and organisations that work directly with healthcare provision must also engage with those whose work indirectly affects the health of a population.

The main sections of this statement – changing perspectives, changing systems and changing education – contain recommendations which are aimed at a wide variety of delivery agents; from individual doctors, health trusts and those involved in the education and training of doctors. Programmes need to be developed that reach out to the marginalised members of society and those whose social circumstances inhibit them from presenting their symptoms. Doctors should better use their position and influence to help mitigate or remove some of the many social and environmental barriers to better health and well-being, and all delivery agents are called upon to embed the principles of social inclusion and ill-health prevention into their work.

In this era of increased concern for our environment, all of these recommendations must be implemented with sustainability at their core and bearing in mind the direct effects of climate change on vulnerable groups. We urge delivery agencies to adopt the co-benefits approach, where programmes to create greener environments and active transport in deprived neighbourhoods can work to boost a community's physical and mental well-being, whilst reducing greenhouse gas emissions.

Training in the social determinants of health and broader public health needs to be through a variety of media and embedded as a vertical thread through the curriculum – from the first few weeks of medical school, through to royal college and faculty examinations. The recommendations relating to education and training are predominantly aimed at course directors and the deans of medical schools. However, students and junior doctors must be extensively consulted in the formulation and implementation of changes to the curriculum.

The RCP will continue to work on tackling the social determinants of health in coordination with the Royal College of General Practitioners (RCGP), Royal College of Psychiatrists (RCPsych), National Heart Forum (NHF), Faculty of Public Health (FPH) and NHS Sustainable Development Unit (NHS SDU). Several of the recommendations that have been made in this statement apply directly to the RCP and we will endeavour to carry forward the agenda, while encouraging other delivery agencies in their work. We call upon all doctors to embed the social determinants of health into their day-to-day practice and work to increase awareness amongst

their colleagues, policy makers and the wider public of the factors contributing to inequity and inequality in health.

Appendix

The Royal College of Physicians, with the support of the RCGP, RCPsych, FPH, NHF, NHS SDU and the Department of Health (DH), ran a series of policy dialogues for doctors and policy makers to discuss the issues outlined above. The dialogues aimed to establish the avenues and opportunities for medical professionals to become more engaged in the social determinants of health and work to lessen health inequality in the UK. Three of the meetings were attended by senior doctors and healthcare managers and policy makers, and centred on avoidable chronic disease, climate change and the training of doctors. A fourth dialogue was organised for medical students. On each occasion a need for stronger advocacy from doctors and students on these issues, a transformation of healthcare systems with engagement, prevention and sustainability at their core, and an increased focus on social issues in the education and training of all doctors arose as the prominent themes and these are reflected in this document.

Details of policy dialogues referenced in the policy statement

14 July 2009

   The social determinants of health and avoidable chronic disease:
   implications for the role of the doctor

14 October 2009

   The social determinants of health and climate change: implications for the
   role of the doctor

14 January 2010

   The social determinants of health: implications for the training and
   education of doctors

12 April 2010

   The social determinants of health: students' dialogue

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