

HEALTH COMMUNITIES RESEARCH

HOW TO INSPIRE THE HEALTH CARE COMMUNITY TO ACT ON AIR POLLUTION



**CREATING VALUE THROUGH
BUSINESS & SOCIAL
INNOVATION**
ADRIAN HODGES ADVISORY LTD

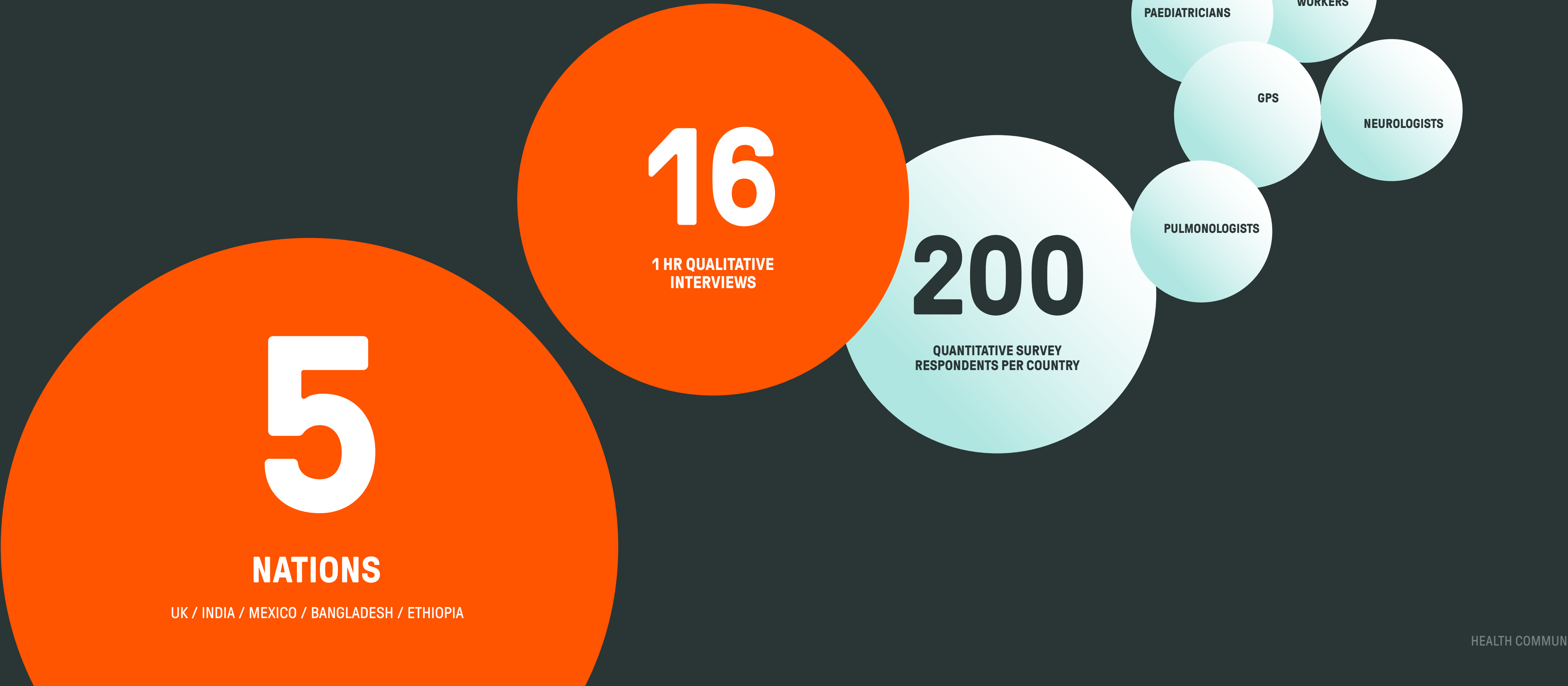
INTRODUCTION TO THE HEALTH COMMUNITIES RESEARCH

**WE HAVE AN AMBITION TO ENCOURAGE THE GLOBAL
HEALTHCARE COMMUNITY TO TAKE GREATER
ACTION TOWARDS ENDING AIR POLLUTION.**

**HEALTHCARE PROFESSIONALS (HCPS) COULD
EXERT A POWERFUL INFLUENCE AND IN ORDER
TO ENGAGE THEM TO THEIR FULL POTENTIAL WE
CONDUCTED RESEARCH TO UNDERSTAND:**

- How key health communities perceive air pollution
- What kinds of communications and strategies would encourage them to act on the issue
- What stops them from acting on air pollution today

OUR RESEARCH CONNECTED WITH OVER 1,000
HEALTH CARE WORKERS IN 5 NATIONS



IN THIS REPORT

OUR OBJECTIVE IS TO SHARE A SUMMARY OF OUR FINDINGS AND A HIGH-LEVEL GUIDE FOR ACTORS WHO WISH TO ENGAGE HCPS IN TACKLING AIR POLLUTION

IT IS ARRANGED IN TWO PARTS:







PART ONE

Four key highlights from the research

PART TWO

Key steps for actors looking to engage health communities

Download the the full results of the research

MAIN REPORT	
UK	
INDIA	
MEXICO	
BANGLADESH	
ETHIOPIA	

PART ONE

FOUR HIGHLIGHTS FROM OUR RESEARCH

HIGHLIGHT ONE

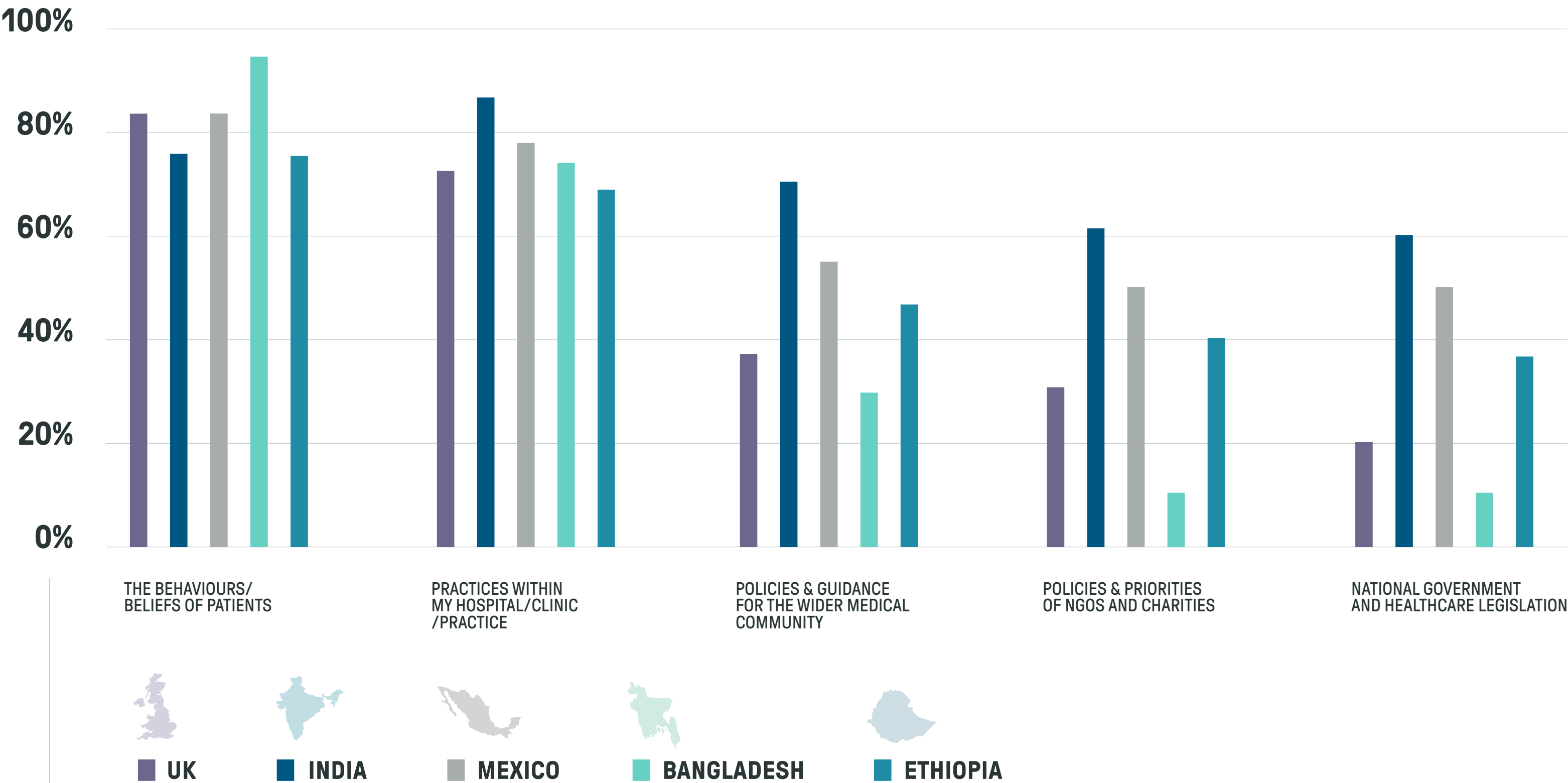
**THERE IS SIGNIFICANT POTENTIAL FOR ENGAGING
THE HCP COMMUNITY IN AIR POLLUTION**



HCPS ARE AN INFLUENTIAL AUDIENCE: THE MAJORITY BELIEVE THEY HAVE THE ABILITY TO INFLUENCE ACROSS SEVERAL SPHERES

Q6

THINKING ABOUT YOUR ABILITY TO INFLUENCE EVENTS AND PEOPLE, PLEASE INDICATE HOW MUCH OR HOW LITTLE THAT YOU FEEL YOU CAN AFFECT THE FOLLOWING



% indicates the proportion of HCPs who selected 5-7 on scale of 1 to 7 – suggesting mid-high influence

N = 1,000 (200 per country)

HCPs generally feel more empowered to act in roles that are close to their day-to-day jobs.

HCPs in developing markets can also feel just as empowered to influence certain areas (sometimes more so) than their peers in developed markets.

The status of different roles and the pressures/challenges of the healthcare system come into play at a country level to create a more nuanced picture of HCP’s ability to influence.

“PEOPLE DO LISTEN TO HEALTH PROFESSIONALS – WE HAVE AUTHORITY. WE DO HAVE MORE POWER TO ALTER WHAT (PATIENTS) DO”

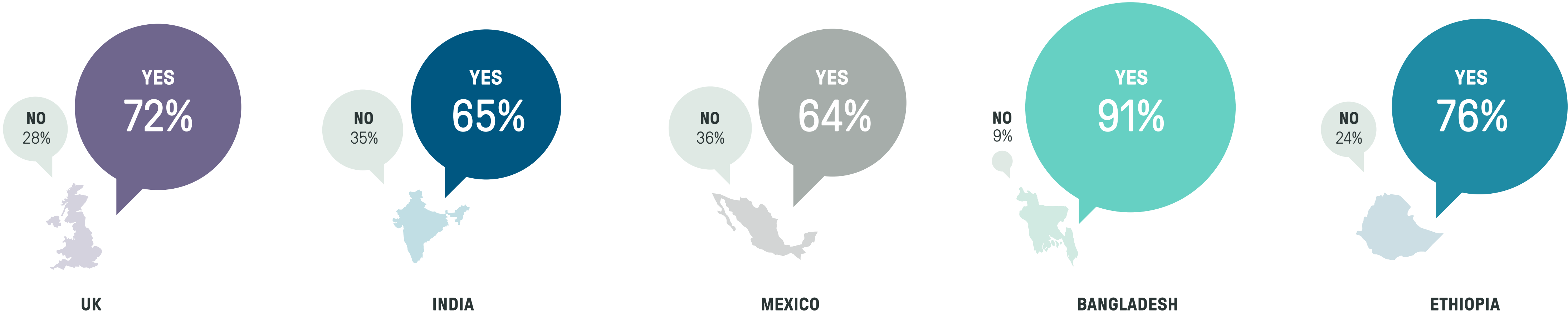
Junior Respiratory Specialist, Liverpool

MOST HCPS ARE ALSO LIKELY TO HAVE TAKEN ACTION ON A PUBLIC HEALTH ISSUE

Q7A HAVE YOU EVER BEEN INSPIRED TO TAKE ACTION ON A PUBLIC HEALTH ISSUE?

Top 3 forms of action taken:

- Advising patients (ALL)
- Sharing knowledge and research (ALL)
- Influencing policies/practices of where I work (UK, MEX, ETH)
- Taking part in NGO/Charity initiative (IND & BND)



Q7A What was the form of action that you undertook?

MANY HCPS HAVE PERSONALLY SEEN THE IMPACT OF AIR POLLUTION, WITH MANY OBSERVING HEALTH CONSEQUENCES ON PATIENTS TOO



UK

71%

HCPs who have seen health-related consequences as a result of air pollution – either on themselves, their community, their family and friends, or their patients



INDIA

92%



MEXICO

85%



BANGLADESH

99%



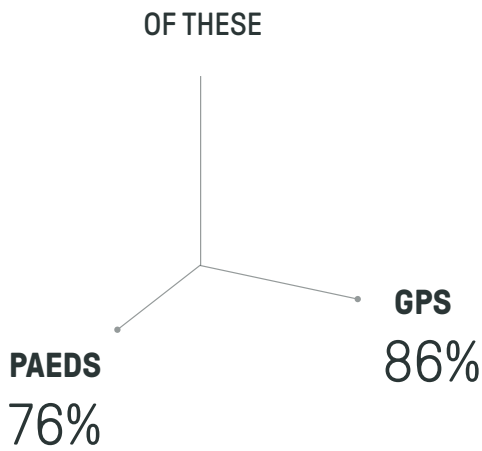
ETHIOPIA

81%

50%

HCPs who have seen negative health-related impacts as a result of air pollution specifically on their patients

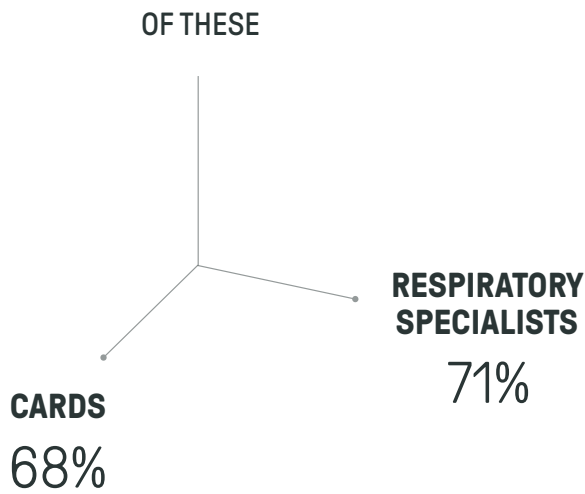
55%



48%

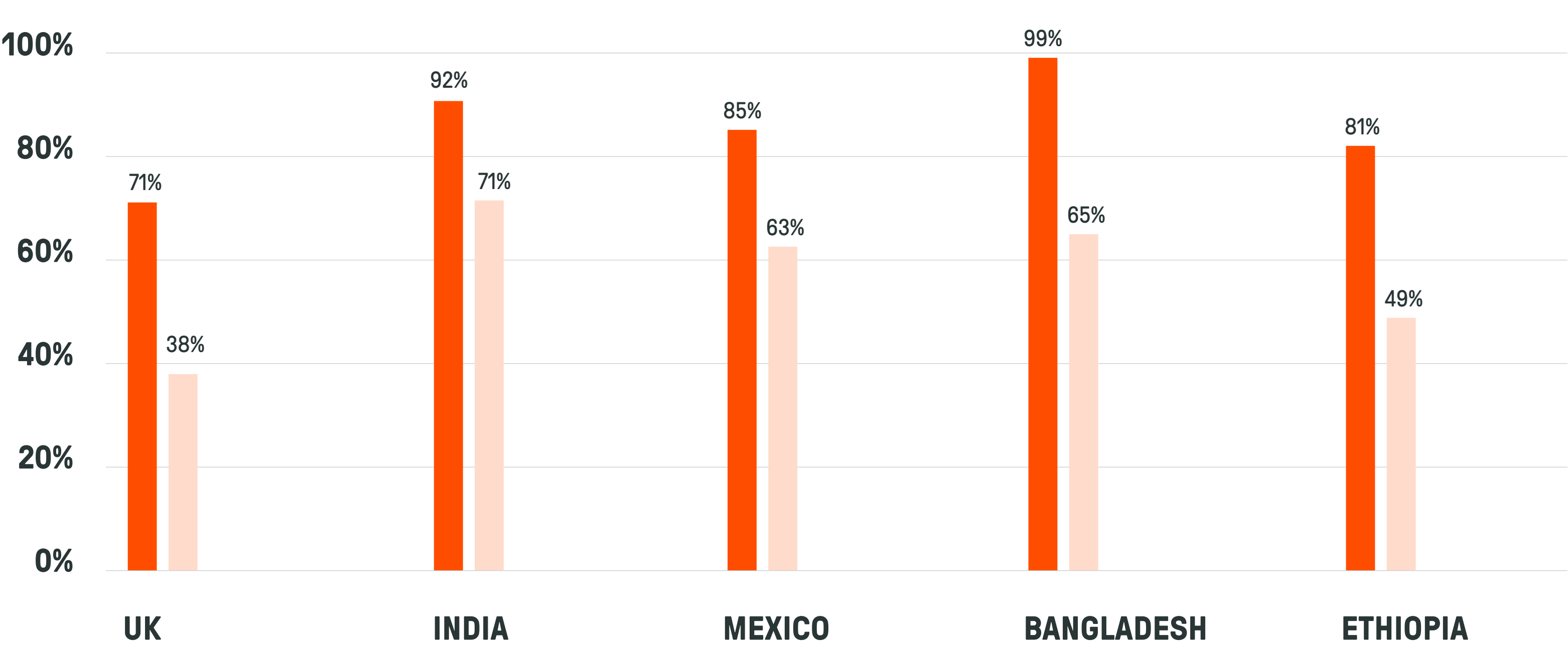
88%

57%



Q10 Have you personally seen any significant negative health related consequences as a result of air pollution or poor air quality?

HCPS ARE MORE LIKELY TO HAVE TAKEN ACTION ON AIR POLLUTION IN COUNTRIES WHERE THEY HAVE MORE PERSONAL EXPERIENCE OF THE ISSUE



Our definition of action on air pollution includes the following:

- Advising patients
- Sharing knowledge and research
- Taking part in charity or NGO initiatives, Influencing policies and practices in their workplace
- Influencing government policy
- Influencing commercial organisations

NOTICED CONSEQUENCES OF AIR POLLUTION

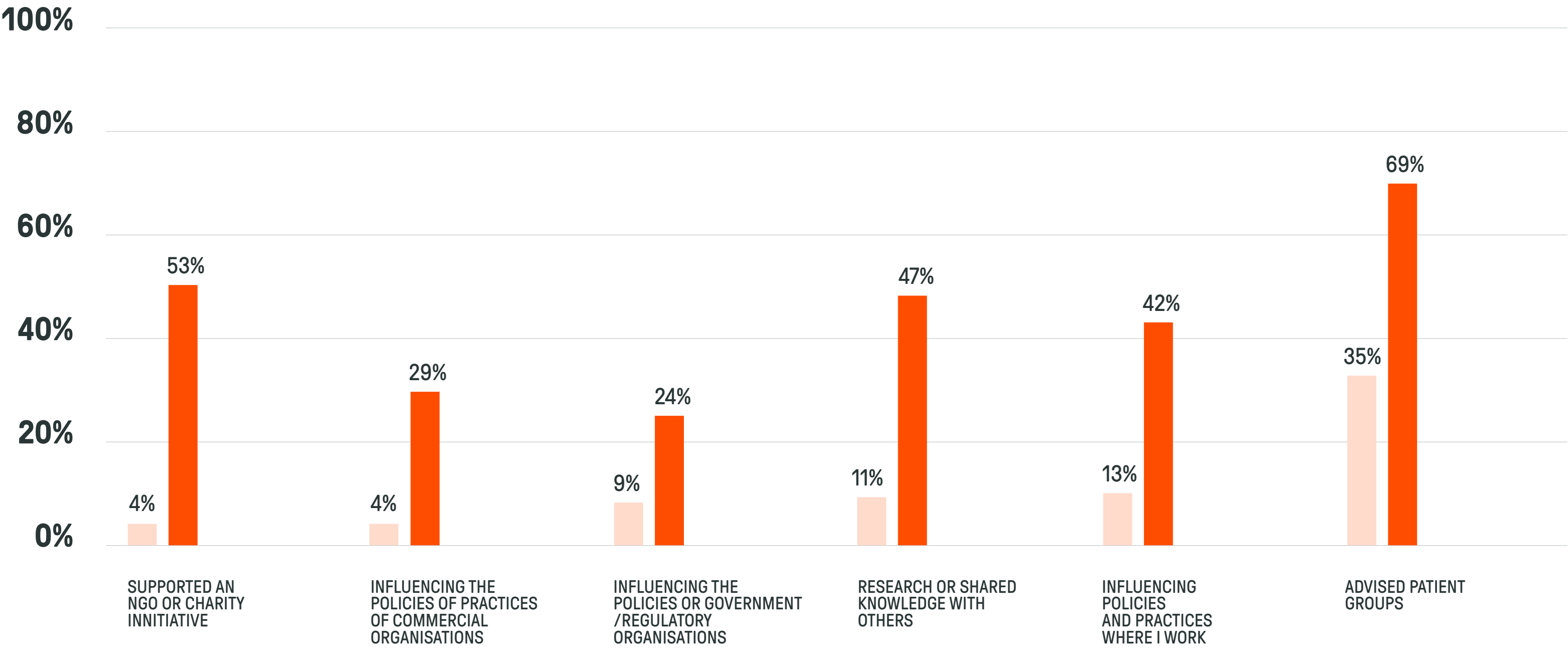
ACTED ON AIR POLLUTION

Q10 Have you personally seen any significant negative health related consequences as a result of air pollution or poor air quality?

Q11 Have you ever taken any action to tackle air pollution or to improve air quality?

IN THEORY, HCPS FEEL ABLE TO ADOPT CERTAIN ROLES TO IMPROVE AIR QUALITY. BUT IN PRACTICE THE ACTION THEY TAKE IS LIMITED

ABILITY TO ACT VS ACTION TAKEN



A trend that emerged across countries was for HCPs to self-report relatively high confidence in their ability to act on air pollution across roles.

BUT there was often a gap between their perceived ability to act and action taken in practice.

For example:
This chart shows the differences between % of Ethiopian HCPs who feel able to act on AP vs whether they have taken action on AP.

ACTION TAKEN
ABILITY TO ACT

A similar phenomenon played out across the other markets, with some variance across different roles

Q11 Have you ever taken any action to tackle air pollution or to improve air quality?

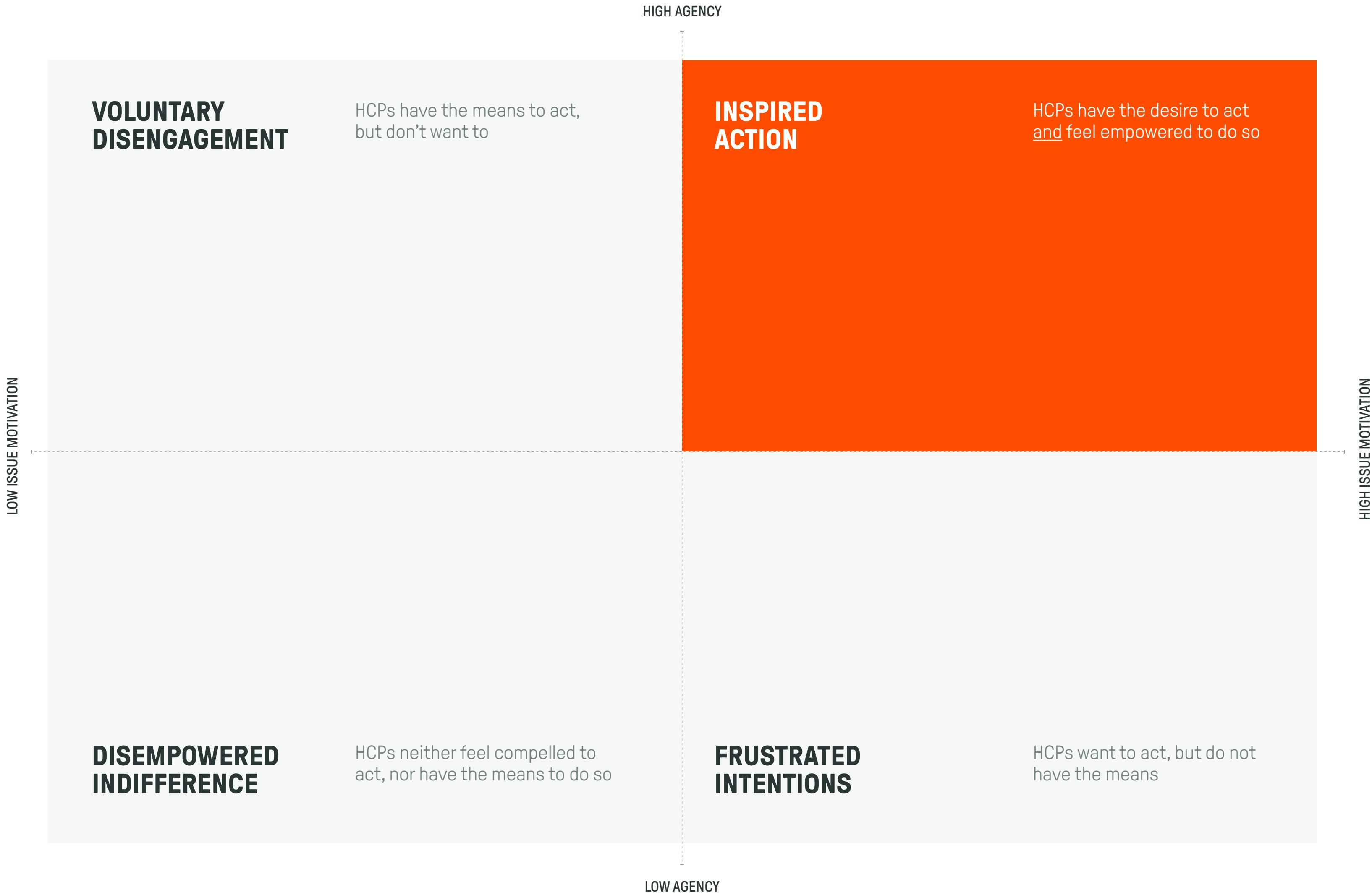
Q12 If you had to take action to tackle air pollution now how would you rate your ability to undertake the following roles?
(chart shows percentage who stated 5-7: ability to act)

HIGHLIGHT TWO

HCPS ACT WHEN THEY FEEL BOTH HIGH AGENCY & HIGH ISSUE MOTIVATION



WE FOUND THAT IN ORDER TO ACT ON ANY ISSUE HCPS NEED HIGH LEVELS OF BOTH AGENCY AND ISSUE MOTIVATION



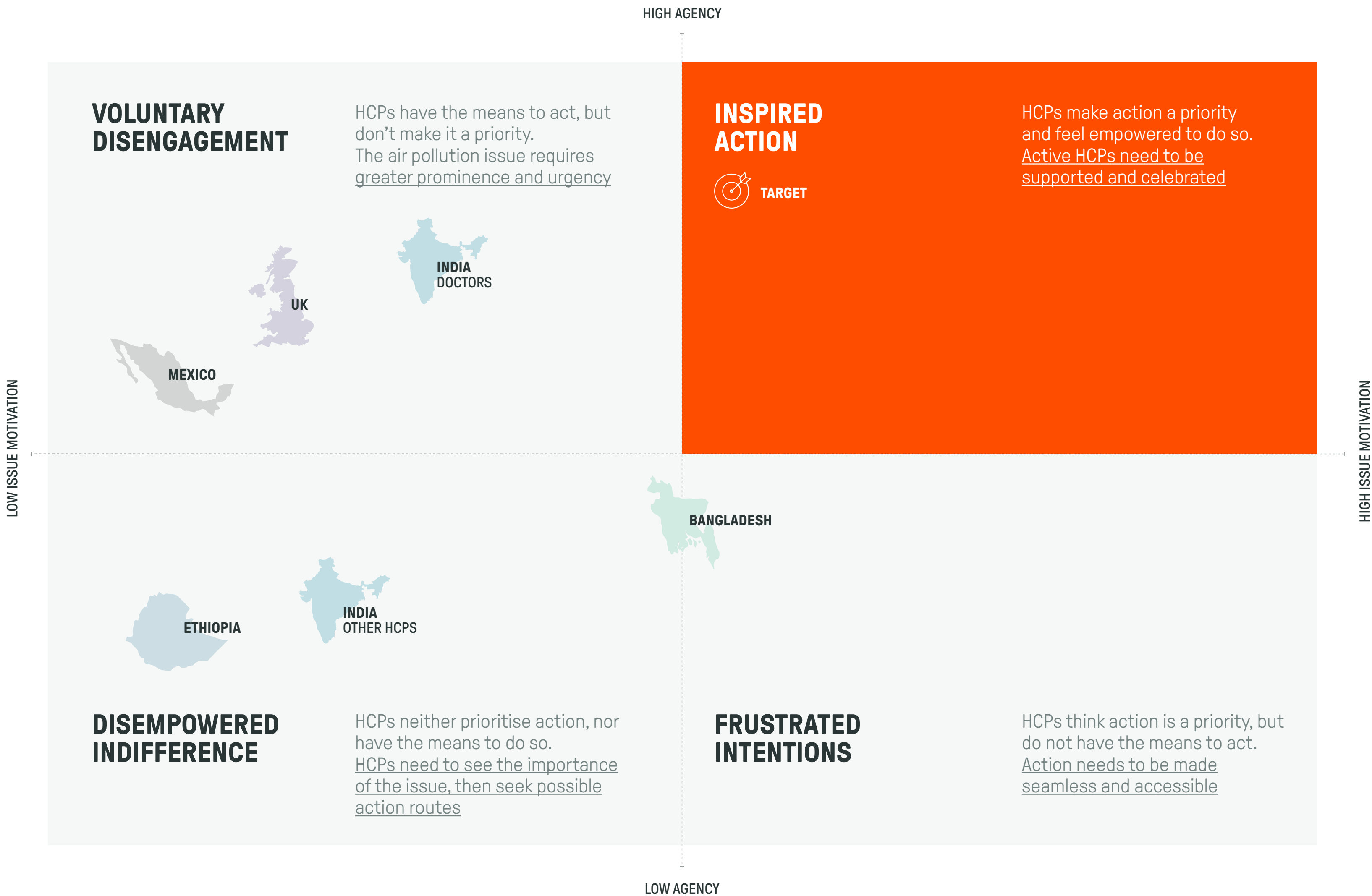
AGENCY

HCPs that feel empowered and in control of their actions and their consequences. This creates perceived ability to act.

ISSUE MOTIVATION

When an issue is perceived as important at both a public health level but also to HCPs as individuals with their own ambitions and values. This creates desire to act.

AGENCY VARIES ACROSS COUNTRIES AND MOST DON'T CURRENTLY SEE AIR POLLUTION AS HIGH MOTIVATION ISSUE



HIGHLIGHT THREE

**THERE ARE 5 PERSONAL-PROFESSIONAL MOTIVATIONS
THAT INFLUENCE HCP COMMUNITIES WORLDWIDE**



WE FOUND 5 PERSONAL-PROFESSIONAL MOTIVATIONS THAT SPUR HCPS TO ACT

SECURITY	CARE	COMMUNITY	DUTY	GROWTH
<p>HCP mentality</p> <p>“I WANT TO GET THROUGH THE DAY UNSCATHED”</p>	<p>“I WANT TO GIVE MEANINGFUL HELP TO INDIVIDUALS”</p>	<p>“I WANT TO BELONG AND TO CONTRIBUTE TO THE COLLECTIVE”</p>	<p>“I WANT TO FULFIL MY ROLE AND ACT AS A ROLE MODEL FOR OTHERS”</p>	<p>“I WANT TO BE LEADING CHALLENGES”</p>
<p>What they are looking for</p> <ul style="list-style-type: none">▪ Financial and job security▪ A release from day to day stress▪ Successfully conform to existing systems and protocols▪ Financial or material reward	<ul style="list-style-type: none">▪ Seeing an individual/patient improve and recover▪ Helping others to improve their lives▪ Relationship building with individuals▪ A feeling of altruism	<ul style="list-style-type: none">▪ Relationship building within their community▪ Recognition as a contributor▪ Perceiving visible improvements to their local networks▪ A feeling that they are part of something meaningful	<ul style="list-style-type: none">▪ Gaining social respectability▪ Fulfilling their role as a healthcare professional▪ Building and following the scientific evidence correctly▪ Demonstrating competence to themselves and others▪ Demonstrating socially. respectable behaviours to others▪ Contributing to professional causes and challenges	<ul style="list-style-type: none">▪ Professional advancement and status▪ The buzz and stimulation of solving difficult problems▪ Being in the limelight, and seen as a source of inspiration (flattering their professional ego)▪ Personal growth and challenge

← **MICRO / INTERNAL FOCUS**

Orientated towards their personal needs and relationships

MACRO / EXTERNAL FOCUS →

Orientated towards how others view them

MANY OF THE MOTIVATIONS ARE UNIVERSAL IN NATURE, BUT HCPS MAY EXPERIENCE THEM DIFFERENTLY DEPENDING ON LOCAL CONTEXT

SECURITY

In developed markets this is usually about managing time and stress. In developing markets it’s also often about financial security.

CARE

The desire to provide 1-2-1 care is universal across nations, and is often HCPS’ main reason for entering their profession.

COMMUNITY

HCPs feel inspired to help their local community in their capacities as normal citizens. Indian and Bangladeshi HCPs tended to volunteer more often in a medical capacity.

DUTY

Duty often takes the form of educating other HCPs. In developing markets it can also mean volunteering for NGO initiatives in the health space.

GROWTH

Growth usually relates to what HCPs can do within their professional networks – usually for GPs and Specialists. It didn’t show up strongly in Ethiopia, where other demands compete too heavily for it to be a focus.

What we heard from HCPs

“THERE ARE TOO MANY TENSIONS IN LIFE TODAY. I AM A JUNIOR HERE. I HAVE TO DO WHAT MY SENIOR TELLS ME. WE ALSO HAVE TO WORK AND MANAGE HOME. PLUS, THERE ARE LONG COMMUTES. WE ARE TOO FOCUSED ON MAKING ENDS MEET, WE HAVE NO TIME FOR ANYTHING ELSE”

Nurse, Delhi

“MY SATISFACTION COMES FROM HELPING PEOPLE... NOT ALWAYS WITH A TREATMENT, IT COULD BE BEING WITH THEM, LISTENING TO THEM. I SEE A LOT OF WOMEN AND I THINK THEY WANT A CONSULTATION, BUT SOMETIMES THEY JUST WANT TO TALK TO SOMEONE. SOMETIMES I THINK THEY ARE MORE INTERESTED IN THE CHAT THAN THE PRODUCT”

GP, Mexico City

“THERE IS A CAMPAIGN CALLED GREEN LEGACY THAT HAS ALREADY PLANTED 4 MILLION TREES IN ETHIOPIA. THEY HAD COME TO OUR COMMUNITY AND I HEARD THEM OUT AND AGREED WITH THE CAUSE. THEY CAME WITH SEEDS AND PLANTS FOR US AND I DID IT WITH MY NEIGHBOURS, PLANTING FLOWERS AND TREES”

Nurse, Addis Ababa

“I SHOULD PLAY VITAL ROLE FOR THE COUNTRY AND AS A TEACHER – AN AWARE TEACHER, IT IS MY RESPONSIBILITY TO TEACH MY STUDENTS BESIDES ACADEMIC CONTENTS THAT THEY SHOULD SERVE THEIR PATIENTS WITH EMPATHY AND ALWAYS MAINTAIN SOLID ETHICAL VALUES”

Paediatrician, Dhaka

“AS I WAS BECOMING A CONSULTANT – I REALISED I HAD A LOT OF RESPONSIBILITY FOR PEOPLE’S LIVES I STARTED TO THINK ABOUT THE WORLD AS A WHOLE, AND FELT THAT SINCE I HAD A VOICE, I NEEDED TO USE IT”

Respiratory Paediatrician, London

HIGHLIGHT FOUR

HEALTH CULTURES & PERCEPTIONS OF AIR POLLUTION REVEAL THE HEART OF THE CHALLENGE



UNDERSTANDING THE HEALTH CULTURE AND VIEW OF AIR POLLUTION PROVIDES US WITH A STRATEGIC FOCUS FOR EACH COUNTRY

				
UK	INDIA	MEXICO	BANGLADESH	ETHIOPIA
To encourage HCPs in different countries to act, actors need to focus on creating the following conditions around the air pollution challenge:				
VISIBILITY & URGENCY “WE THINK (AIR QUALITY) IS GETTING BETTER FROM THE DAYS OF THE PEA SOUPERS THAT PREVIOUS GENERATIONS EXPERIENCED – SO THERE IS COMPLACENCY. IT’S UNSEEN” GP, London	EASE & PRESTIGE OF PARTICIPATION “IF THE ROTARY OR THE GOVERNMENT INITIATES AN AIR POLLUTION AWARENESS CAMPAIGN, I WILL BE WILLING TO GET INVOLVED. ESPECIALLY AS I CAN EDUCATE CONSUMERS ON HOW TO PREVENT LUNG DAMAGE IN CHILDREN” Pediatrician, Mumbai	URGENCY & CLEAR ROLE FOR HCPS “WE AS PHYSICIANS ALL WORK IN OUR MEDICAL FIELD, AND SOMETIMES WE LACK INFORMATION ABOUT OTHER THINGS, SO WE WOULD NEED AN ENVIRONMENT EXPERT WHO KNOWS EXACTLY THE STEPS TO BE TAKEN... IT WOULD BE MULTI-DISCIPLINARY” Cardiologist, Mexico City	OWNERSHIP & EASE OF ACTION “HCPS WON’T WORK ON AIR POLLUTION. THE ONES WHO ARE RELATED TO THE RESPECTIVE AUTHORITY SHOULD WORK ON IT. THEY SHOULD BE UTILIZED PROPERLY. EVERYONE MUST DO THEIR OWN WORK. NO ONE WILL COME TO DO YOUR TASK” Pediatrician, Dhaka	URGENCY & EASE OF ACTION “AIR POLLUTION IS NOT A PRIORITY FOR MOST PEOPLE. THEY MIGHT EVEN THINK AIR POLLUTION TALK IS LUXURY TALK, AS THERE ARE OTHER THINGS LIKE MALNUTRITION, DIARRHOEA, PNEUMONIA THAT ARE MORE IMPORTANT. YET YOU WANT TO TALK ABOUT AIR POLLUTION WHEN THOSE ARE UNSOLVED? NO” Community Healthcare Worker, Addis Ababa



UK AT A GLANCE

A STABLE AND ADVANCED NATIONAL HEALTH SYSTEM

...with a focus on tackling the causes of non-infectious disease – such as obesity and smoking.

HIGH HCP CONFIDENCE IN TRAINING AND EVIDENCE BASE

HCPs are quietly confident in the standard of training, national guidance and scientific leadership that they receive. Decisions are based on scientific evidence.

THE SYSTEM HAS FLAWS, BUT IS TRUSTED

They have frequent complaints and frustrations with sluggishness of the national system and pressures on resourcing, but the NHS and national authorities are trusted.

LOW HIERARCHY AND ‘FLAT’ INTERACTION BETWEEN ROLES

No role is inherently superior and each has its own culture. Different roles aim to collaborate effectively together.

ACTION BOTH INSPIRES AND INTIMIDATES

There is growing awareness of activism within UK, but some hesitation and uncertainty around adopting more assertive campaigning on an issue.

UK HCPs underestimate the presence and urgency of air pollution

- Due to:
- An incomplete understanding of the health impacts
 - A feeling of insufficient evidence
 - A rosy view of the air quality situation in the UK – it is subtle and hidden
 - Air pollution is perceived as an environmental problem

31%

UK HCPs consider air pollution to be a public health issue

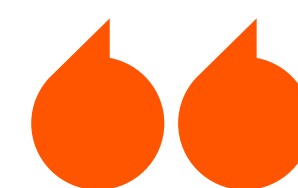
62%

Have taken no action on air pollution



**IT DOESN'T DO YOUR
MEDICAL CAREER
MUCH GOOD IF YOU
GET LABELLED A LEFT-
WING REBEL**

Paediatrician, London



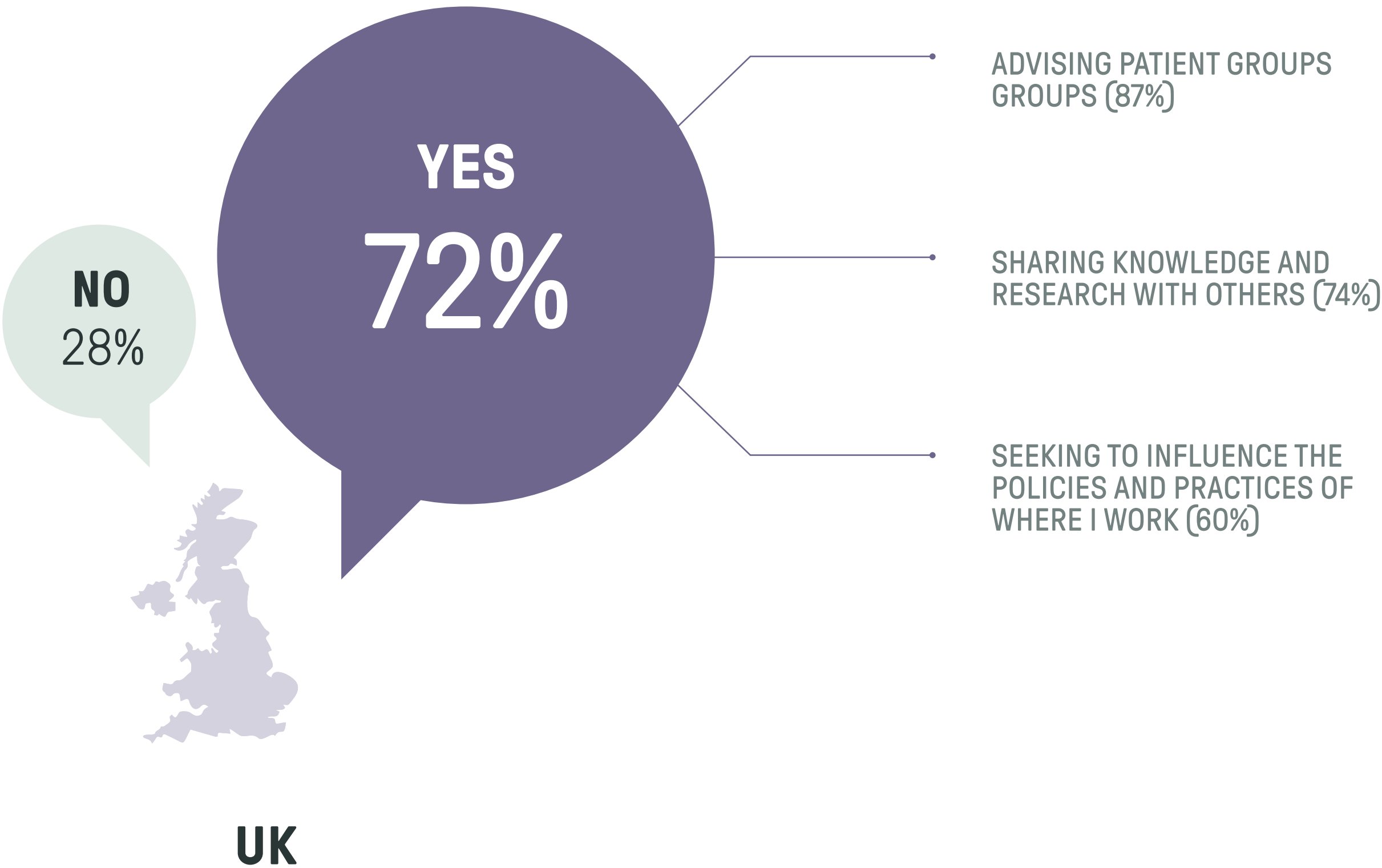
**(AN AIR POLLUTION CAMPAIGN)
WOULD NEED THE VOICE OF THE
NHS – PEOPLE BELIEVE WHAT
THEY SAY**

Nurse, London

MOST UK HCPS HAVE ALSO TAKEN ACTION ON SOME FORM ON A PUBLIC HEALTH ISSUE, TYPICALLY TO ADVISE PATIENTS OR SHARE KNOWLEDGE

Q7A

HAVE YOU EVER BEEN INSPIRED TO TAKE ACTION ON A PUBLIC HEALTH ISSUE?



When it comes to advocating or making a change on an issue, HCPs naturally see their influence in two spaces:

- ADVISING PATIENTS**
Giving their patients advice on how they can make a positive change.
- COLLABORATION WITHIN MEDICAL PROFESSION**
Working with their colleagues to add richness to a conversation or make changes to their ways of working.

“I VOLUNTEERED TO TEACH CPR FOR THE RESUSCITATION COUNCIL. THEY OFTEN SHARE SUCCESS STORIES OF HOW IT HAS SAVED A LIFE OF THE PUBLIC WHICH REALLY REINFORCES THE POSITIVE CHANGE... I DO CPR ALL THE TIME... THE ROLE AND THE PASSION WAS CLEAR”

Cardiologist, Leicester



INDIA AT A GLANCE

A HEALTH SYSTEM THAT EXCELS FOR SOME, BUT IS BASIC FOR MOST

There is a culture of excellence in specialist roles/centres but many in the population still live without basic healthcare measures.

A DUAL BURDEN OF INFECTIOUS AND CHRONIC DISEASE

HCPs are often fighting to control infectious disease, while conditions such as diabetes, hypertension and cardiovascular disease are also rising.

STRONG HIERARCHY BETWEEN HCP ROLES

GPs and Specialists enjoy exalted status within Indian society, while nurses, pharmacists, community workers and midwives will often defer to their authority.

A STRONG DUTY TO HELP OTHERS WITH THEIR SKILLS

HCPs are conscious of their fortunate position and the struggles faced by others in society. This creates a strong imperative to use their skills for charitable purposes.

CULTURAL AND GOVERNMENT ISSUES UNDERMINE ACTION

Oriental fatalism, the rise of fake news, and persistent government corruption all work to undermine wider systemic improvements.

Indian HCPs often report deprioritising air pollution vs other issues, and cannot see clear ways to make an impact

- Due to:
- Being overwhelmed by more immediate problems
 - Low awareness of the severe long term impacts
 - Lack of practical solutions for an Indian context
 - Belief that it’s an environmental problem for higher powers to solve

71%

Have taken some form of action to tackle air pollution (mainly advising patients)



**PEOPLE IN THE RURAL AREAS
ARE COMPLETELY BOGGED
DOWN WITH SUPERSTITION...
SO I AM INVOLVED IN A DRIVE IN
TAMIL NADU TAKING SCIENTIFIC
PRINCIPLES TO THE RURAL
COMMUNITIES, ESPECIALLY
THE YOUTH. SO THAT THEY
KNOW THE SCIENCE AND ARE
NOT CLOSED BY THINGS SUCH
AS CASTE, CREED ETC.**

GP, Chennai



**PEOPLE KNOW THAT THE QUALITY
OF AIR IS DETERIORATING. THEY CAN
SEE THE IMPACT OF POLLUTION IN THE
ENVIRONMENT AROUND THEM. BUT
THEY DON'T GIVE SO MUCH IMPORTANCE
TO IT. THE DISEASES LINKED WITH
AIR POLLUTION DO NOT HAVE AN
IMMEDIATE EFFECT AND THAT IS WHY
PEOPLE DON'T TAKE IT SERIOUSLY**

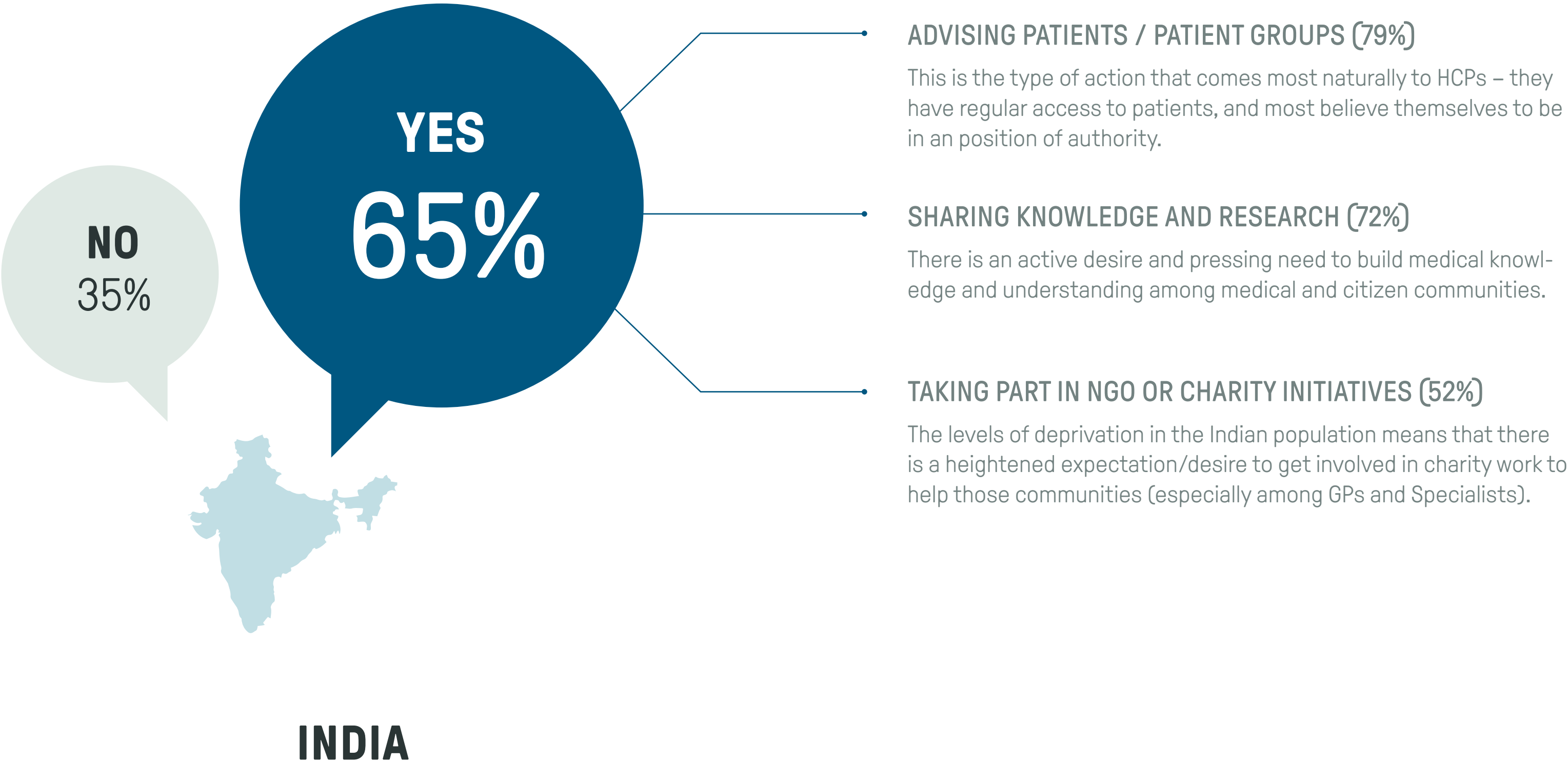
Pulmonologist, Chennai



MOST HAVE BEEN INSPIRED TO ACT ON A PUBLIC HEALTH ISSUE; MOST OFTEN BY ADVISING PATIENTS, SHARING KNOWLEDGE OR UNDERTAKING CHARITY WORK

Q7A

HAVE YOU EVER BEEN INSPIRED TO TAKE ACTION ON A PUBLIC HEALTH ISSUE?



“THE DOCTORS IN INDIA, ESPECIALLY GOVERNMENT DOCTORS LIKE US, WE ALREADY DO A LOT OF VOLUNTARY WORK. EVERY SUNDAY I GO TO THE POORER COMMUNITIES AND HOLD COUNSELLING SESSIONS FOR CHILDREN AS WELL AS WOMEN... OUR WAY OF GIVING BACK TO SOCIETY IS THROUGH EDUCATING THEM AND TREATING THEM”

Pulmonologist, Delhi



MEXICO AT A GLANCE

A DEVELOPED SYSTEM BUT STRUGGLING UNDER INCREASING PRESSURE

Increasing concern over vaccination and medicine shortages, and Covid has also added immense pressure to the public system, which was already over-stretched.

PUBLIC-PRIVATE HEALTH SYSTEM FRAGMENTS HCP TIME

The public health system is under-re-sourced. HCPs want to work in public health, but are not well paid to do so, so take on private roles.

A NEED FOR BETTER PATIENT EDUCATION AND RESPONSIBILITY

HCPs believe a lot of the population needs greater education on managing their health, and that sometimes they can adopt a Mexican ‘rebelliousness’ to rules and advice.

A NON-HIERARCHICAL BUT SELF-CONTAINED MEDICAL WORLD

There is little sense of hierarchy between roles, but they remain focused on their individual skills. As a result, action on wider social issues takes place as citizens, not doctors.

GOVERNMENT NOT SEEN AS SUPPORTIVE OR EFFECTUAL

Government support is key to solving public health issues, but it is seen as distant, disengaged and defensive. Sometimes corruption still exists.

Air pollution is recognised as an issue in Mexican cities, but many underestimate the effects of air pollution and do not see a role for themselves in solving it

- Due to:
- An incomplete understanding of the health impacts
 - A lack of evidence and guidance for their situation
 - A belief that it is an environmental problem for another expert to solve

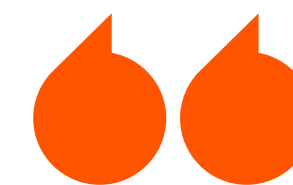
48%

of the HCPs have personally seen significant health related consequences as a result of air pollution on their patients’ health



**SOMETIMES PATIENTS ARE IN A VERY
SERIOUS SITUATION AND WE LACK
MEDICATION AND RESOURCES AND
PROTOCOLS REQUIRED TO HELP THAT
PATIENT... BUT IN THE PRIVATE HOSPITAL
I HAVE EVERYTHING THAT I NEED TO
PERFORM DIAGNOSIS**

Respiratory Specialist, Mexico City



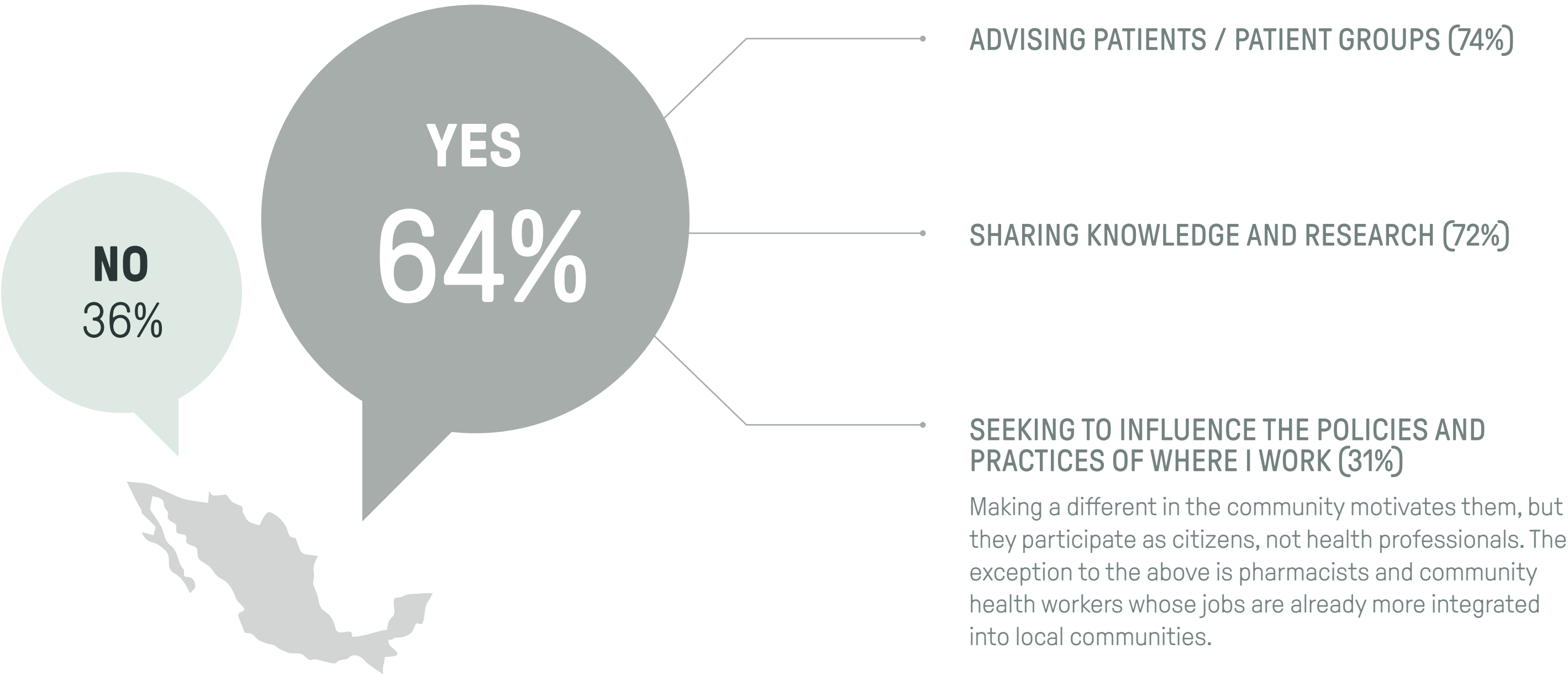
**I THINK WE HAVE MINIMAL
KNOWLEDGE OF WHAT AIR
POLLUTION CAN DO TO OUR
HEALTH... IN MY OPINION IT'S
URGENT TO SEE HOW THIS
EFFECTS OUR HEALTH**

Cardiologist, Mexico City

MOST HCPS WILL ACT ON PUBLIC HEALTH ISSUES IN THE CAPACITY OF THEIR DAY TO DAY JOB BUT THERE IS ALSO INTEREST IN COMMUNITY VOLUNTEERING

Q7A

HAVE YOU EVER BEEN INSPIRED TO TAKE ACTION ON A PUBLIC HEALTH ISSUE?



MEXICO

“A FEW MONTHS AGO WE VOLUNTEERED TO WORK IN GREEN AREAS OF THE CITY, AND IMPROVE THE CONDITION OF THE RIVER IN PUEBLA - SO WE’RE ALREADY PERFORMING THESE KINDS OF ACTIONS”

Pharmacist, Mexico City

“WE AS DOCTORS SHOULD HAVE THE KNOWLEDGE AND BE ABLE TO TRANSMIT THIS INFORMATION”

GP, Mexico City



BANGLADESH AT A GLANCE

A SYSTEM THAT IS STRUGGLING WITH SEVERE SHORTAGES AND MANY PRESSURES

Overpopulation and low-financing have led to shortages of HCP personnel and infrastructure flaws – in turn creating intense patient demand and high HCP workload.

WIDESPREAD POVERTY AND LOW PATIENT EDUCATION REMAIN CHALLENGING

Bangladesh has made progress in educating the population, but many still live in poverty and lack basic health care measures and knowledge.

HIGH COSTS AND MALPRACTICE DRIVE PATIENTS AWAY FROM DOCTORS

This creates a culture where patients are averse to seeking treatment and instead look to retail pharmacists, religious shamans and sometimes fraud doctors for a quick fix.

AN HCP CULTURE THAT VENERATES HIGH EDUCATION

GPs and Specialists often working in dual roles to both treat and teach; the latter seen as a duty and also a route to greater status and legitimacy. High-educated roles and professorships are applauded.

FRUSTRATION IN GOVERNMENT MIS-MANAGEMENT OF THE SYSTEM

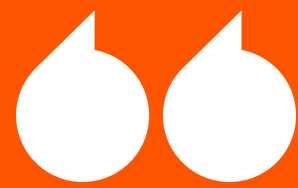
Many HCPs believe that the government needs to improve monitoring systems and financing, and put an end to mismanagement, corruption for the health service to improve.

Air pollution is recognised as a major public health issue, but most HCPs are focused on bigger issues, and do not see solving it as their responsibility

- They are faced with more critical day to day issues and challenges
- They feel there is Incomplete evidence of serious health impacts
- A belief that it must be solved by government/ higher powers

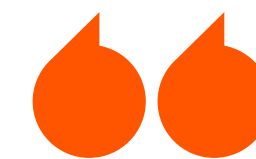
88%

of HCPs have personally seen significant health related consequences as a result of air pollution on their patients health



**IT IS A DIFFICULT JOB TO MAKE
PEOPLE UNDERSTAND THE
REASONS OF BASIC HEALTH
ISSUES AND MOTIVATE THEM TO
GO THE COMMUNITY CLINICS.
BECAUSE THEY ARE NOT
EDUCATED ENOUGH. THEY DON'T
UNDERSTAND THINGS EASILY**

Community health worker, Dhaka



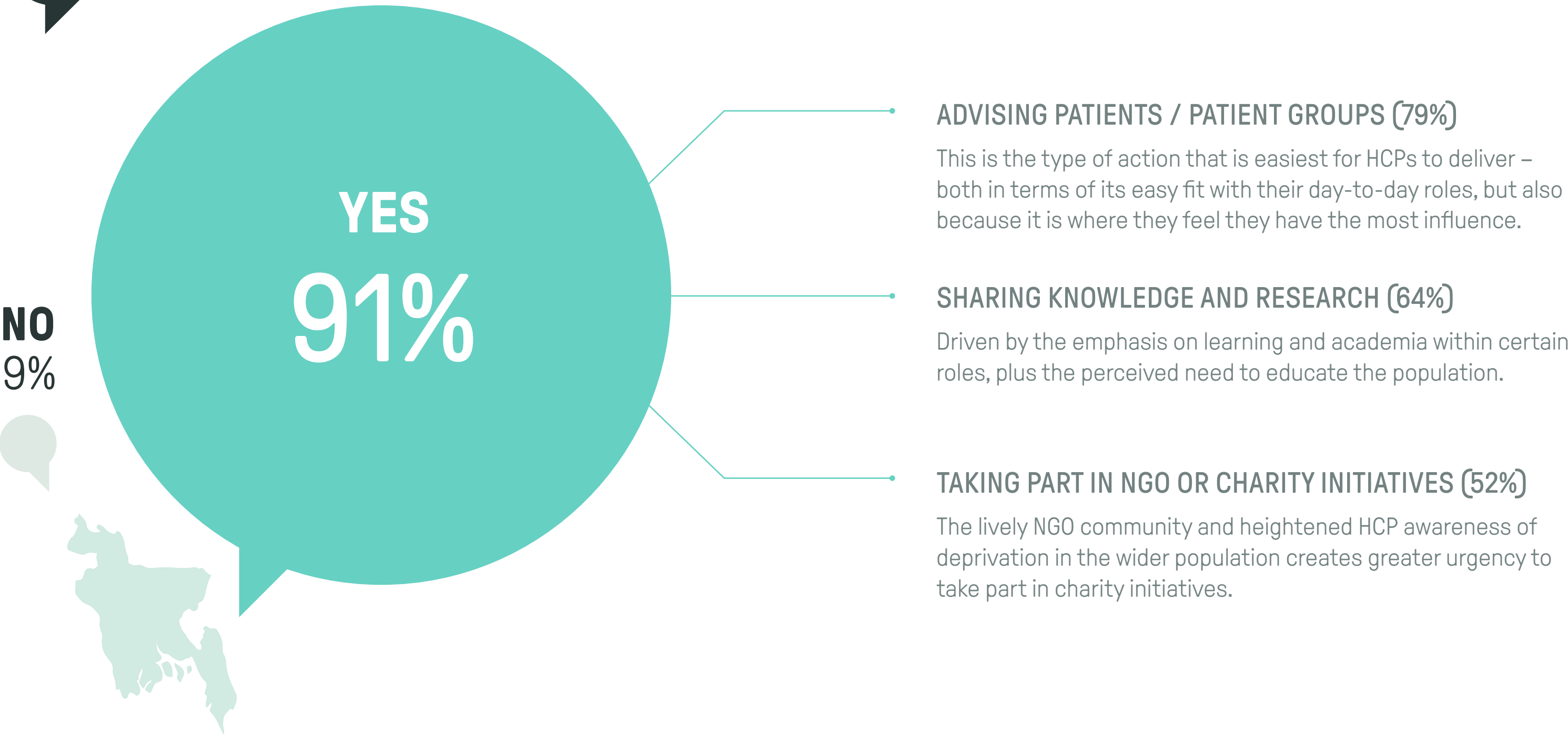
**I DON'T HAVE THE TIME TO STUDY
AIR POLLUTION. I CAN READ IT FROM
NEWSPAPER OR I CAN LISTEN TO OTHER
PEOPLE BUT I DON'T WANT TO READ
BECAUSE I HAVE TO SEE PATIENTS AND TAKE
CLASSES... I DON'T EVEN GET ENOUGH
TIME TO READ ABOUT MY OWN SUBJECT,
WHY WOULD I READ ABOUT THIS?**

Cardiologist, Dhaka

THE CULTURE OF ACTION IS ROOTED IN ADVISING, EDUCATING AND WORKING WITH EXISTING NGOS AND CHARITIES

Q7A

HAVE YOU EVER BEEN INSPIRED TO TAKE ACTION ON A PUBLIC HEALTH ISSUE?



“I VOLUNTARILY WORK AT BANGLADESH LUNG FOUNDATION. WE DO IT VOLUNTARILY. IT IS TOTALLY A NON-PROFIT ORGANISATION AND EVERYONE WORKS FOR THIS AFTER PERSONAL WORK. I DID A RADIO PROGRAM TO GENERATE AWARENESS ABOUT LUNG DISEASES ON THE OCCASION OF LUNGS DAY, NOT FOR MY PERSONAL BENEFIT BUT FOR THE SAKE OF MASS AWARENESS WITHOUT ANY PAYMENT. AND ANOTHER THING IS PERSONALLY MAKING PATIENTS AWARE OF ALL THESE”

Respiratory Specialist, Dhaka

BANGLADESH

ETHIOPIA AT A GLANCE

A FLEDGLING SYSTEM THAT STRUGGLES TO COPE WITH THE NATION’S HEALTH NEEDS

Most Ethiopians rely on public health-care, which is concentrated in urban areas. The system is basic and lacks necessary infrastructure and HCP capacity/skills.

THE POPULATION FACES MULTIPLE SERIOUS, SYSTEMIC HEALTH ISSUES

Poverty, low health education and high prevalence of infectious disease locks HCPs in a cycle where they are forever treating urgent conditions vs improving prevention.

LACK OF COLLABORATION ACROSS PUBLIC HEALTH BODIES IS A MISSED OPPORTUNITY

There is an active NGO presence in health care and a better-resourced private system, but different pillars fail to work together to improve public health.

RESPECT AND DEFERENCE TOWARDS THE STRONG TOP-DOWN HIERARCHY

HCPs usually trust government and established authorities. There is also a hierarchy within HCP roles that elevates doctors into positions of greater authority.

RELIANCE ON GOVERNMENT TO LEAD THE WAY TO BIGGER CHANGE

HCPs believe they can influence patients at an individual level, but feel helpless to drive any larger societal changes. For this they hope that government will intervene.

They generally see air pollution as an emerging issue and therefore action is limited

- There is a lack of localised and current scientific evidence
- More threatening issues compete for attention and resources
- Air pollution is absent from the institutional agenda
- There is a belief that it’s only an emerging/nascent issue

57%

of HCPs have personally seen significant health related consequences as a result of air pollution on their patients’ health.



THE AIR POLLUTION ISSUE IS LAGGING BEHIND (IN PRIORITY) BECAUSE IT IS NOT RESEARCHED OR UNDERSTOOD. SO PEOPLE (AND HCPS) DO NOT FEEL THE NEED TO ADDRESS IT. WE NEED RESEARCH AND TO TAKE FINDINGS TO POLICY MAKERS FOR THEM TO ACT

Nurse, Addis Ababa



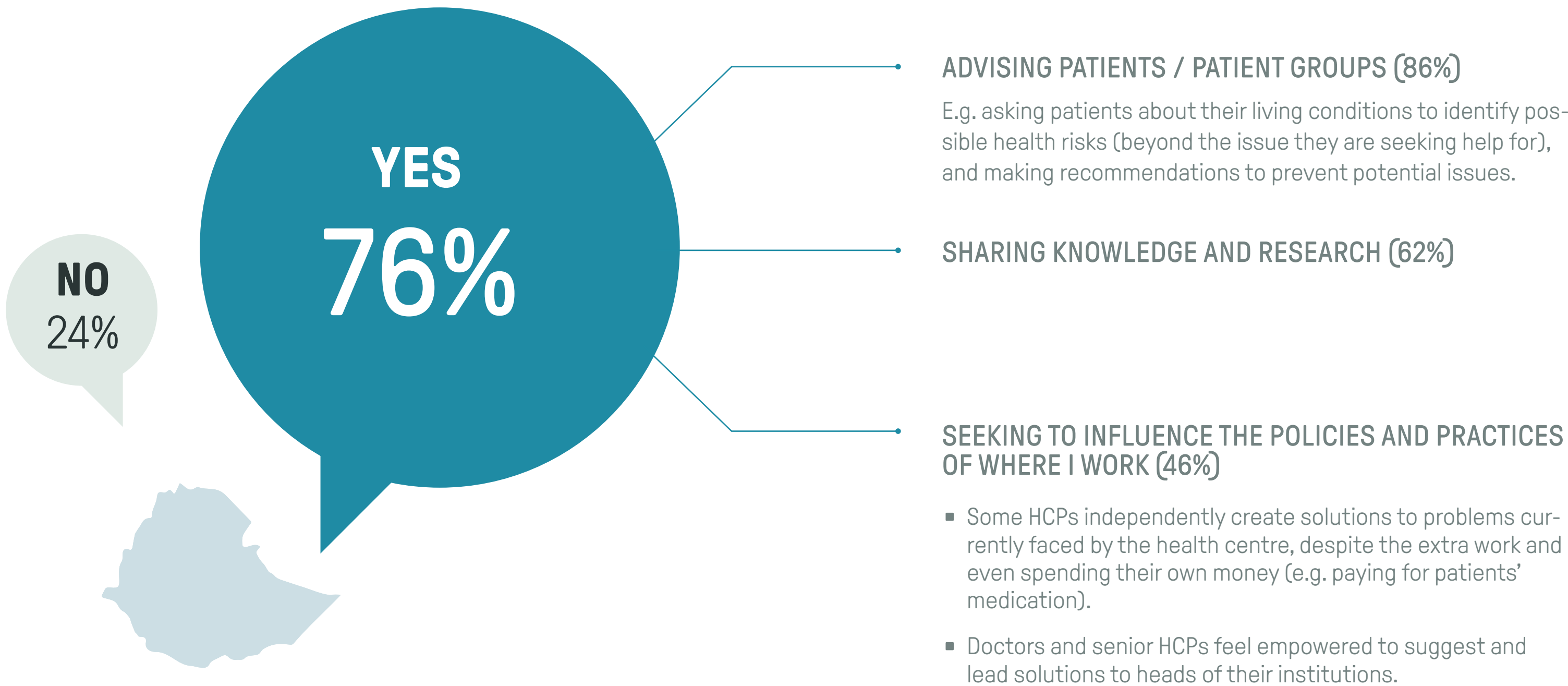
THERE ARE NOT THAT MANY HOSPITALS, AND THERE IS A SHORTAGE OF RESOURCES, HCPS, SOCIAL WORKERS. THESE PREVENT US FROM GIVING THE BEST CARE WE CAN, AND WE CANNOT ATTEND TO EVERYONE WHO NEEDS HELP

Paediatrician, Addis Ababa

DESPITE A STRONG NGO PRESENCE, MOST ACTION TAKES PLACE AMONG PATIENTS AND IMMEDIATE PEERS

Q7A

HAVE YOU EVER BEEN INSPIRED TO TAKE ACTION ON A PUBLIC HEALTH ISSUE?



“NGOS CAN HELP ORGANISE, ADVOCATE, CREATE MOVEMENT AND ACTION, LIKE THEY HAVE DONE IN THE PAST. BUT WE STILL NEED THE PARLIAMENT TO BRING ISSUES TO THE TABLE”

Community Health Worker, Addis Ababa

“MY ROLE IS TO JUST DO WHAT THE INSTITUTE OR ORGANIZATION WANTS US TO DO. THE SOLUTIONS NEED TO COME FROM HIGHER UPS... AS A COMMON INDIVIDUAL IT IS DIFFICULT FOR ME”

Nurse, Addis Ababa


PART TWO

KEY STEPS FOR BUILDING HCP ENGAGEMENT

OUR RESEARCH WITH HCPS REVEALED A RANGE OF BARRIERS AND DRIVERS TO ACTION



BARRIERS



COMPETING STRESSORS

“MY HEADSPACE IS OCCUPIED WITH HIGHER PRIORITY ISSUES”
“I’M TOO JUNIOR TO MAKE AN IMPACT”

MAINTAINING THEIR STANDING

“GETTING ACTION WRONG COULD HURT MY REPUTATION”
“IT’S NOT IN MY OFFICIAL TRAINING, GUIDELINES OR DUTIES”

OVERCOMING HELPLESSNESS

“IT’S A FIGHT TO GET INDIVIDUALS TO CARE”
“THERE IS NOTHING THAT MY PATIENTS CAN DO”
“THE GOVERNMENT WON’T LISTEN OR ACT”

(MIS)UNDERSTANDING THE PROBLEM

“THIS IS A PROBLEM FOR OTHER EXPERTS”
“THERE ISN’T ENOUGH EVIDENCE OF THE HEALTH IMPACTST”

LACK OF INSPIRATION ON ACTION THEY COULD TAKE

“IT’S UNCLEAR WHAT KIND OF ACTION I COULD TAKE / ROLE I COULD PLAY”
“THERE IS NO HIGH STATUS LEADERSHIP ON THE ISSUE”

DRIVERS



GIVING SOMETHING TANGIBLE

“I WANT ACTION TO ENHANCE THE LIVES OF MY PATIENTS/COMMUNITY IN A MEANINGFUL AND TANGIBLE WAY”

FEELING PART OF SOMETHING

“I WANT TO WORK WITH AND CONTRIBUTE TOWARDS MY COMMUNITY”

LIVING OUT CORE HCP VALUES AND IDENTITY

“I WANT MY ACTION TO HELP FULFIL MY DUTIES AS A HEALTH PROFESSIONAL”
“I WANT TO MAKE GOOD USE OF MY UNIQUE SKILLS”

GAINING RECOGNITION

“I WANT MY ACTION TO BE REWARDED WITH HIGH STATUS RECOGNITION”

THE BARRIERS AND DRIVERS INSPIRED 8 ACTION AREAS FOR ORGANISATIONS LOOKING TO ENCOURAGE HCPS TO ACT



Solved barriers

- 1

MAKE THE ISSUE VISIBLE AND MEASURABLE
- 2

GENERATE AND DRIVE SCIENTIFIC EVIDENCE
- 3

EMBED GUIDANCE INTO EXISTING HEALTH SYSTEMS
- 4

HUMANISE THE ISSUE

“IT’S HARD TO TELL WHEN IT’S A PROBLEM”

“THERE ISN’T ENOUGH EVIDENCE OF THE HEALTH IMPACTS”

“I’M TOO JUNIOR TO MAKE AN IMPACT”

“MY HEADSPACE IS OCCUPIED WITH HIGHER PRIORITY ISSUES”

“IT’S NOT IN MY OFFICIAL TRAINING, GUIDELINES OR DUTIES”

“GETTING ACTION WRONG COULD HURT MY REPUTATION”

“IT’S A FIGHT TO GET INDIVIDUALS TO CARE”



Solved barriers

- 5

FACILITATE AND CELEBRATE ROLE MODELS
- 6

MAKE ACTION EASY AND SIMPLE
- 7

TURN ACTION INTO PROFESSIONAL CURRENCY
- 8

CREATE A COMMUNITY OF HCPS WHO CARE

“IT’S UNCLEAR WHAT KIND OF ACTION I COULD TAKE/ROLE I COULD PLAY”

“THIS IS A PROBLEM FOR OTHER EXPERTS”

“THERE IS NO HIGH STATUS LEADERSHIP ON THE ISSUE”

“THE GOVERNMENT WON’T LISTEN OR ACT”

“MY HEADSPACE IS OCCUPIED WITH HIGHER PRIORITY ISSUES”

“I’M TOO JUNIOR TO MAKE AN IMPACT”

“THERE IS NOTHING THAT MY PATIENTS CAN DO”

“IT’S UNCLEAR WHAT KIND OF ACTION I COULD TAKE/ROLE I COULD PLAY”

“THERE IS NO HIGH STATUS LEADERSHIP ON THE ISSUE”

“GETTING ACTION WRONG COULD HURT MY REPUTATION”

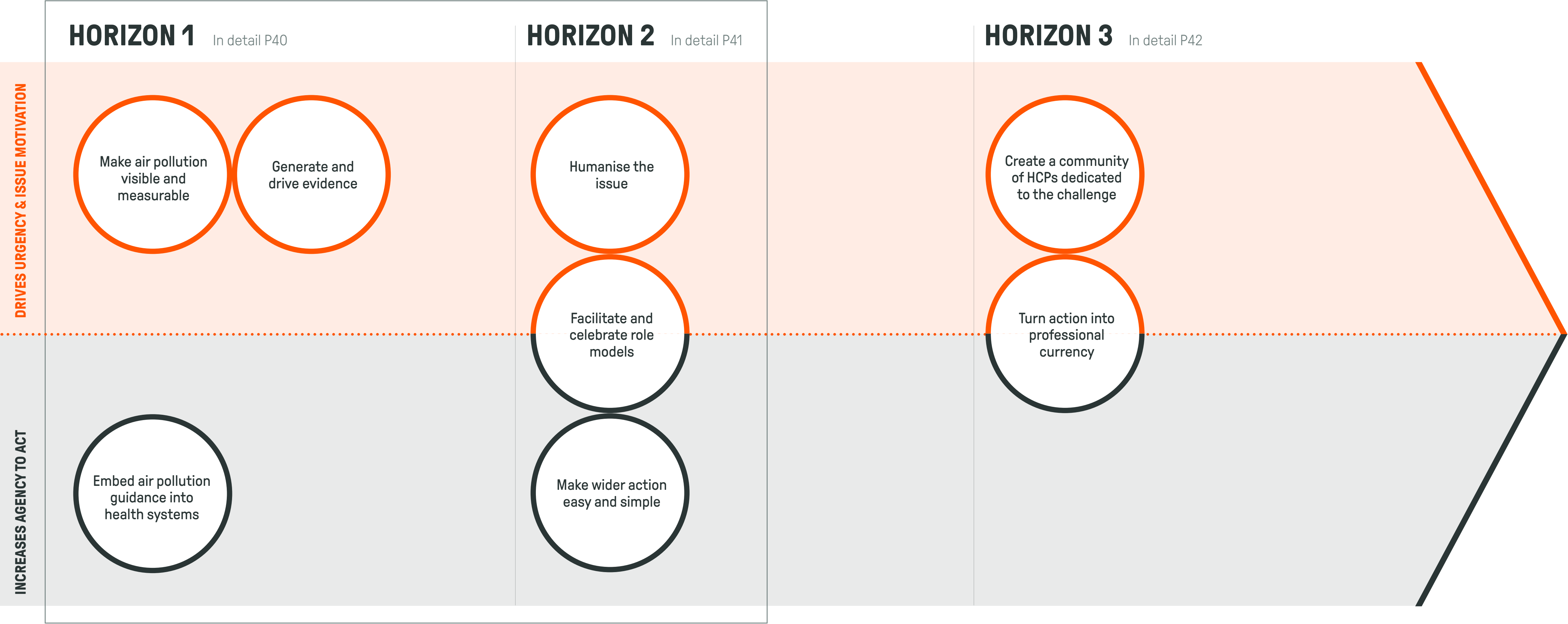
“I WANT TO FULFIL MY RESPONSIBILITIES AS A HEALTH PROFESSIONAL”

“I WANT TO WORK WITH AND CONTRIBUTE TOWARDS MY COMMUNITY”

“I WANT ACTION TO ENHANCE THE LIVES OF MY PATIENTS/COMMUNITY IN A MEANINGFUL AND TANGIBLE WAY”





SEQUENCING OF ACTION AREAS

We have laid out horizons for action areas as certain areas depend upon the success of other areas. For example, it will be easier to turn action into professional currency if air pollution is already embedded into health systems and celebrated through HCP role models.



All of our focus countries currently sit on horizons 1-2 for encouraging HCP action

WE CAN SEE WHICH HORIZON COUNTRIES ARE AT, AND WHICH ACTIONS TO PRIORITISE, BY LOOKING BACK AT THEIR STRATEGIC PRIORITIES

 UK	 INDIA	 MEXICO	 BANGLADESH	 ETHIOPIA
HCPs in different countries will act on air pollution when there is:				
VISIBILITY & URGENCY	EASE & PRESTIGE OF PARTICIPATION	URGENCY & CLEAR ROLE FOR HCPS	OWNERSHIP & EASE OF ACTION	URGENCY & EASE OF ACTION
Revealing different priorities for engaging HCPs (in descending order of importance)...				
Make the issue visible and measurable	Embed guidance into existing health systems	Generate and drive evidence	Embed guidance into existing health systems	Make the issue visible and measurable
Generate and drive evidence	Facilitate and celebrate role models	Facilitate and celebrate role models	Facilitate and celebrate role models	Generate and drive evidence
Embed guidance into health systems	Generate and drive evidence	Embed guidance into existing health systems	Generate and drive evidence	Embed guidance into health systems
HORIZON 1	HORIZON 1–2	HORIZON 1–2	HORIZON 1–2	HORIZON 1

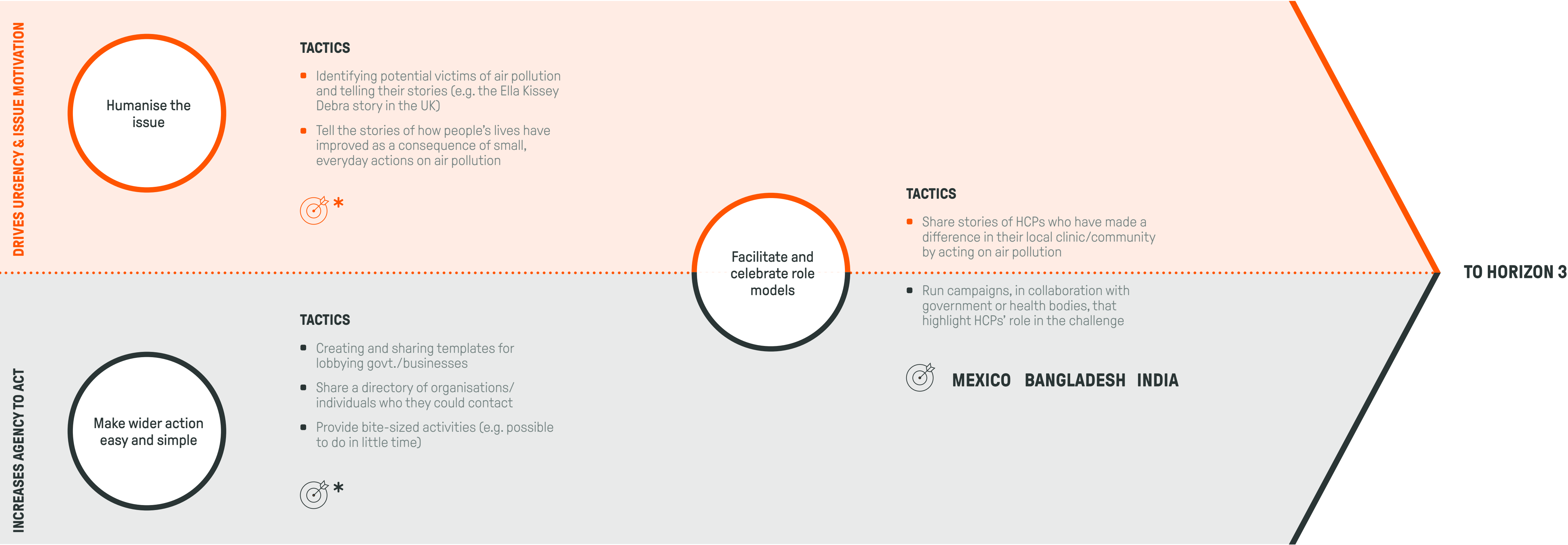
HORIZON 1

BUILDING THE FOUNDATIONS OF AGENCY & ISSUE MOTIVATION



HORIZON 2

DEEPENING EMOTIONAL ENGAGEMENT AND INCREASING EASE OF ACTION

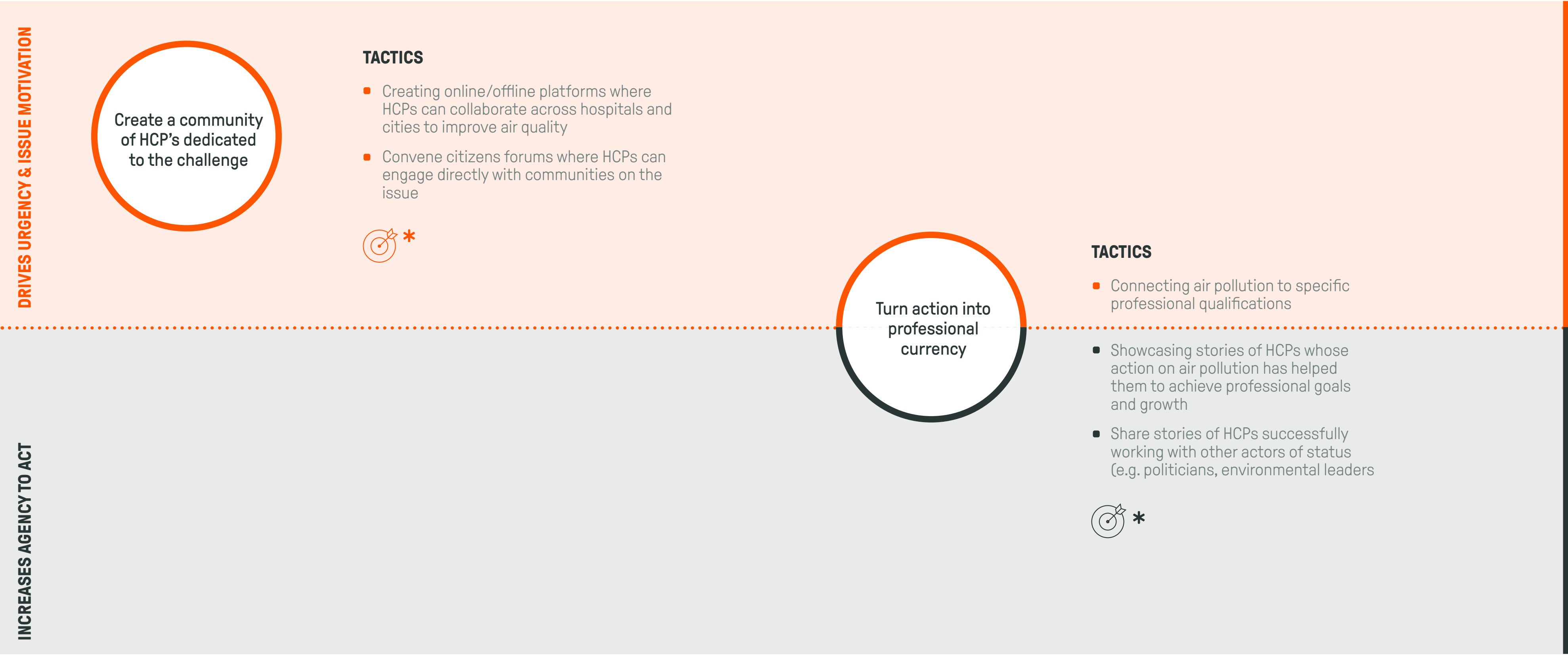


Most relevant countries for these actions and tactics

While making action easy and humanising the issue are key steps, we identified cultural considerations for India, Bangladesh and Mexico that make the celebration of role models more important at this horizon.

HORIZON 3

SCALING ACTION AND ENGAGEMENT TO THE WIDER HCP COMMUNITY



* * None of the countries studied have yet advanced into horizon 3

GLOBAL DIAGNOSTIC

KEY QUESTIONS TO IDENTIFY HORIZONS & PRIORITIES

Each of the five countries that we studied feature different outlooks on the air pollution challenge and unique systems and values that influence the priorities for actors wishing to engage HCPs. However, in the process of our research we also noted some common variables that exist across nations. By assessing the variables below, actors looking at how to engage HCPs in other nations (not covered in this study) can begin to prioritise where to focus:

<div>1</div> <div>IS THE PROBLEM HIGHLY VISIBLE?</div>	<div>YES</div> <div>HIGH VISIBILITY/ PUBLICITY OF DIRTY AIR</div> <div> SUGGESTS THAT AWARENESS AND URGENCY WILL BE RELATIVELY HIGH</div>	<div>NO</div> <div>POOR AIR QUALITY IS INVISIBLE AND LACKS AWARENESS</div> <div> SUGGESTS A NEED TO DRIVE URGENCY AND AWARENESS AT <u>HORIZON 1</u></div>
<div>2</div> <div>ARE THERE MANY COMPETING HEALTH ISSUES?</div>	<div>YES</div> <div>MANY HIGH-URGENCY HEALTH ISSUES, SUCH AS INFECTIOUS DISEASE AND LACK OF BASIC HEALTH FACILITIES</div> <div> SUGGESTS NEED TO UNLOCK AGENCY AT <u>HORIZON 1</u></div>	<div>NO</div> <div>MAIN PUBLIC HEALTH ISSUES ARE CHRONIC AND PREVENTABLE THROUGH LONG TERM BEHAVIOUR CHANGES</div> <div> SUGGESTS NEED TO UNLOCK AGENCY AT <u>HORIZON 2</u></div>
<div>3</div> <div>IS THERE A STRONG NGO/ CHARITY CULTURE?</div>	<div>YES</div> <div>STRONG CULTURE OF HCP PARTICIPATION IN NGO AND CHARITY ACTIVITY</div> <div> SUGGEST HIGH POTENTIAL FOR GREATER HCP ACTION WITHIN NGO/CHARITY INITIATIVES</div>	<div>NO</div> <div>LOW EXPECTATIONS FOR HCPS TO TAKE PART IN NGO/CHARITY INITIATIVES</div> <div> SUGGESTS ACTION WILL BE EASIER TO ENCOURAGE WITHIN EVERYDAY HCP TASKS</div>
<div>4</div> <div>IS THERE A STRONG SENSE OF HIERARCHY WITHIN THE HEALTH CULTURE?</div>	<div>YES</div> <div>STRONG HIERARCHY, SOME ROLES DEFER TO AUTHORITY BEFORE ACTING</div> <div> SUGGESTS JUNIOR ROLES WILL NEED ACTION TO BE SANCTIONED BY GUIDANCE AND AUTHORITY</div>	<div>NO</div> <div>LOW HIERARCHY, ALL ROLES FEEL EMPOWERED TO ACT</div> <div> SUGGESTS A WIDE SPECTRUM OF HCP ROLES CAN BE TARGETED FOR ACTION</div>

THANK YOU

FOR MORE INFORMATION AND TO ACCESS THE FULL RESEARCH RESULTS
AND RECOMMENDATIONS CLICK THE LINKS BELOW

MAIN REPORT	↓
UK	↓
INDIA	↓
MEXICO	↓
BANGLADESH	↓
ETHIOPIA	↓