



UCL Institute of Health Equity



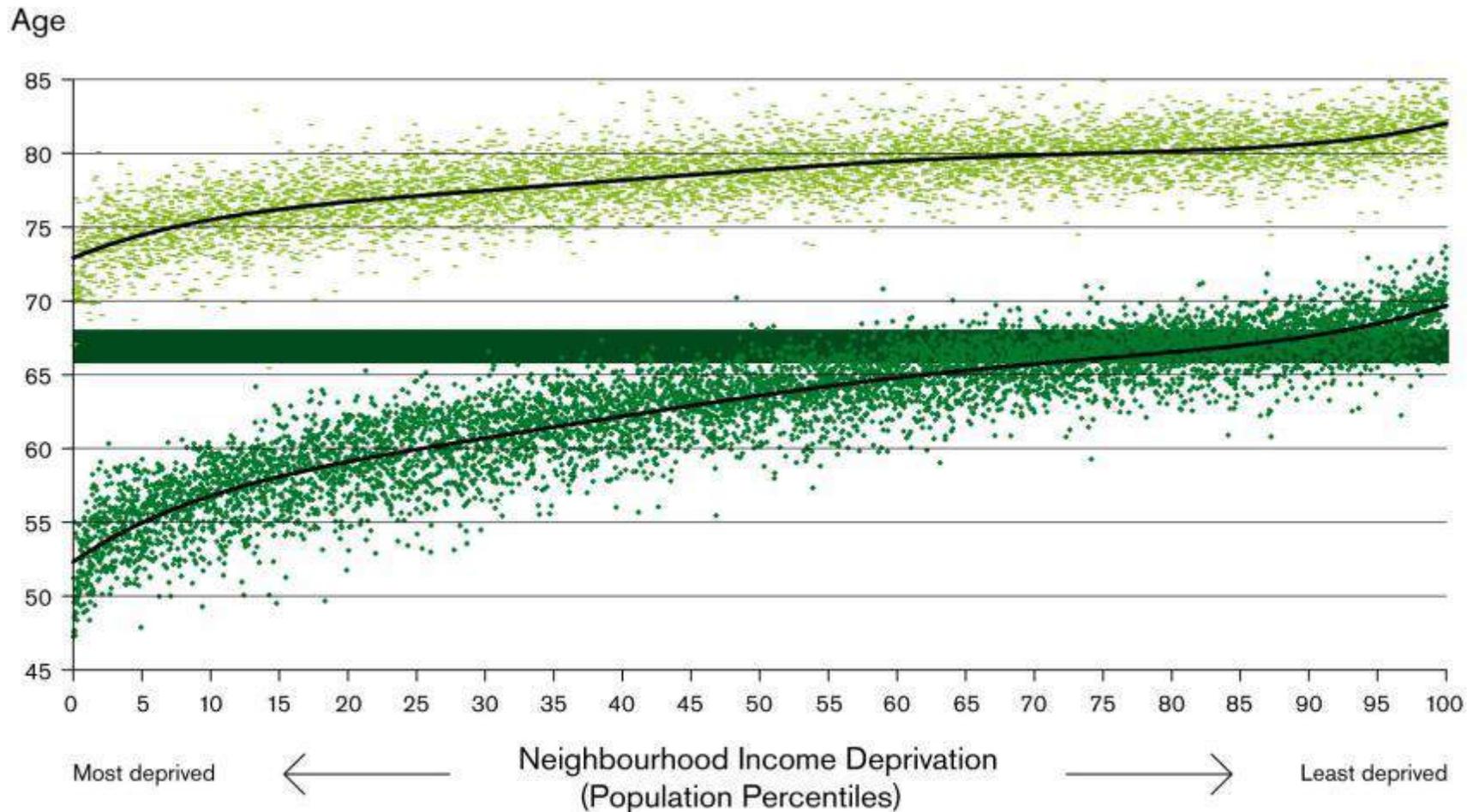
Natural solutions– the role of the natural environment in reducing health inequalities

Jessica Allen, UCL Institute of Health Equity

Jessica.allen@ucl.ac.uk

www.instituteofhealthequity.org

Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



- Life expectancy
- DFLE
- Pension age increase 2026–2046



The conditions in which we are born, grow, live

Health inequalities – the worst social injustice of all

The cost of health inequalities



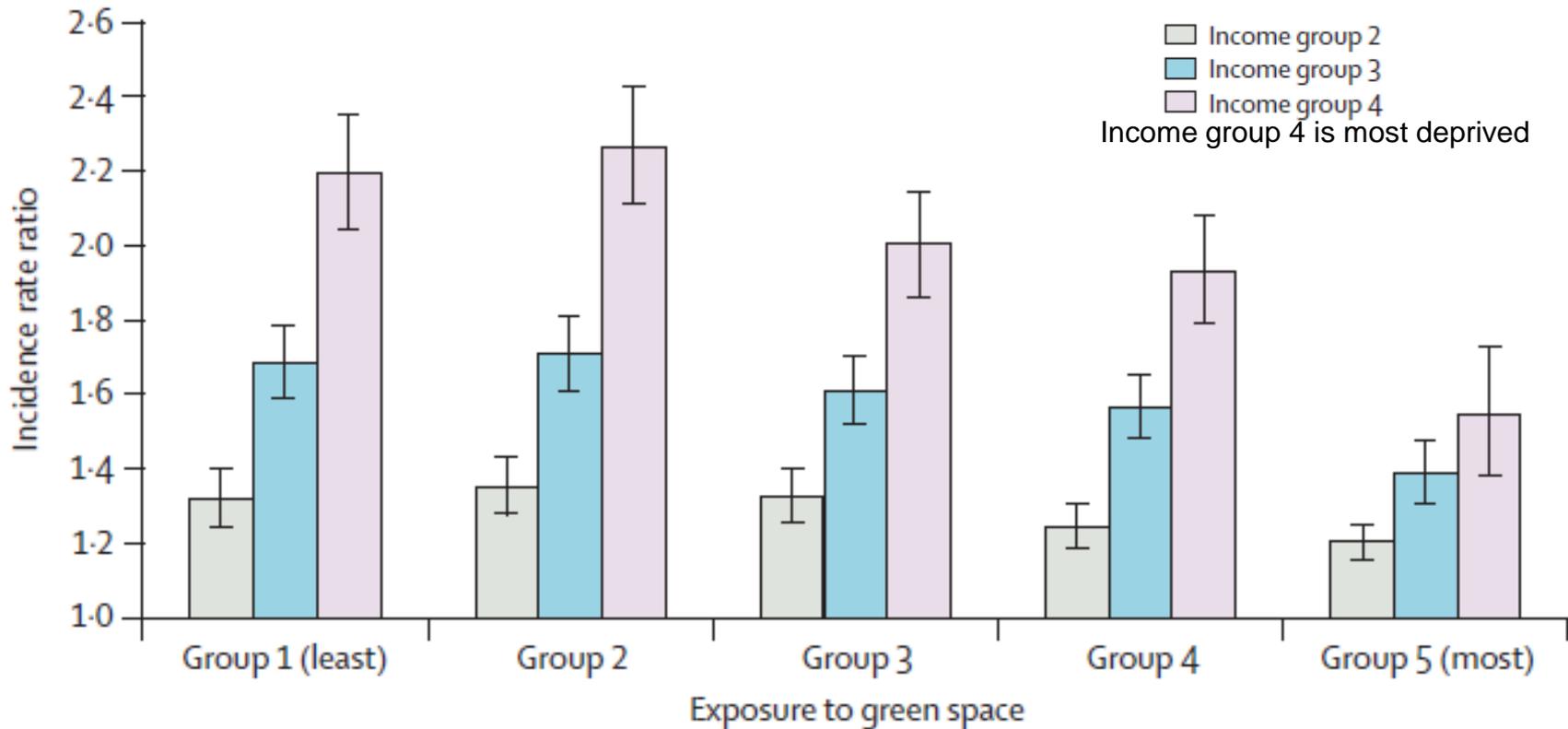
The Marmot Review : 6 Policy Objectives

- A. Give every child the best start in life**
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives**
- C. Create fair employment and good work for all**
- D. Ensure a healthy standard of living for all**
- E. Create and develop healthy and sustainable places and communities**
- F. Strengthen the role and impact of ill-health prevention**

E. Create and develop healthy and sustainable places and communities

Greener living environments: lower health inequalities, England

Deaths from circulatory disease



Source: Mitchell & Popham, Lancet 2008

Obesity and Green Space

- Children living near green spaces are less likely to increase BMI over time⁶
- Low income children may be overweight in part because they have less access to open green space⁷
- Across 8 European cities, people were 40% less likely to be obese in the greenest areas⁸.

6 – Bell, Wilson and Liu 2008

7 – Cornell Study of Obesity in Europe, Social Science and Medicine, December 2012, vol. 75, issue 3

8 – Ellaway et al, 2005

Obesity, exercise, and green space

Some evidence to show that:

- Residents in high greenery environments were 3.3 times as likely to take frequent physical exercise as those in the lowest greenery category ¹⁰
- Where people have good perceived and/or actual access to green space they are 24% more likely to be physically active ¹¹.

9 – Stalsberg and Pedersen 2010

10 - Ellaway, A., MacIntyre, S. and Bonnefoy, X. (2005). Graffiti, greenery, and obesity in adults: secondary analysis of European cross sectional survey. *British Medical Journal*, 331 (7514). pp. 611-612

11 - Natural England. (2009). Technical Information Note TIN055: An estimate of the economic and health value and cost effectiveness of the expanded WHI scheme 2009

green space and mental health

- The proximity of green space is associated with reduced mortality (with effects stronger for the poorest groups), particularly due to circulatory disease ⁽¹¹⁾
- Less green space in living environment associated with greater risk of anxiety and depression, feelings of loneliness and perceived shortage of social support ⁽¹²⁾
- Contact with nature linked with improved mood, reduced stress, anxiety and severity of ADHD symptoms in children ⁽¹³⁾
- People living in urban areas with greater amounts of green space show significantly lower mental distress (GHQ scores) and significantly higher wellbeing (life satisfaction) ⁽¹⁴⁾

(11) Mitchell & Popham, 2008

(12) Maas et al. Morbidity is related to a green living environment, 2009

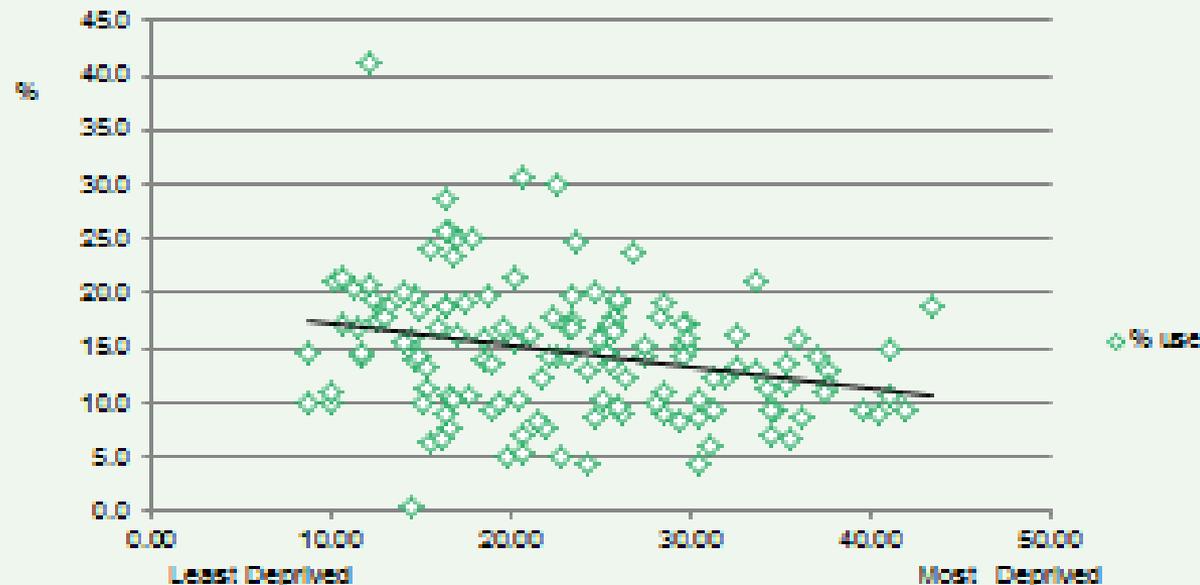
(13) CABE Community green: using local spaces to tackle inequality and improve health, 2010

(14) White M, Alcock I, Wheeler B, Depledge M, Would you be happier living in a green urban area? 2013



Use of green space

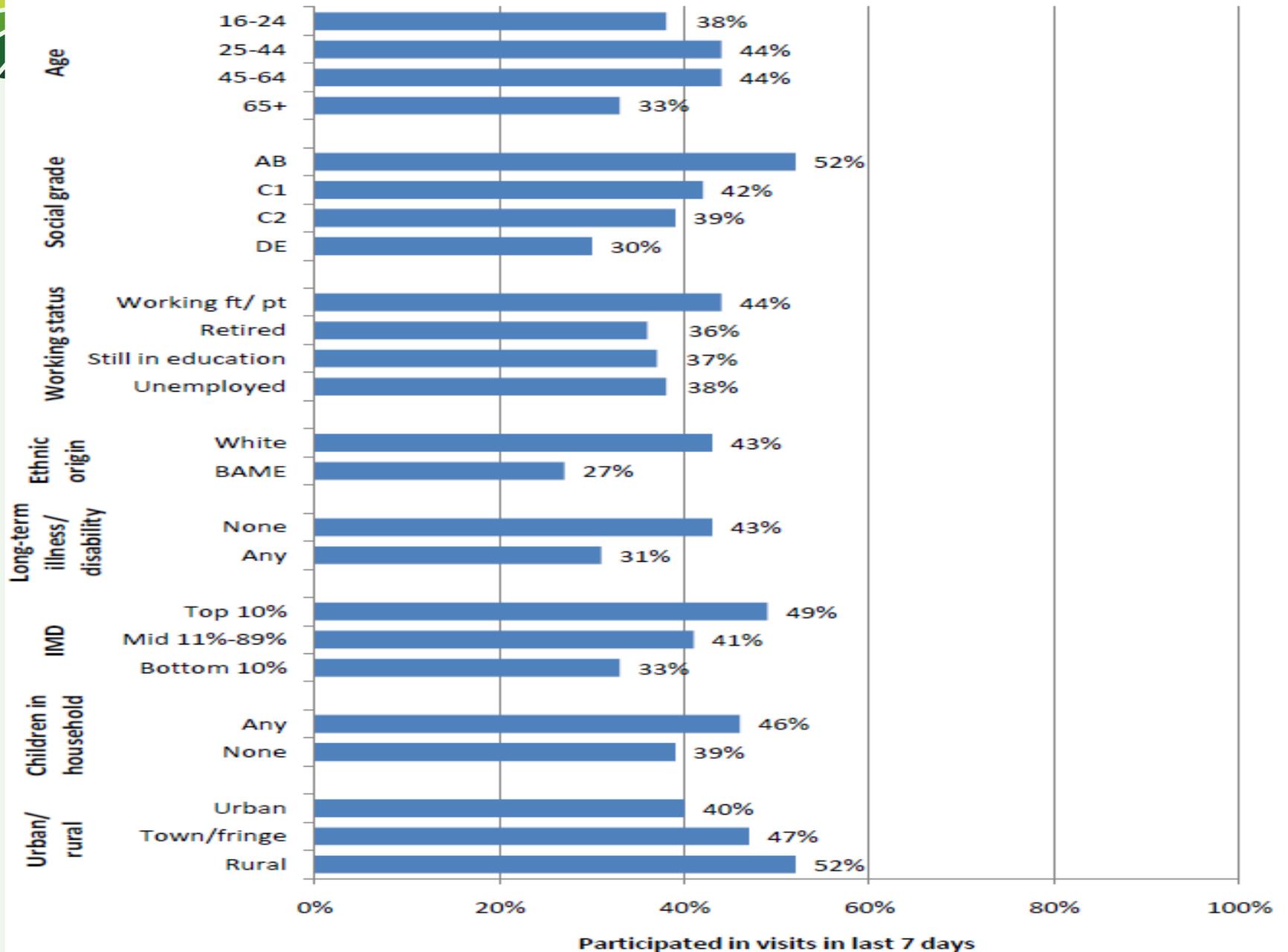
Proportion of residents who visited the natural environment in the last 7 days for exercise or health reasons



Monitor of Engagement with the Natural Environment, Natural Health England, September 2013

- In England, 15.3% had visited the natural environment from March 2012 to February 2013.
- Green space important for more deprived communities and has impact on CVD
- However lower usage in more deprived areas.

- Overall levels of participation in visits to green spaces and natural environments were higher amongst people aged 25-64, those in employment, those living in rural areas and those in the AB socio-economic groups.



Sectors of society currently disengaged

- The summary findings from the Monitor of Engagement with the Natural Environment Survey (2009-2012)⁵ identified 5 groups who are disengaged with the natural environment:
 - BAME populations
 - Those living in urban areas with high deprivation
 - DE socioeconomic groups
 - People aged 65 and over
 - People with disabilities and/or LTCs

The evidence on use of the natural environment including MENE market research data (as groups that could most benefit from the natural environment for their health are generally using the natural environment the least)

Prioritising and Commissioning Natural environments for health

Cited obstacles to further prioritisation and implementation – nationally and locally

- **We don't know what to do**
- **It's not our role and remit** (health care sector, national government role)
- **Investment is difficult, no money available**
- **Difficult to prioritise** – not high on the political or public agenda
- **No clear accountability** incentives, enforcements
- **Lack of data and information**

To prioritise politically and ensure implementation

- Evidence
- Practical
- Cost efficacy
- Public support
- Wider system and cross government support
- Measurement and monitoring
- Accountability
- **Leadership**

Costs

- Costs of health inequalities are high – Individuals and public purse
- ‘cost of doing nothing’
- Cost of doing something
 - Evidence is hard to come by and hard to collect
 - There is evidence, but often not precisely right
- Need political and public support to lever investment

There are other ways

- Health inequalities legislation
- Social Value Act

Social Value – What is it?

The Social Value Act states that during procurement public bodies in England and Wales must consider:

*“How what is being proposed to be procured might improve the **economic, social and environmental well-being** of the relevant area, and...*

How, in conducting the process of procurement, it might act with a view to securing that improvement.”

Summary, Social Value is...

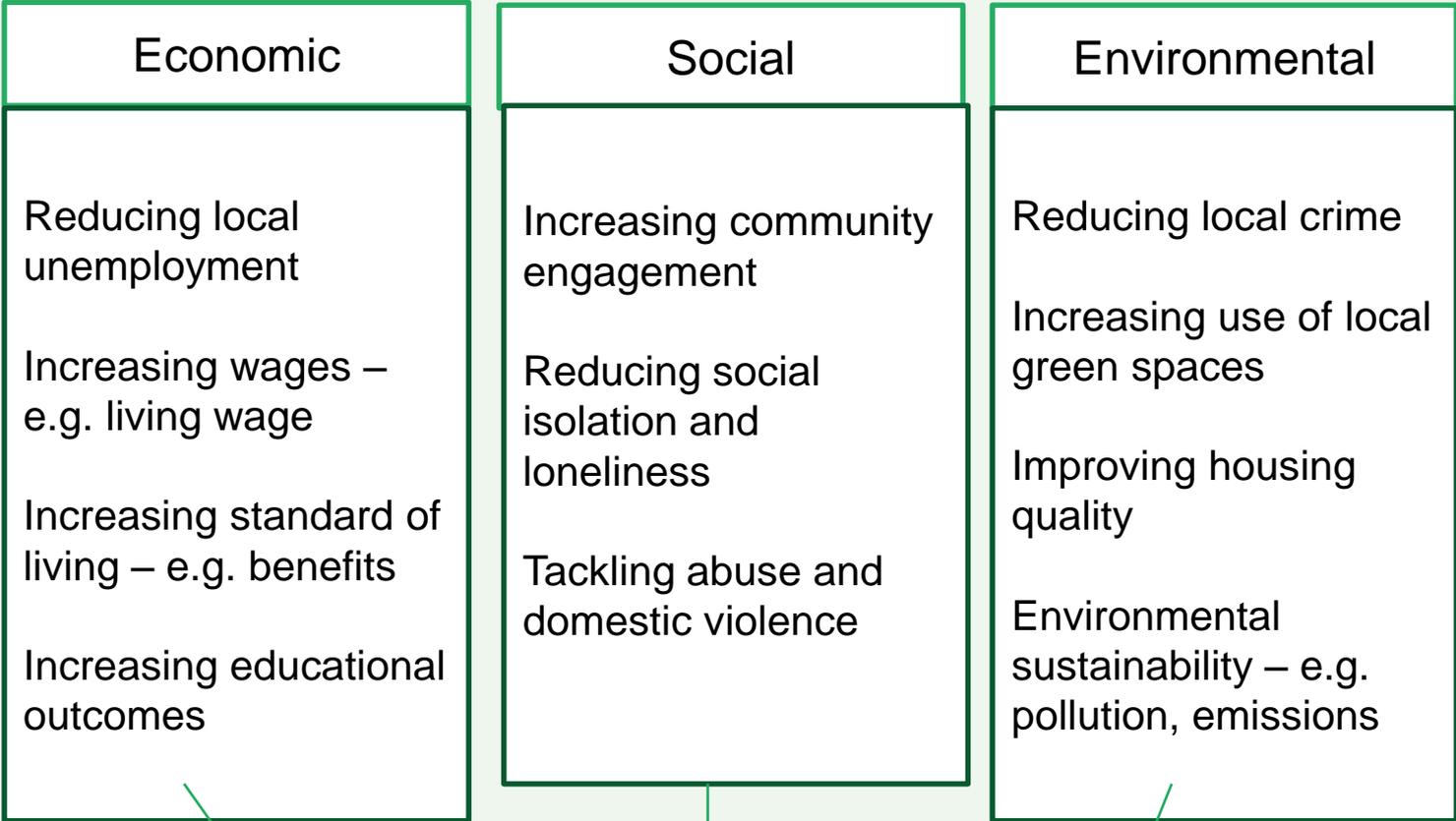
- An opportunity to improve health and reduce inequalities in social determinants
 - **Locally AND nationally**
- An opportunity to ‘work’ the economic power of public procurement. In 2012-13 over £230 billion spent on public sector procurement of goods and services.
- An opportunity to align with other priorities and obligations
- A legal obligation!

How can ‘Social Value’ be used to tackle inequalities and improve health?

1. Defining ‘social value’ as a reduction in local inequalities and an improvement in health.
2. Using methods for delivering social value locally which are also likely to improve health
3. The importance of recognising inequalities



Social Value



Social Determinants of Health

Health Inequalities legislation

- Legal duties to reduce health inequalities for the first time
- Platform for joining up health services, social care services and health-related services at local level

Supportive policy context?

- NHS England, Five Year Forward View – prevention is better than cure
- Public Health in all policies
- Public health in local authorities
- Broad public health workforce

Need to:

- Prove the case – evaluate
- Aim for consistency of measurement
- Show cost benefits
- Show benefits – social value and inequalities
- Work with CCGs, HWBBs,
- The new public health workforce
- The five year forward view -

Institute website:
www.instituteoftheequity.org