

INTRODUCTION

The NHS Long Term Plan acknowledges that in order to meet the challenges of the future, the NHS must 'do things differently', including a renewed focus on prevention and tackling health inequalities. The importance of 'taking a public health approach' is often emphasised, but what does this mean in practice?

The RCOG training curriculum¹ suggests that clinicians should 'understand the impact of a patient's social, economic and environmental context on their health' but without a technical understanding of the wider determinants of health and a useable framework to apply in practice, this knowledge can feel removed from everyday clinical work. With the recognition that women who live in deprived areas and women from black and Asian ethnic backgrounds disproportionately suffer adverse maternal health outcomes², comes an appetite from the system to understand how to look beyond the individual patient in front of you and make a difference at population level.

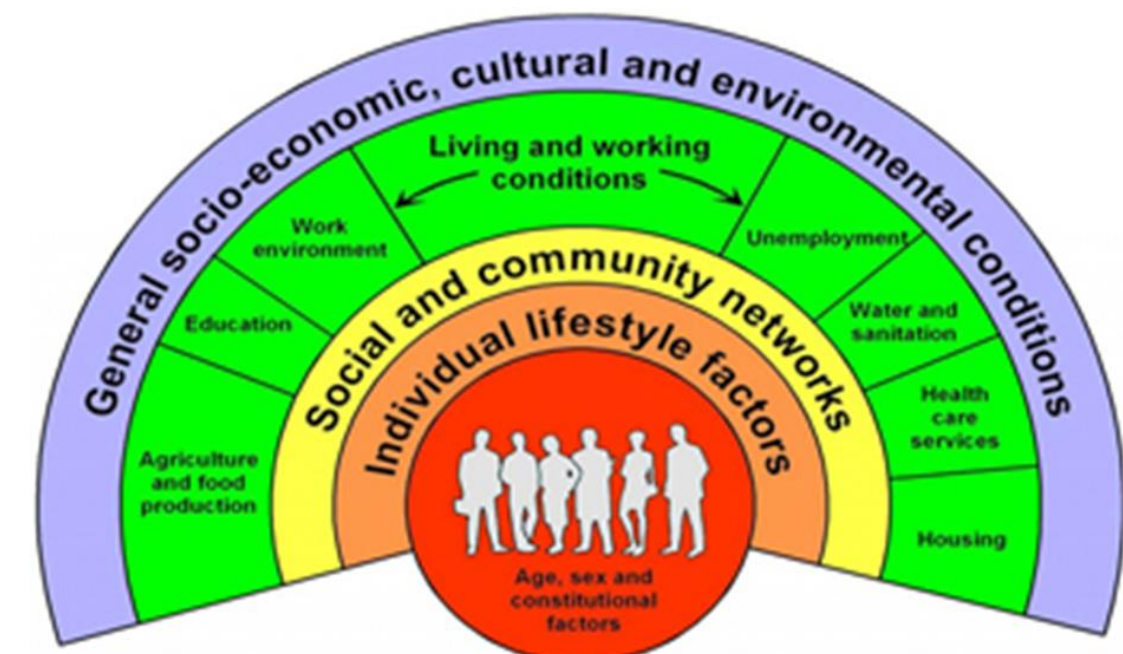
Competencies in Practice (CiPs) numbers 13 and 14 from the 2019 RCOG Core Curriculum require that:

- *The doctor is able to champion the healthcare needs of people from all groups within society*
- *The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease*

This poster seeks to introduce the reader to the concept of the wider determinants of health and the effect they have on overall health and wellbeing outcomes. It also offers a useable framework to use when thinking about problems in the wider public health context.

WHAT MAKES US HEALTHY (OR NOT) ?

Health Inequalities are avoidable, unfair and systematic differences in health between groups of people³. They arise because the factors that affect our health, so-called health determinants, are wider than just access to health care. Factors such as the environments in which people live, work and socialise as well as quality of work, access to good affordable food and green space are known as the 'wider determinants of health'. Dahlgren and Whitehead⁴ put forward one of the most commonly used models of the wider/social determinants of health in the form of their iconic 'rainbow'.



It places the individual at the centre, whilst mapping all the layers of influence on a person's health from those that are closer or adjacent to the individual, right out to the general socio-economic and environmental conditions in which they live.

Figure 1: Dahlgren and Whitehead 'Rainbow'

Many studies have attempted to quantify the effect that these wider determinants have on healthcare outcomes, but most seem to suggest that healthcare itself accounts for only 15 to 20% of the whole⁵:

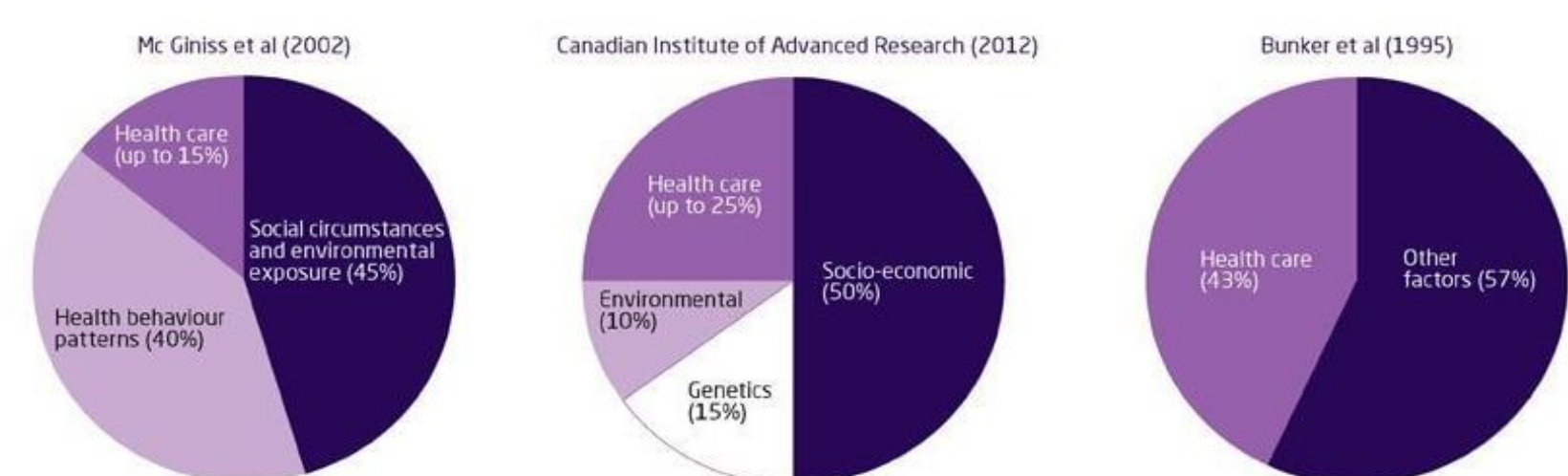


Figure 2: Estimates of the impact of the wider determinants of health, The King's Fund

THE SOCIAL GRADIENT

We can see the effects of the wider determinants in the social gradients that exist in health outcomes. Life expectancy and disability-free life expectancy are closely correlated with deprivation. In 2017-2019, the difference in life expectancy at birth between the most and least deprived areas in England was 9.4 years for males and 7.6 years for females. When looking at healthy life expectancy (the amount of life lived in good health) the disparity widens significantly to 19.0 years for males and 19.3 years for females. In real terms, this means that women living in the poorest areas can expect to live almost two decades less of good health than their more affluent counterparts; the gradient is even steeper⁶. This disparity has largely remained the same since 2009 data (see Fig 3) with the exception that there has been a small increase in the gap for women.

This gradient is seen across health outcomes, including maternity. The most recent MBACE-UK⁷ report found significant inequalities in the risk of mortality for mothers from more deprived areas, and evidence that this gap is widening (Fig 4). In the most recent data, those from the most deprived quintile were around 2.5 times more likely to die than those in the least deprived.

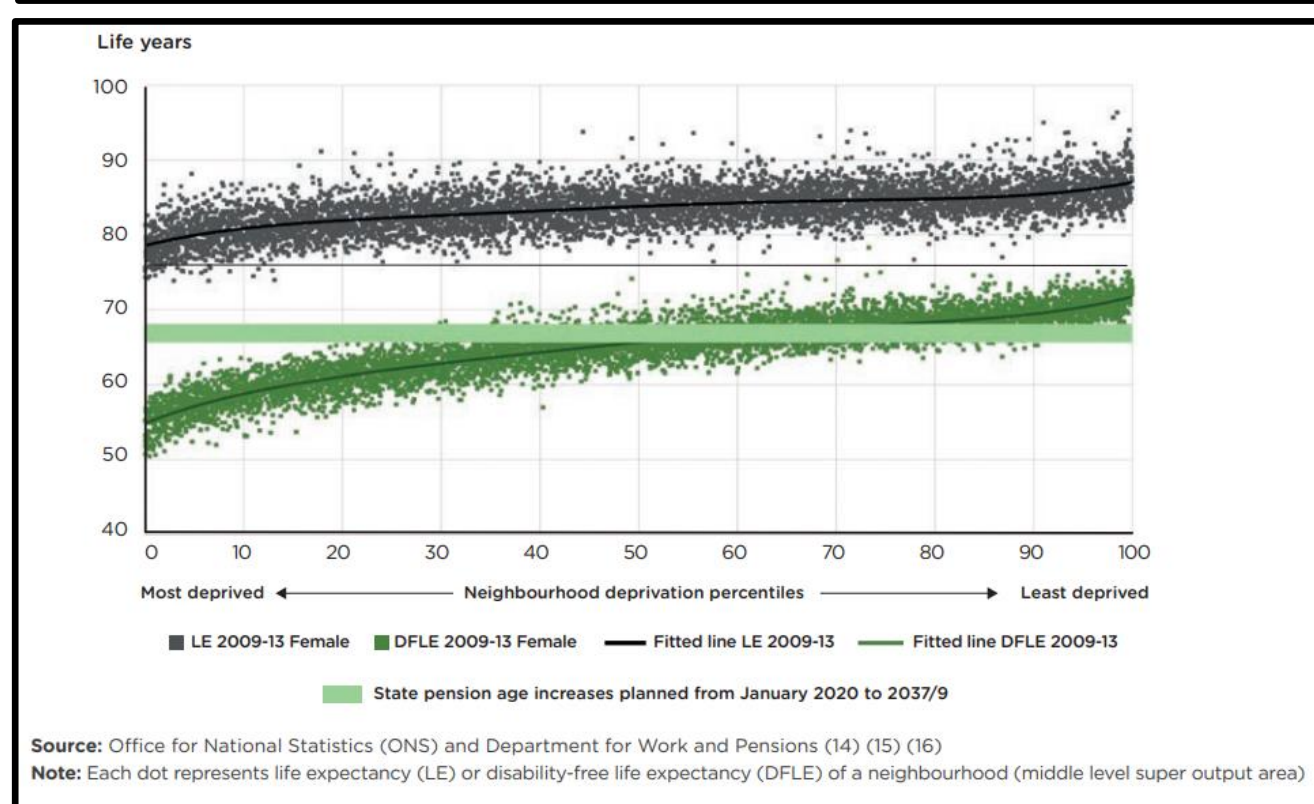


Figure 3: Social gradients in female life expectancy and healthy life expectancy (The Institute for Health Equity)

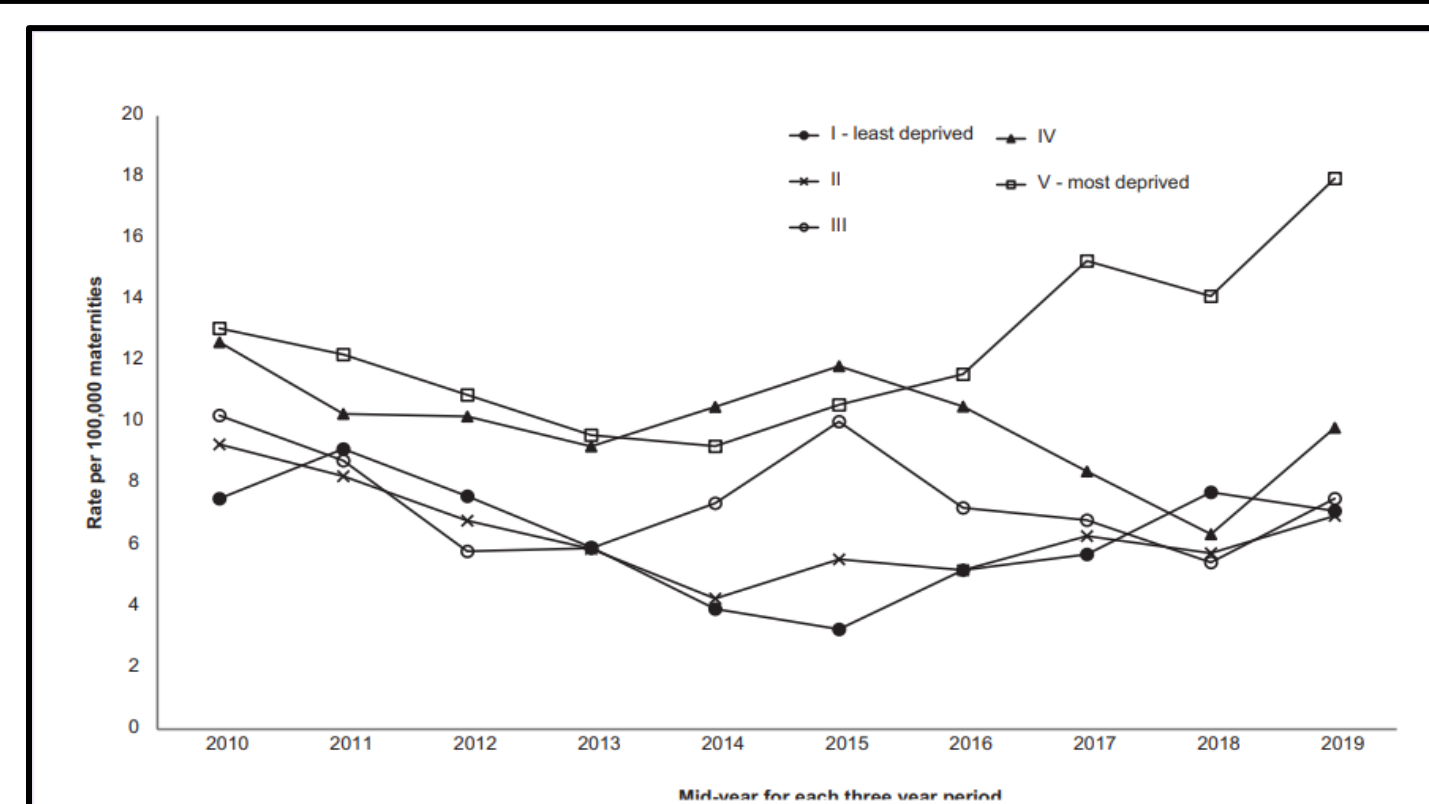


Figure 4: Maternal mortality rates 2009-20 among women from different levels of socioeconomic deprivation in England (MBACE-UK)

The same report found worrying disparities in maternal mortality rates amongst those from Black, Asian and Mixed ethnic backgrounds. The relative risk of death for mothers from Black backgrounds was 3.7. Simply put, Black women were almost four times more likely to die from complications of pregnancy and childbirth than their white counterparts.

These inequalities do not just affect mothers, but babies too. When looking at the odds of adverse birth outcomes for those in the most deprived versus the least deprived quintile, the odds ratios were:

- **1.81 (95% CI 1.71 to 1.92) for low birth weight**
- **1.67 (95% CI 1.42 to 1.96) for premature birth**
- **1.54 (95% CI 1.39 to 1.72) for stillbirth⁸**

Clearly action must be taken, but what action? And as clinicians, how can an understanding of the wider determinants of health play into our day to day practice? Of course, work is needed at a system level to tackle these worrying trends, however, front line health professionals can still play an important role.

TAKING A PUBLIC HEALTH APPROACH: A FRAMEWORK

There is no one-size-fits-all answer to 'what constitutes a public health approach?' but there are certain core elements that make up public health approaches and highlighting these can help think about clinical problems in a wider social context. The Royal College of Policing worked closely with Public Health England (now UKHSA/OHID) to consider what a public health approach to policing might look like. In doing so, they highlighted five core elements which provide a useful framework on which to hang an exploration of any problem in a public health context⁹. These are shown here with some illustrative explanation by the author.

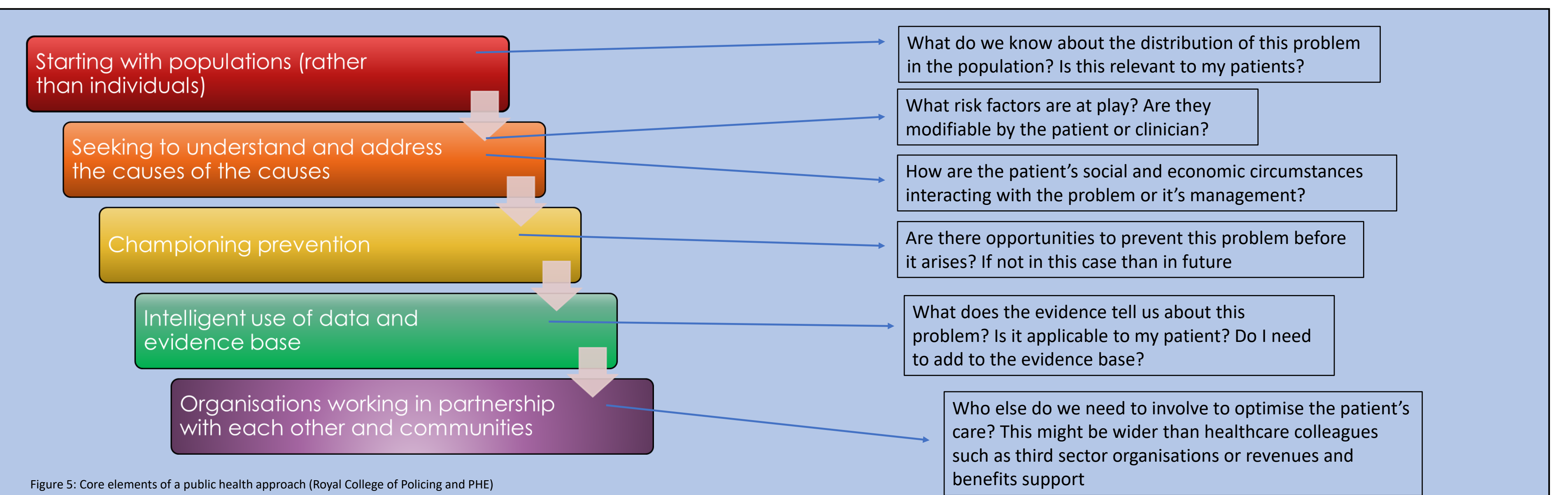


Figure 5: Core elements of a public health approach (Royal College of Policing and PHE)

The Dahlgren and Whitehead rainbow can also provide a useful framework to think about the 'causes of the causes' of problems seen in clinic. Opposite is an example of how excess weight in pregnancy can be thought of more widely.

SUMMARY: USING PH PRINCIPLES IN CLINICAL PRACTICE

- Understand the 'causes of the causes' of the problems you see; patients are more than just their physiology
- Putting the patient in context with a more holistic approach to understanding their needs and their health outcomes
- Counsel more effectively on lifestyle change
- Avoid accidentally widening health inequalities when implementing new services or guidance by understanding the wider determinants of health and factors such as digital poverty, food and fuel poverty, lack of access to transport
- Using PH prevention tools such as brief interventions (making every contact count), access to social prescribers, encouraging screening uptake

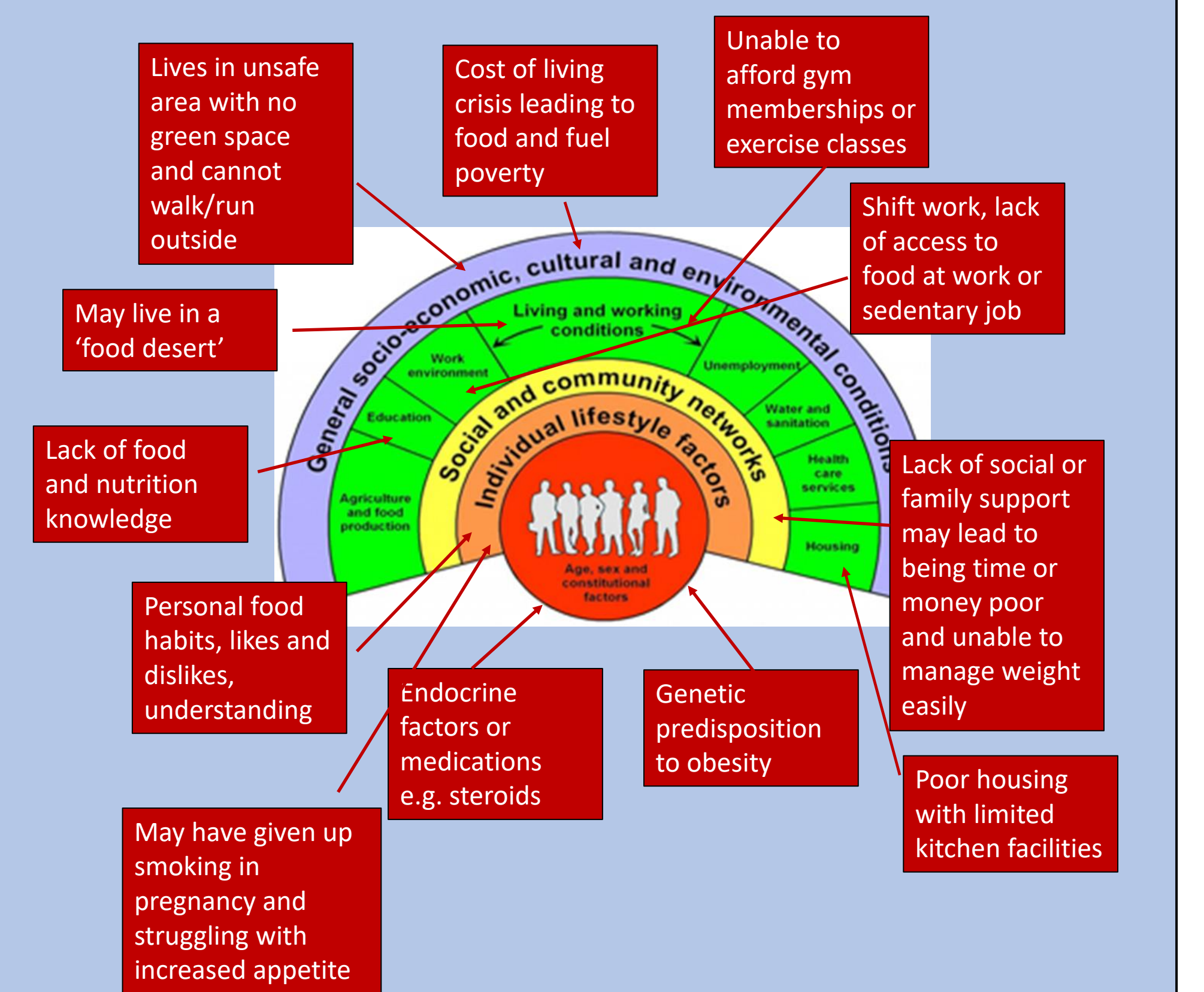


Figure 6: Example of using the Dahlgren and Whitehead model of wider determinants to explore the causes of obesity

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