

Prevention in Action

a resource for healthcare professionals



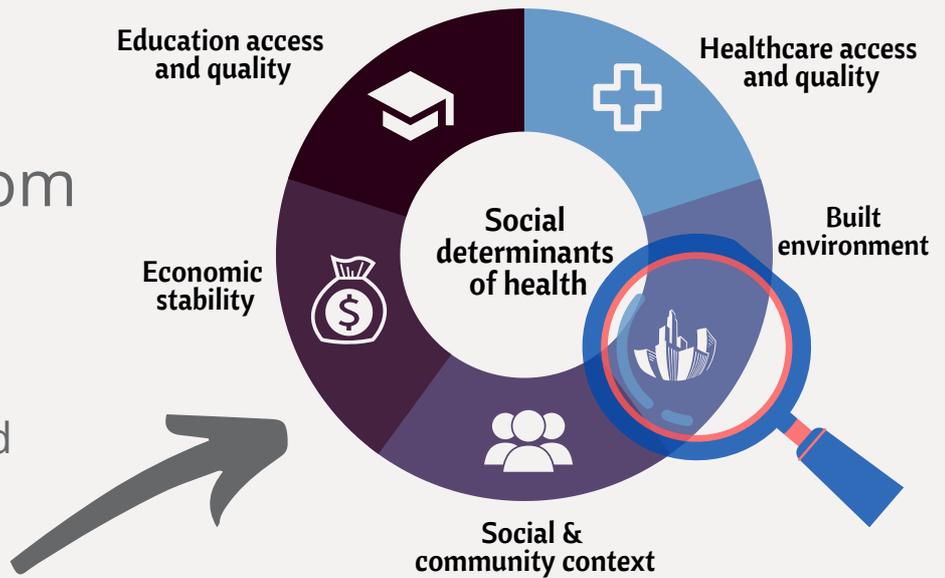
Do you know less than 20% of health outcomes result from healthcare?

And it's estimated that over 80% of health outcomes are attributable to health-related behaviours, socioeconomic and environmental factors - the social determinants of health.

By engaging with communities and healthcare professionals (HCPs) in disadvantaged communities in England, Ireland and France, this resource has been designed to prompt HCPs to consider the impact of the built environment on their patients behaviours.

Risk factors

Physical inactivity, poor diet, smoking and alcohol, are major risks to health - and the leading causes of preventable long-term conditions such as obesity, heart disease and diabetes.



In-focus – the built environment

Your patients' environments - where they **live, learn, work** and **play** - influence their daily choices and their ability to make healthier choices.

Access to fresh & healthy food, green space, fast food, transportation & social connectedness - all influence health.

This is particularly true for **disadvantaged communities**, where healthy food options and opportunities for physical activity are non-existent or significantly lacking.

Furthermore, **black & minority ethnic groups** are disproportionately affected by socio-economic deprivation - a key determinant of health status in all communities.

Recommending that patients change unhealthy behaviours without considering their environment may be ineffective - and contributing to their risk of living with **preventable** long-term conditions.



Physical inactivity causes an estimated 3.2 million deaths globally - over 20% of the global population is physically inactive



1 in 5 deaths globally - equivalent to 11 million deaths - are associated with poor diet.



Smoking is the leading cause of preventable deaths globally - killing more than 8 million people each year.

The built environment



C3's work with **disadvantaged communities** and HCPs in England, Ireland & France has explored the challenges HCPs face in addressing **behavioural risk factors** with patients.

Do you?

- **recommend** physical activity to your patients?
- feel **confident** talking about physical activity?
- consider the **local built environment** when recommending physical activity?

It's harder to be active in disadvantaged areas because **access** to green spaces, public facilities, adequate lighting and active travel facilities (e.g. bike lanes) is **not equitable**. These areas **lack** space and facilities; and when available, are usually in poor condition. These spaces often attract **antisocial behaviour** – individuals often feel **unsafe** using them.



Can you think of local safe places for physical activity or recommend local group physical activity?

Do you?

- talk about **food** with your patients?
- know if your patients can cook, or what **cooking methods** they use?
- consider the type of food available to buy in your patients' local **built environment**?

Access to fresh fruit and vegetables is **not equitable** – and much more limited in disadvantaged areas, which have lots more **fast-food outlets**. Fast-food and ultra-processed food are **extremely** high in salt. Salt should **not** be added – to any food! Some cooking methods are less healthy, and can be **improved by using** healthier cooking oils.



Have you thought about discussing salt, sugar, cooking oils and portion size?

Do you?

- communicate the **benefits** of stopping smoking & alcohol reduction to patients?
- know if patients have **access** to stopping smoking and alcohol support services?
- consider the **availability** of tobacco and alcohol in your patients' local built environment?

Smoking and harmful alcohol consumption occur much more in disadvantaged communities, which boast significantly more **tobacco and alcohol outlets** – including illegal tobacco vendors. Most **successful** smoking cessation occurs after several failed attempts.



Can you signpost patients to smoking and alcohol support services?

Resources to support HCPs



Physical activity of any duration is associated with improved health outcomes, including all-cause mortality

A healthy diet protects against many diseases, such as heart disease, diabetes and cancer

Stopping smoking at any age is beneficial and increases life expectancy

WHO guidelines on physical activity and sedentary behaviour provide evidence-based guidance on physical activity in adults and children

Moving Medicine provides resources for HCPs in relation to physical activity and specific conditions

Moving Healthcare Professionals provides online training for HCPs

NHS Health Scotland **Physical Activity Pathway** provides resources to support HCPs to promote physical activity with patients

WHO Healthy Diet key facts provides evidence-based guidance on healthy diet recommendations for adults and children

NHS **Healthy Child Programme** is an e-learning learning programme for HCPs working with pregnant mothers and children aged 0-5 years

Heart UK **Nutrition Academy** provides support and training on fat and lipid disorders for HCPs

WHO's **Quitting Toolkit** provides online training for primary care providers to deliver brief tobacco cessation interventions

NHS **Stop Smoking Services** provide information on local services to support smoking cessation in England, Scotland and Wales

HE **Quit Smoking** provides support to quit smoking in Ireland

Alcoholics Anonymous provides free support and information on accessing meetings in continental Europe

Feeling **apprehensive** about talking about risk factors, and ill health with your patients is normal! [All Our Health](#) provides e-learning for HCPs to embed prevention within your practice. [It's Good to Talk: Making the most of conversations](#) includes infographics, tips on motivational interviewing, and online training modules, to make the most of each patient contact.

Who is C3?

C3 brings together different communities to create changes that make it easier for people to: stop using tobacco; improve what they eat and drink; and do more physical activity. C3's people include nurses and allied health professionals with postgraduate qualifications in public health. C3's community programme is led by Dr Denise Stevens, Global Health associate

