

HEALTH COMMUNITIES RESEARCH

MEXICO FOCUS

Quantum / AHA
March 2021



INTRODUCTION & CONTENTS

OBJECTIVES OF THIS REPORT

We have an ambition to encourage the Mexican healthcare community to take greater action on the air pollution challenge.

To achieve this aim, we conducted comprehensive research among the Mexican medical community to:

- Understand how key health communities in Mexico perceive air pollution.
- Explore what kinds of communications and strategies would encourage them to act on the issue, and what stops them from acting on air pollution today.

The findings within this report are based on 16 in-depth qualitative interviews and a quantitative survey with 200 Mexican healthcare professionals.*

CONTENTS

This report is structured in 5 parts:

1. Key take-outs and strategic recommendations for driving action among Mexican HCPs (Health care professionals)
2. HCP Personal-Professional Motivations
3. Mexican health culture
4. Mexican HCP perceptions of air pollution
5. Summary of key motivators and barriers to action on air pollution

*See appendix for detail on sample

PART 1

KEY TAKEOUTS AND STRATEGIC RECOMMENDATIONS

In order to act on any issue HCPs need high levels of both :

AGENCY + ISSUE MOTIVATION

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

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.**



We found that most Mexican HCPs sit in the 'voluntary disengagement' space.

HCPs have the means to act, but don't make it a priority.

Therefore the air pollution issue requires **greater prominence and urgency**.



There are 5 personal-professional motivations that spur HCP action

These motivations tend to be shared with HCPs around the world and reveal potential drivers and barriers for acting on public health issues:

SECURITY

“I want to get through the day unscathed.”

CARE

“I want to give meaningful help to individuals”

COMMUNITY

“I want to belong and to contribute to the collective”

DUTY

“I want to fulfil my role and act as a role model for others.”

GROWTH

“I want to be leading challenges.”

HCP considerations for acting on public health issues

- | | | | | |
|---|--|---|--|---|
| <ul style="list-style-type: none"> • Can I make time and headspace for this issue? • Am I too junior to act? • Does it fit with the official rules and guidelines? | <ul style="list-style-type: none"> • How will my action enhance the lives of my patients in a meaningful way? | <ul style="list-style-type: none"> • How will my action make tangible, positive changes within my community? | <ul style="list-style-type: none"> • Does acting on this issue help fulfil my duties as a health professional? | <ul style="list-style-type: none"> • Will my efforts be rewarded with high status recognition? |
| | | | <ul style="list-style-type: none"> • Is acting on this issue a good use for my skills and status? • Does acting on this issue create any risks to my reputation? | |

AGENCY

ISSUE MOTIVATION

We found that Mexican health culture gives HCPs a moderate sense of agency and 64% HCPs have taken action on a public health issue in the past.

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-resourced. 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

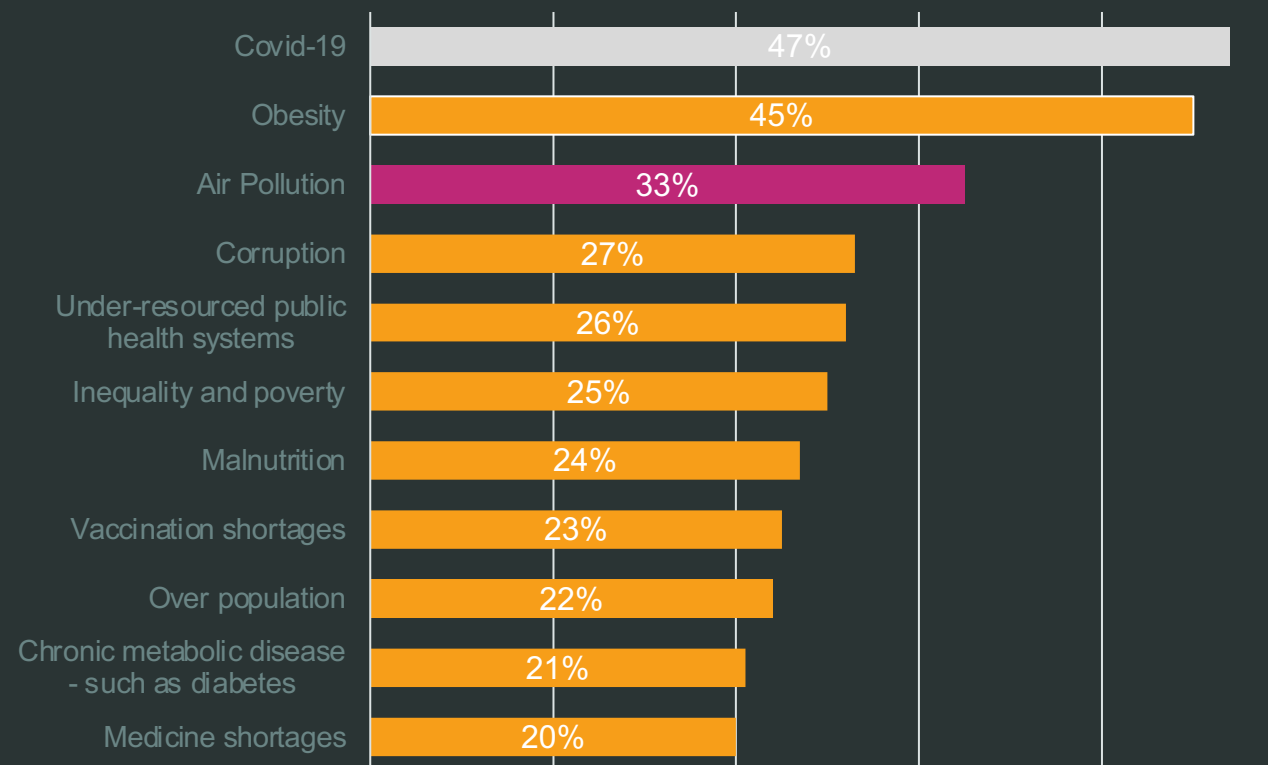
Government support is key to solving public health issues, but it is seen as distant, disengaged and defensive. Sometimes, corruption still exists.

Air pollution is a visible problem in Mexican cities.

63% HCPs have taken some form of action on air pollution

Many HCPs observed the effects of air pollution. Advising patients is the most frequent form of action.

HCP's top ranked public health issues in order of urgency (Prompted list)



But it is not always treated as a priority

HCPs underestimate the health effects and do not feel responsible for solving it

"I would say that it is not considered a priority... we do mention it, but there are other priorities, for example contraception methods, vaccination programmes, quitting smoking... air pollution is more associated to ecology I would say."

Nurse, Mexico City

The main reasons HCPs deprioritise it are:

An incomplete understanding of the health impacts

HCPs in Mexico have a very good understanding of the acute effects of air pollution (including linking it to Covid).

But they see the effects as mainly respiratory, and lack awareness of how it can cause a wide range of more long term serious conditions.

A lack of evidence and guidance for their situation

Mexican HCPs want to feel expert on a topic before they act. At present they want to know more about air pollution to feel qualified, including:

- The situation in their local community
- The health impacts
- What advice they should give to patients

An environmental problem for higher powers to solve

Air pollution is part of a wider environmental/ ecosystem challenge. Government is seen as essential to solving the problem, but is also seen as one of the most challenging institutions for HCPs to engage with due to disengagement with their profession and a reluctance to change.

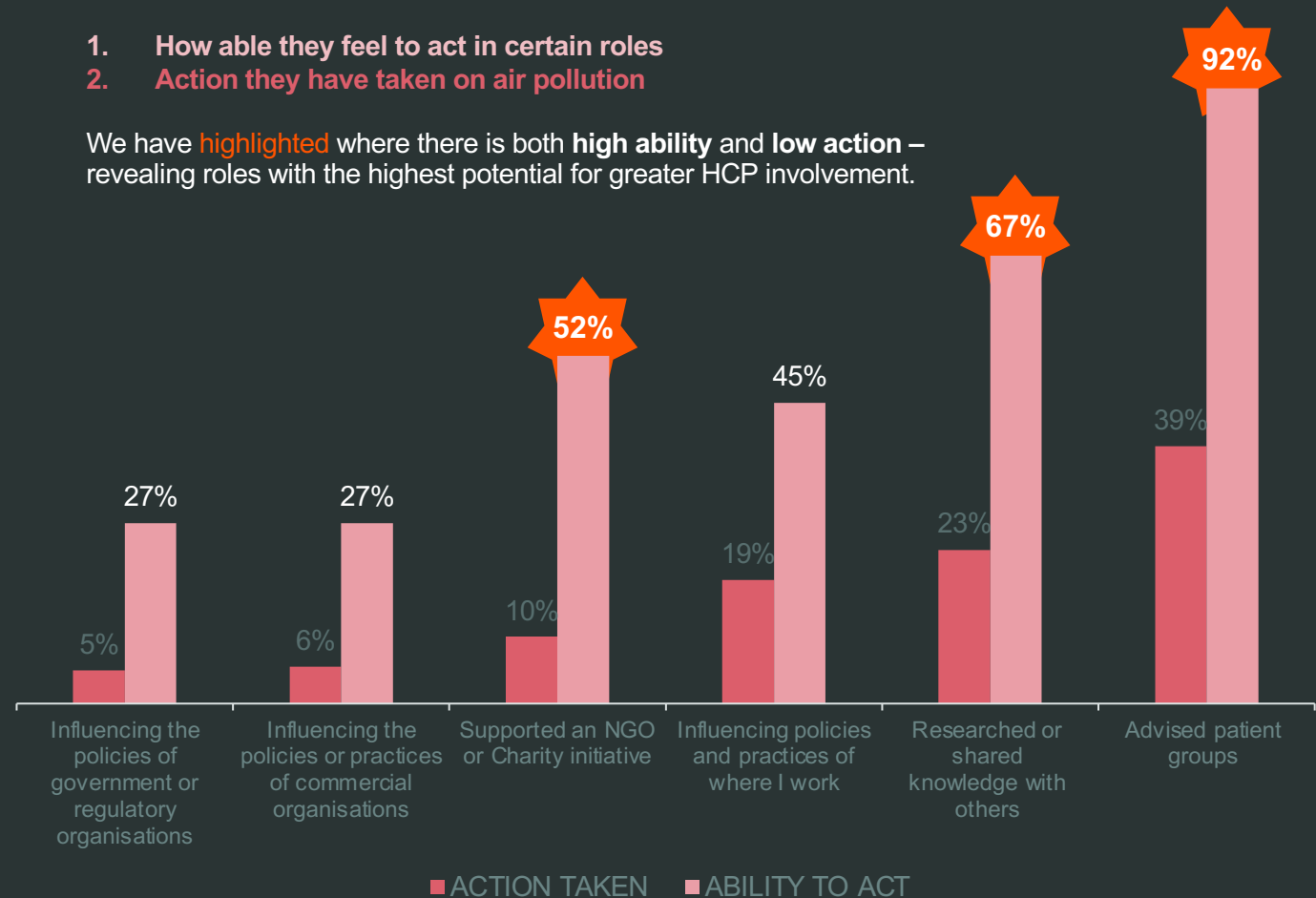
There are three roles where there is high potential for Mexican HCPs to take greater action

1. Advising patients
2. Research and sharing knowledge
3. Charity/NGO initiatives

The chart below shows how Mexican HCPs responded to two survey questions:

1. How able they feel to act in certain roles
2. Action they have taken on air pollution

We have highlighted where there is both **high ability** and **low action** – revealing roles with the highest potential for greater HCP involvement.



THIS LEADS UP TO A STRATEGIC FOCUS OF...

COMMUNICATE URGENCY OF THE CHALLENGE AND THE ROLE OF HCPS

To unlock HCP
action in...

Advising
patients

Research
and
knowledge
sharing

Support
charities &
NGOs

PRIORITY ACTION AREAS

1.

GENERATE AND
DRIVE EVIDENCE

2.

FACILITATE AND
CELEBRATE ROLE
MODELS

3.

EMBED INTO
EXISTING HEALTH
SYSTEMS

STRATEGIC RECOMMENDATIONS: MEXICO

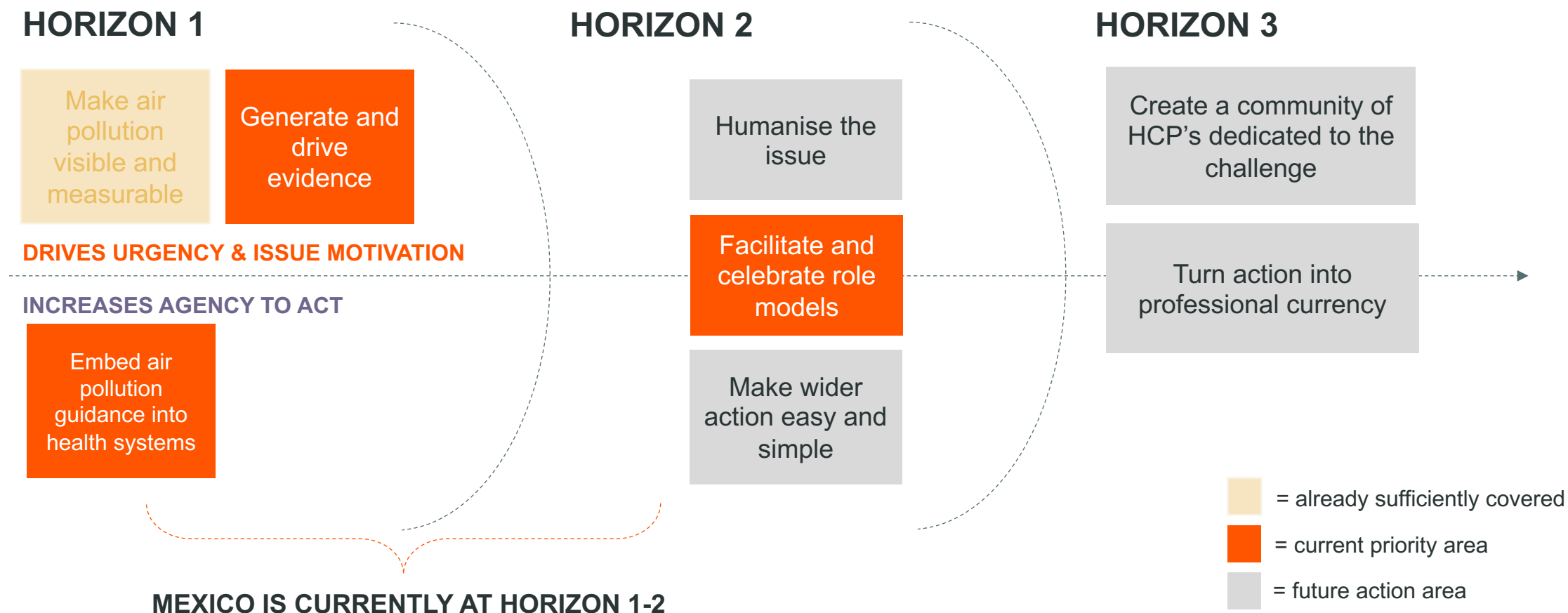
KEY AREAS FOR ACTING ON STRATEGIC FOCUS

STRATEGIC FOCUS Communicate the urgency of the challenge and a role for HCPs to drive action in advising patients, sharing knowledge and supporting charities.

PRIORITY ACTION AREAS	Generate and drive evidence	Facilitate and celebrate role models	Embed into existing health systems
WHO Which members of the HCP population should be targeted?	<p>Evidence is relevant to all HCPs, but particularly to inform them of the serious effects of air pollution on long term health (so beyond the well-recognised acute effects that are perceived as minor irritations)</p> <p>Specialists require evidence relating to their specialism and patient demographics.</p>	<ul style="list-style-type: none"> - Represent roles across the HCP spectrum to highlight that HCPs play a key role in the challenge - In particular, there are certain roles (Pharmacists and Nurses) who are looking out for an opportunity to assert the importance of their chosen health profession. 	<p>All HCPs. They need to be provided with guidance on:</p> <ul style="list-style-type: none"> - When to recognise AP as a risk factor for patients - What anti-AP action to advise their patients to take.
HOW Illustrative tactics	<ul style="list-style-type: none"> - Conduct and share further studies into specific HCP specialisms / demographics. - Distribute monitors and empower local clinics/ hospitals to collect their own evidence - Bring AP onto the agenda of health conferences to specifically engage specialists. 	<ul style="list-style-type: none"> - Run a campaign in partnership with existing environmental charities / urban anti-pollution initiatives that makes HCPs the hero of the story. - Share stories of how HCPs across roles have taken action and made a difference to patients' health. 	<ul style="list-style-type: none"> - Make sure it features on the training curriculum across HCP roles - Provide best practice guidance for hospitals and clinics on clean air.

SEQUENCING OF FUTURE ACTION AREAS

Looking beyond the immediate priorities outlined in the previous slide, there are a number of further action areas that organisations looking to engage HCPs could consider as their trajectory for action. We have laid these out as horizons as certain areas depend upon the success of other areas before they can be successfully implemented.



HORIZON 2

Deepening emotional engagement and increasing ease of action



HORIZON 3

Scaling action and engagement to the wider HCP community



PART 2

PERSONAL-PROFESSIONAL MOTIVATIONS

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

Summarising the motivation...

SECURITY

"I want to get through the day unscathed."

They are seeking...

- Financial and job security.
- A release from day to day stress.
- Successfully conform to existing systems and protocols.
- Financial or material reward .

CARE

"I want to give meaningful help to individuals"

- Seeing an individual/patient improve and recover
- Helping others to improve their lives.
- Relationship building with individuals.
- A feeling of altruism.

COMMUNITY

"I want to belong and to contribute to the collective"

- 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.

DUTY

"I want to fulfil my role and act as a role model for others."

- Gaining social respectability.
- Fulfilling their role as a healthcare professional.
- Correctly following scientific evidence
- Demonstrating competence to themselves and others.
- Demonstrating socially respectable behaviours to others
- Contributing to professional causes and challenges.

GROWTH

"I want to be leading challenges."

- 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

These are motivation that apply across the international healthcare community, although they are expressed in different ways in different cultures.

MACRO / EXTERNAL FOCUS

Orientated towards how others view them

MOTIVATION #1

SECURITY

*"I want to make it through
the day unscathed."*



SECURITY

DEALING WITH THE STRESSES AND PRESSURE OF THE JOB

Security-driven HCPs are most often found working in hectic and low paying roles within the medical community.

The combination of an unrelenting role, plus their relatively low status in the medical community means that they don't often have the headspace to think about causes beyond their day-to-day, and that their main focus is upon achieving basic needs such as financial stability, sleep, and taking care of their own health.

Among their pressures and concerns are:

- Overwork within their role
- Long hours
- Anti-social hours
- Demands to work at short notice / with urgency
- Under-compensation within their role, leading to financial worries
- Managing family and home life

They are most likely to be nurses, pharmacists, health workers, and midwives, but can also be GPs and Specialists who are junior in their career journey.



DESIRES OF HCPS WITH A SECURITY MINDSET:

- Financial security
- Emotional security / freedom from stress
- Following official systems or protocols
- Extra financial or material reward

A FUNCTIONAL AND DEFERENTIAL MINDSET

SECURITY ORIENTATED HCPS PRIORITISE THE HERE-AND-NOW AND STICK TO DIRECTION AND GUIDELINES FROM THOSE WITH AUTHORITY

RESTRICTIVE WORLD VIEW	REALIST, NOT IDEALIST	NON-CONFRONTATIONAL AND RISK AVERSE	DEFERENTIAL TO AUTHORITY AND PROCESSES
<p>Life is about coping with multiple realities and not losing control.</p> <p>This leads to an inability to see a bigger picture beyond daily life and roles.</p>	<p>They are hardworking but also aware that they have limited resources & tools to work with.</p> <p>Hence, recognize that their efforts can only go so far.</p>	<p>Security-driven HCPs prefer to go with the flow.</p> <p>They do not wish to jeopardize their hard earned position, and are therefore are unwilling to take risks or make themselves stand out.</p>	<p>They are either consciously or subconsciously aware of their juniority – either in terms of inexperience, or because they occupy a less “expert” role. Therefore, they look to seniors and official protocols for guidance.</p> <p>When they do have ideas or solutions for improvements to the system and services, these are often held back unless solicited or if others first provide similar suggestions.</p>

“Here in Mexico there is no prevention and we need more resources.”

Community Health Worker, Mexico City

MOTIVATION #2

CARE

*"I want to give meaningful help
to individuals."*

CARE

THE CENTRAL MOTIVATION THAT LINKS ALL HCPS

The idea of giving care and helping others is often the central reason why many HCPs decided to enter the medical field.

Most HCPs feel rewarded when they can see progress and recovery in the patients that they work with. For some, even helping a patient to have a good death is seen as an important way of providing help and care. It is all about the positive impact that they are able to have on individuals.

Conversely, it is demotivating for HCPs when they feel that their patients do not listen to them or are indulging in self destructive behaviours that they have no power to change.



THE REWARDS OF CARE:

HCPs are motivated by the concept of care-giving because it provides the following outcomes:

- The tangible reward of seeing an individual/patient improve and recover
- The feeling of altruism that comes from helping other individuals to improve their lives:
 - Through education, prevention, treatment and advice
 - Especially to vulnerable or at risk demographics (e.g. poor, elderly, wayward youth, teenage mothers)
- A feeling of virtue.

DIMENSIONS OF GOOD CARE

DELIVERING TANGIBLE IMPROVEMENTS TO INDIVIDUAL LIVES

LISTENING TO THE PATIENT

Good care can come from being the person that a patient confides in, and HCPs get a lot of out two-way conversations with patients where it feels like they are building a relationship. This is particularly important to fully understand the patient on an individual and human level.

IMPROVING THE ISSUE OR DELIVERING A CURE

All HCPs want to see that they have made a tangible positive difference to the patient's health. This could be guiding them on the road to full recovery, or providing an improvement in their quality of life.

PROVIDING EMOTIONAL SUPPORT

Keeping the patient's spirits high, consoling them in times of difficulty, and ensuring that they are treated as a human throughout their experience.

SUPPORTING THE PATIENT'S FAMILY

Some HCPs see their duty of care as considering the patient's wider network, and how their loved-ones may also need supporting through their patient's illness.

EDUCATING THE PATIENT AND THEIR FAMILY

Going beyond specific diagnosis and treatment, to ensure improved wellbeing of the patient, by creating awareness of issues and risks that has come to HCP's knowledge, and to introduce preventative measures.

“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

MOTIVATION #3

COMMUNITY

"I want to belong and contribute to the collective."

COMMUNITY

THE DESIRE TO MAKE A DIFFERENCE EXTENDS BEYOND THEIR IMMEDIATE DAY JOBS

As well as being medical professionals, HCPs are also regular citizens who seek to belong and contribute to their local communities.

The desire to make a positive difference in the community was common across HCP types. Social glue and teamwork is an important aspect of this motivation, with HCPs looking to be invited to take part in activities that will create a sense of togetherness as well as positive local change.

When they engage in community building activities, they are not necessarily thinking as medical professionals, but in other social roles; whether as parents, friends, teachers or neighbours.

**CLEAN
AIR
FUND**



COMMUNITY

PARTICIPATION HAPPENS AS BOTH AS MEDICAL PROFESSIONALS AND REGULAR CITIZENS

HCPs can play two roles in the community:

- **AS HEALTHCARE PROFESSIONALS**

If there is a healthcare angle, they can step forward as to help develop healthcare guidelines and solutions, while also serving as educators and trainers of other volunteers.

- **AS REGULAR CITIZENS**

If there is no healthcare angle, they participate as a regular citizens to execute ideas developed by others, their status as HCPs not giving them additional influence or deference over others. In these moments they are thinking in other social roles; whether as parents, friends, teachers or neighbours.

Both roles are fulfilling, but it gives them an extra buzz to be able to use their healthcare skills.



THE REWARDS OF COMMUNITY ACTION:

- Teamwork
- Relationship-building and social cohesion
- Social recognition
- Tangible improvement to their community
- The feeling of investing in a better future and being part of something meaningful

At present, many contribute as regular citizens, so there is also an opportunity to connect this activity to their skills and interests as HCPs.

“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, Puebla

MOTIVATION #4

DUTY

*"I want to fulfil my role in society
and set a good example."*



DUTY

DEMONSTRATING THE RIGHT KNOWLEDGE, BEHAVIOUR AND VALUES TO FULFIL THEIR POSITION AS A ROLE MODEL

Duty-driven HCPs were often attracted to their professions due to the reputation of healthcare as a respectable career path and its status as a vital pillar of society.

Crucially, their sense of duty extends beyond the delivery of individual care to embrace the responsibility of being a role model within the wider community.

They are conscious of how others see them and are serious about setting an example not just through good medical practice, but by living the values and behaviours that are seen as fitting of a healthcare professional.

As a consequence, they have an innate sense of their own authority and potential influence. But as this understanding is also based on respect for traditional hierarchies, societal structures and communal practices, they are not necessarily egocentric or outspoken characters.

On the contrary, when it comes to overcoming a challenge, they are often humble and don't automatically see it as their place to speak out or create disruption.



THE DESIRES OF THE DUTY-DRIVEN:

- Being a “good” guardian of their patients
- Social respectability
- Fulfilling their role as a doctor to promote awareness of health issues
- Contributing to shared medical knowledge
- Promoting harmony and balance
- Keeping up to date on medical knowledge and news

DUTY

OPERATING WITH A MINDSET THAT IS CONVENTIONAL, HARMONIOUS AND DEDICATED

RELIABLE AND CONSCIENTIOUS	CONSERVATIVE AND CONVENTIONAL	RESPECTFUL OF PEERS AND INSTITUTIONS	SERVICE ORIENTATED	UNCOMFORTABLE WITH CONFLICT
They have a high sense of their duty of care as a health professional – and reliability and working hard are a key part of this.	They adhere to established medical norms and practices. They have a strong sense of professionalism that tends to centre around notions of tradition, integrity and commitment.	While duty-driven HCPs may see areas of improvement in health systems, they are overall respectful of their peers and the protocols in place. They look to official institutions for guidance.	The idea of acting (and being seen to act) for the wider good is a principle that guides them in their professional practice. Taking on the role of guide and mentor for patients and the wider community is therefore appealing..	On the whole, they prefer harmonious engagements. Conflict is un-welcome for them and they would prefer to achieve change through supportive and collaborative action.

“We as doctors should have the knowledge and be able to transmit this information.”

GP, Mexico City

MOTIVATION #5

GROWTH

"I want to be leading conversations"



GROWTH

HCPS WITH A GROWTH ORIENTATION ARE EXCITED BY OPPORTUNITIES TO ADVANCE THEIR SPECIALISM AND THEIR CAREERS

Growth-driven HCPs are often found in more senior, specialist or prestigious positions.

Like many HCPs, their core desire is to help others, but they also have a strong career and growth orientation and are energetic about advancing their own individual prospects.

They are very confident in their own abilities and active in the wider medical community. Whether it's through teaching, training, writing for journals, or lobbying and advocacy, they feel it is important for them to have a voice.

However, the impact of action on their career is always in the back of their mind.

They are a small portion of HCPs, and most likely to be specialists, but some more motivated HCPs may adopt this mindset in other roles.



THE DESIRES OF THE GROWTH-DRIVEN:

- Professional advancement and status
- Intellectual challenge and problem-solving
- Being in the limelight, and seen as a source of inspiration for other doctors (flattering their professional ego)
- Know they have done all they can to help their patients/society
- The promise of personal growth

GROWTH

THEY FEEL OBLIGED TO USE THEIR STATUS AND EXPERTISE FOR THE GREATER GOOD, AND TO BE SEEN AS THE ONES MAKING A DIFFERENCE

AMBITIOUS AND DETERMINED	EAGER WITH A CHALLENGE	READY TO LEAD	BIG-PICTURE ORIENTATED	OCCASSIONALLY EGOCENTRIC
<p>They have their eyes on a bigger prize.</p> <p>They are always looking for ways to enhance their career and opportunities for personal and professional growth.</p>	<p>Problem-solving is not a daunting task for Growth-orientated HCPs.</p> <p>Many enjoy embracing a new challenge and get a buzz from finding solutions.</p>	<p>They are naturally confident in their own abilities, and feel it is only right to use their gifts to be vocal on the issues that matter.</p> <p>They seek power and authority and want to be able to influence the wider medical community.</p>	<p>They tend to have a better awareness of the wider situation in their country – both current and future.</p> <p>This relates to health issues, but also to the politics of the medical world, and how that links to wider societal systems and government.</p>	<p>They take pride in their achievements and often consider themselves superior in their knowledge and skills.</p> <p>They want to be viewed as pioneers in their profession, and measure success by these individual achievements.</p>



“In Bangladesh they already know what we’re doing – doctors are motivated to write articles. So in the case of metropolitan hospital, I’ve cooperated with some cases and written about clinical cases and made them available in social networks.”

Cardiologist, Mexico City

IMPLICATIONS FOR ACTION ON AIR POLLUTION

These motivations reveal potential drivers and barriers for acting on public health issues:



PART 3

MEXICAN HEALTH CULTURE





MEXICO HEALTH CULTURE AT A GLANCE

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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-resourced. 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.

Results in **MIDDLING** sense of agency across HCP roles.

64% have taken action on a public health issue in the past.

Currently there is a sense of a health system under pressure; struggling to deal with current crises and the impacts of chronic diseases

Many HCPs are concerned about the impact of 'developed' world conditions, such as diabetes, which is symptomatic of wider health issues within the population that place pressure on health systems.

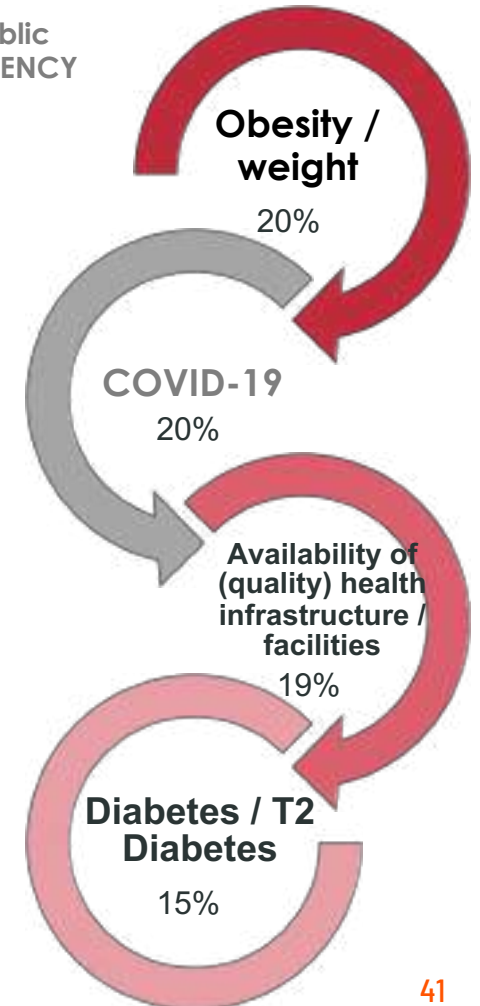
HCPs are also concerned about Mexico's **growing population and under-resourced health system**; many report that their public hospitals are prone to being overcrowded and under-staffed

Unsurprisingly, Covid has exacerbated many of these challenges and is a big preoccupation for many HCPs.

"Before Covid we were saturated in hospitals because patients had to wait a long time to get a consultation."

Cardiologist, Mexico City

TOP of mind unprompted public health issues in order of URGENCY (ranked as the top 3 issues)



Mexico has the wealth and infrastructure to run a developed health system, but there remain large wealth disparities among the population

The Health infrastructure of Mexico is well developed. However it is divided into a public and private system and many patients suffer from inferior health treatment if they are unable to afford private care.

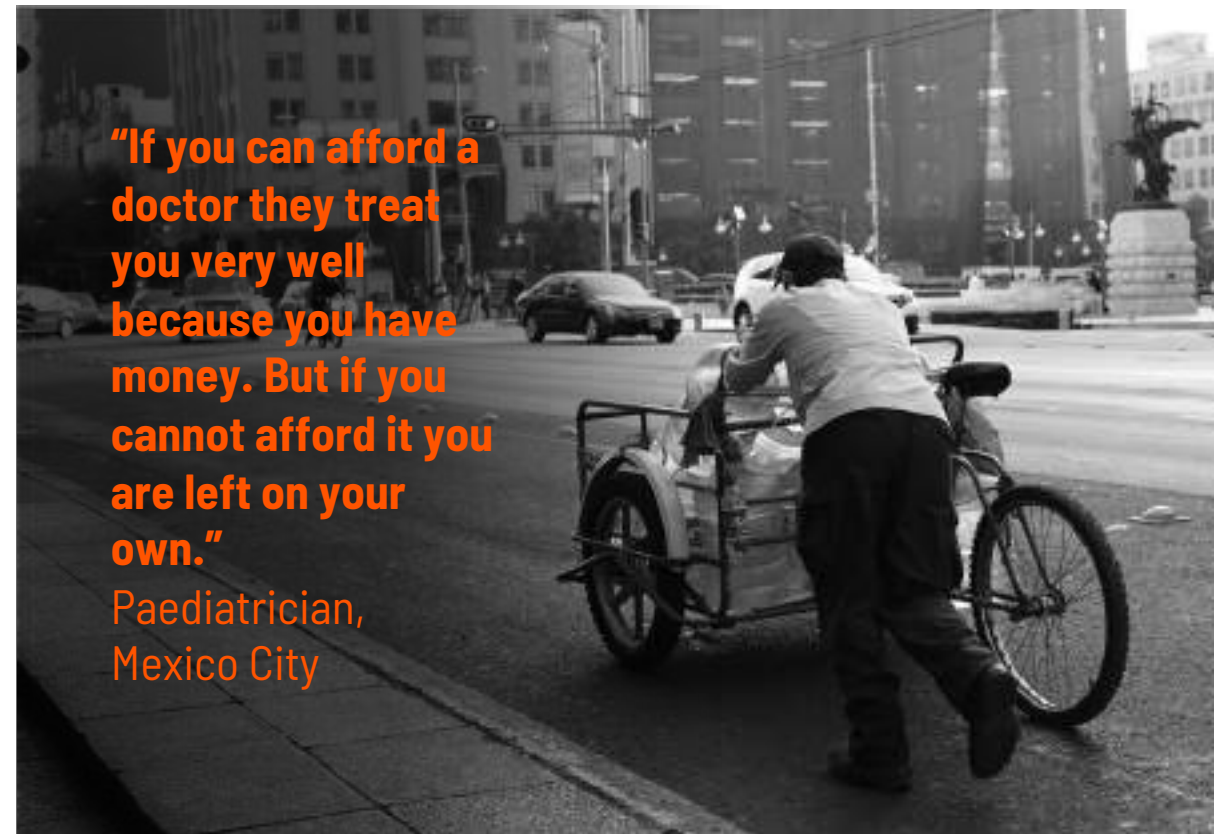
HCPs are deeply concerned by this inequality and its impacts.

The consequences include:

Lack of access: either they can't access treatment or are treated poorly because they have less money.

Lack of education that impedes treatment – e.g. not following their medication plans properly

Lack of ability to change lifestyle – e.g. they will have to be working outdoors, inhaling pollutants



“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

HEALTH CULTURES: MEXICO

For some HCPs, there is a sense that Mexican progress on health has stalled, or in some cases is slipping backwards

There is a feeling that in recent years the Mexican health system had been making concerted efforts to improve the health of the population – for example with vaccination programmes and reducing smoking and obesity

But now this progress has stopped.

Covid is seen as an aggressive disruptor – many ongoing programmes have now stopped so that health services can cope – but there is a sense that other issues such as healthcare funding are responsible too.

This feeling of regression – now worsened by Covid – is a source of frustration and sadness to many Mexican HCPs.

In particular, HCPs are preoccupied with the short term urgency of:

- **Medicine shortage and uptake:** Some medicines are expensive, hard to find, or doctors worry that patients will not follow through properly on taking them
- **Vaccination shortages:** Vulnerable demographics of the population are not getting access to vaccination programmes.

Both of these challenges are frequently reported in the media.

“We used to have better vaccination programmes and discovery of diseases. Now we have more illnesses.”

GP, Mexico City



HCPs recognise the need for a stronger culture of preventative care, but this is impeded by a focus on more urgent challenges

HCPs must focus on solving immediate problems for two main reasons:

TIME SHORTAGE

HCPs are short for time due to competing demands and under-resourcing, so often can't tackle preventative issues.

"There used to be 14 doctors, now there are only 4 because other doctors have kids, but we try to take shifts."

Cardiologist, Mexico City (working for Justice Department)

PATIENTS WAIT UNTIL ITS BAD

Patients don't think about the long term, and only present themselves when they already are suffering symptoms.

"Unfortunately in Mexico we wait until the problem exists, that's when we react to the consequences... so there is no prevention culture ...even though we're told to not do something we don't pay attention."

Nurse, Mexico City

Among the different HCP roles, GPs were more likely to be holding proactive conversations with patients about preventative health.

Although some noted that preventative care is improving in specific areas – for example, solving the nation's challenges around obesity and diet.

"Recently it has had increasing consultation because people are more concerned about their diet and exercise... there are many gyms and different programmes to help people. In hospitals there are multidisciplinary groups to control diabetes and obesity and these consultations are just full."

- Respiratory specialist, Mexico City

HCPs are often frustrated by what they see as patient's lack of knowledge and personal responsibility regarding their health

A perception that patients lack knowledge and/or are irresponsible

Some HCPs can be quite judgemental of what they perceive as their patients' ignorance in matters of health. They can look quite harshly on their patients' failure to make necessary lifestyle changes to improve their situation.

There is a feeling that the population needs more education, and to take greater personal responsibility for themselves and the health of those around them.

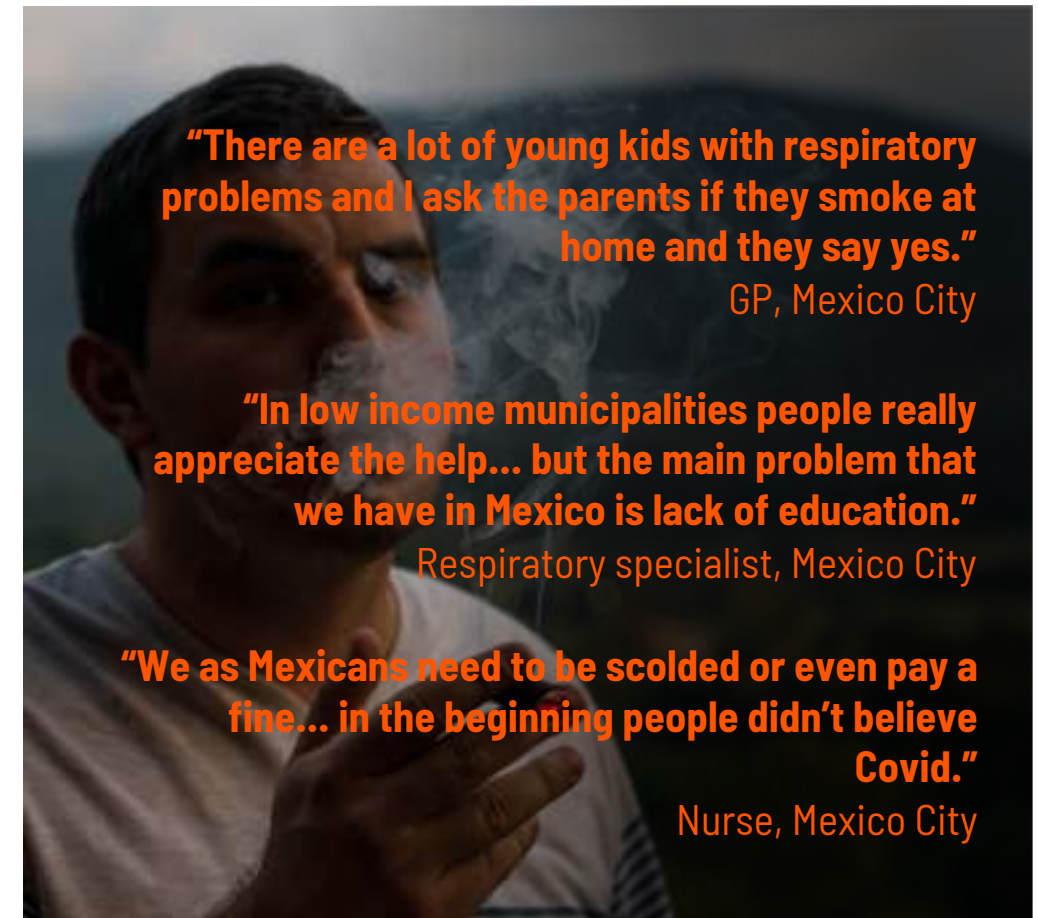
- e.g. parents who smoke at home when their children have respiratory issues
- Exasperation by HCPs towards the public's response to Covid, where they are frustrated by low uptake on mask-wearing and hand washing.

A feeling that patients have a cultural disregard for rules and dictates

Sometimes, the public's failure to follow health guidance is even characterised as being "rebellious" – something that they see as unique to Mexico

This can lead to a patronising attitude from HCPs

Among some HCPs, it could seem that this POV causes them to criticise or talk down to patients without meaning to.



As a professional group, the HCP's world is self-contained and somewhat insular from other professions and government

HCPs rarely look outside of professional channels for their day-to-day job

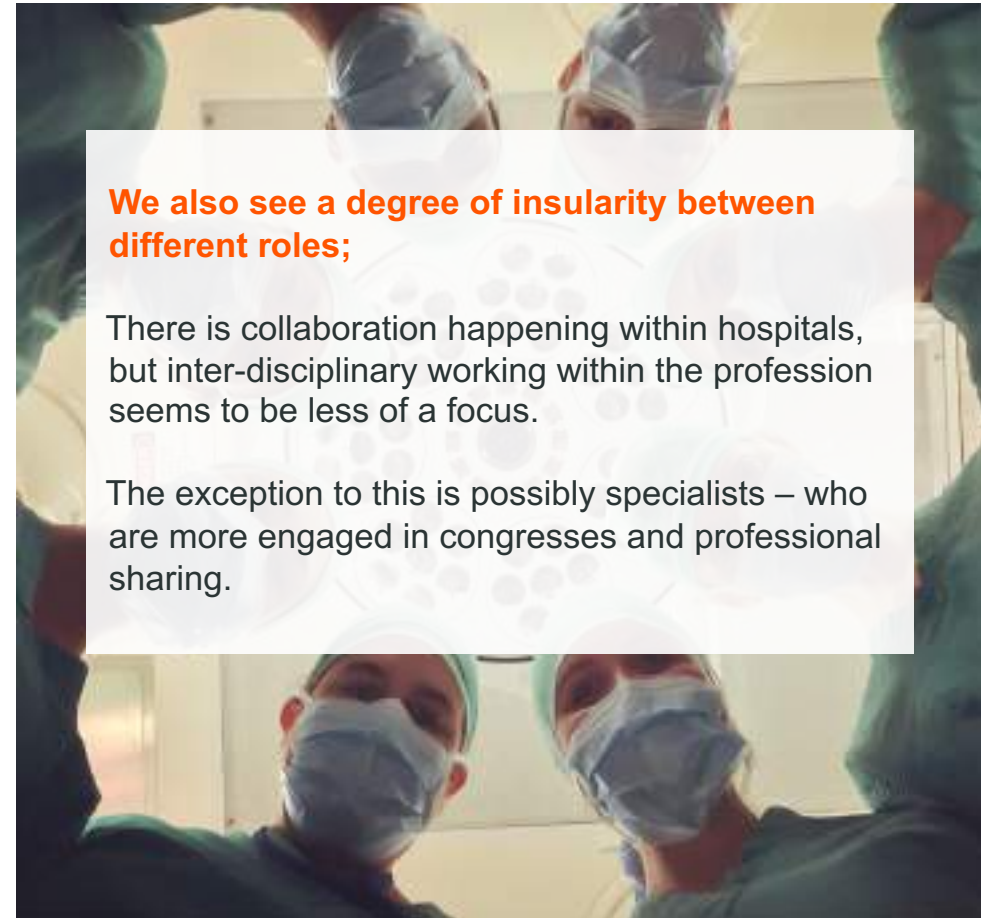
- Mexican HCPs report that they and their colleagues are focused on the specialist skills of their role.
- When it comes to learning and exploring other angles to health, they will usually refer to sources within their profession (e.g. studies and research from Spain and the US), before considering input from any other discipline.

"I would say that doctors just focus on their specialty, and our focus as nurses is on human treatment."

Midwife, Mexico City

"We as physicians all work in our medical field, and sometimes we lack information about other things."

Cardiologist, Mexico City

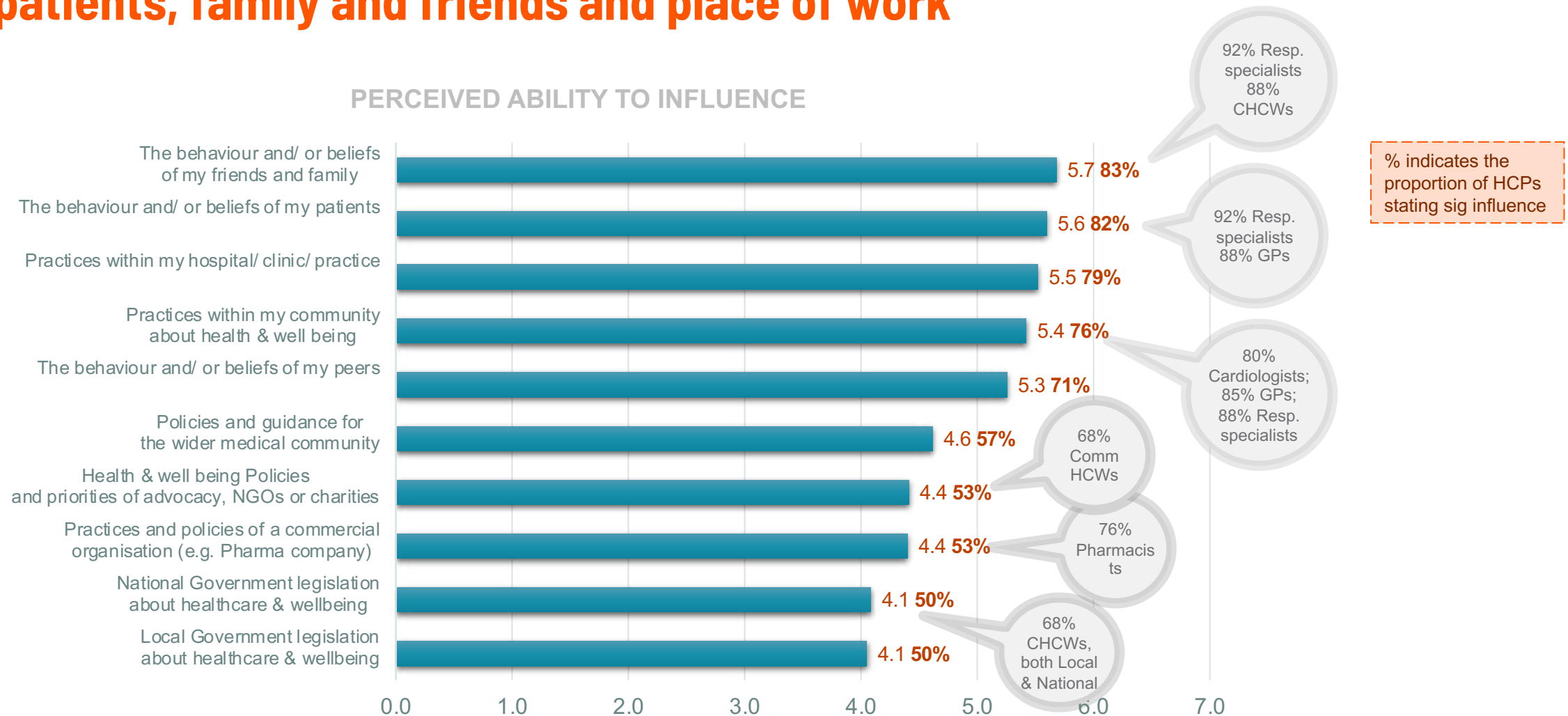


We also see a degree of insularity between different roles;

There is collaboration happening within hospitals, but inter-disciplinary working within the profession seems to be less of a focus.

The exception to this is possibly specialists – who are more engaged in congresses and professional sharing.

Most HCPs feel confident in their ability to influence their patients, family and friends and place of work



Certain roles are seen as more central to the medical community, and others are occupied by those of lower socio-economic status

Mexico does not seem to have as hierarchical a health system as some of the other countries where we conducted interviews (sitting closer to the UK).

However, there is still a sense that GP/Specialist roles comprise the more academically focused branch of the HCP community.

Nurses and midwives: were generally lower on the socio-economic scale, with a more pragmatic and less academic approach than the GPs and Specialists.

Pharmacists: were regarded as a more peripheral role and where therefore particularly keen to assert their expertise and make their mark – whether that be through recognition from the medical profession, or by carving out a role for themselves at the heart of their community.

76% of pharmacists believe they have **significant influence on pharmaceutical companies** – indexing higher than the wider HCP mean of 53%.

“The specialty of pharmacy is well known in the US, France, Spain and US, but unfortunately it is not acknowledged in Mexico. We’re in the process of being acknowledged... we are part of them in order to make the patient’s treatment successful. Unfortunately [doctors, nurses, and hospital staff] consider us as just auditing or just looking for mistakes. But that’s not true, we want to provide support and set up the best treatment for patients.”

Pharmacist

Low pay in the public sector means that HCPs often take on multiple roles and disciplines in the private sector

Most doctors and HCPs feel more motivated by public work

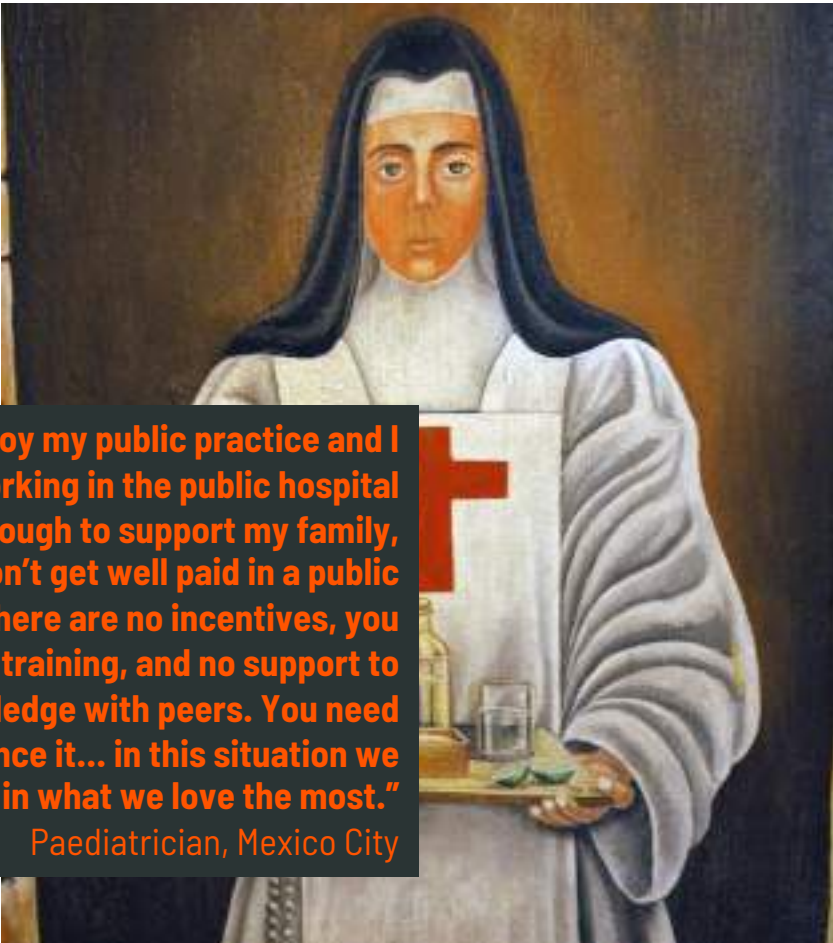
Many of them entered health care because they were inspired by the idea of providing care to those who need it most – usually patients from deprived communities

But poor public sector pay means that most also have second private hospital roles

It is not uncommon for HCPs to be working in 2-3 different roles, within public hospitals, as private consultants, or as labour doctors engaged in the commercial sector.

In contrast to other markets, there is not as strict a line between specialists and generalists. Doctors who were previously trained in a specialism can also be doing generalist work alongside their other roles. For example, cardiologists who are also working for companies as a general practitioner.

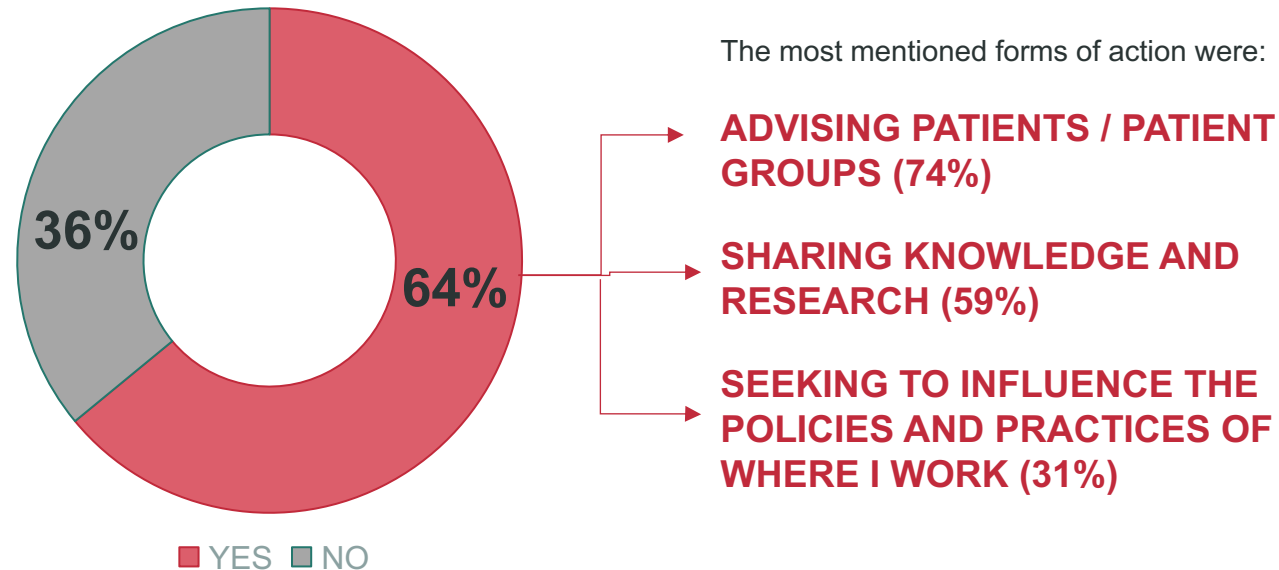
This results in a fragmented work life, and many wish to be able to spend more time on public work.



"I really enjoy my public practice and I wish that working in the public hospital could be enough to support my family, but you don't get well paid in a public hospital. There are no incentives, you don't get training, and no support to share knowledge with peers. You need to self finance it... in this situation we cannot work in what we love the most."

Paediatrician, Mexico City

Many HCPs say they have taken some form of action on public health issues – usually to advise patients



44% of the RESPIRATORY specialists and 76% CARDIOLOGISTS stated YES compared to the rest of HCPs, 61%+ (78% of GPs & Cards at 76% are highest)

Advising patients is seen as the most natural way to make a difference, and they are not shy about doing it.

HCPs are trained to guide patients and hold an appreciation of their enhanced authority and knowledge over patients, so it feels natural to dispense advice.

The main factors that limit them from giving advice on preventative issues (as already discussed) is shortness of time and patient mentality, rather than lack of confidence or hesitation to advise.

“When I was working in distant towns I used to tell them hygiene rules and environment care.”

Cardiologist, Mexico City

“We as doctors should have the knowledge and be able to transmit this information.”

GP, Mexico City

But beyond advice, HCPs do not always see a role for themselves as medical professionals in solving wider social challenges

Making a difference in the community motivates them

In particular, HCPs felt motivated to help out with local campaigns that focused on cleaning up their local communities, reducing pollution levels and re-greening the environment.

But they participate as citizens, not health professionals

But they are not linking these activities with any particular skills, status or other unique aspects of their life as a medical professional. As private citizens, they may take part in more charity and campaigning work, but this does not appear to be the norm in connection to their professional lives.

The exception to the above is pharmacists and community health workers

The integration of their day jobs into local communities makes them more likely to take up local causes at the same time as capitalising on their medical expertise.



"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

"In the area where I live we try to plant as many trees as possible so that there is a culture of nature. I also try to spread that, that we need to go back to green"

Respiratory Specialist, Mexico City

HEALTH CULTURES: MEXICO

HCPs do not view government as particularly supportive of their challenges; at best, it is an ineffectual ally, and at worst it is wilfully corrupt

Government support or leadership is seen as key to solving public health issues, and **50%** of HCPs feel that they could influence the policies of local and national government (their weakest sphere of influence, but still not insignificant).

But many HCPs complain about a government that is perceived as:

Disengaged from key healthcare issues: the government pays lip service to health, but then doesn't do anything to improve it.

Defensive and uncollaborative: doesn't reach out to HCPs who could have expertise to help them, approaches health issues from

Sometimes corrupt: willing to put the interests of themselves or big, lucrative businesses above the health and wellbeing of the population.

As a result, when it comes to public health campaigns, HCPs are more likely to place their trust in ONGs and well-known Mexican charities.

"We are very unlucky because the president has an enormous ego and does nothing for the population."

GP, Mexico City

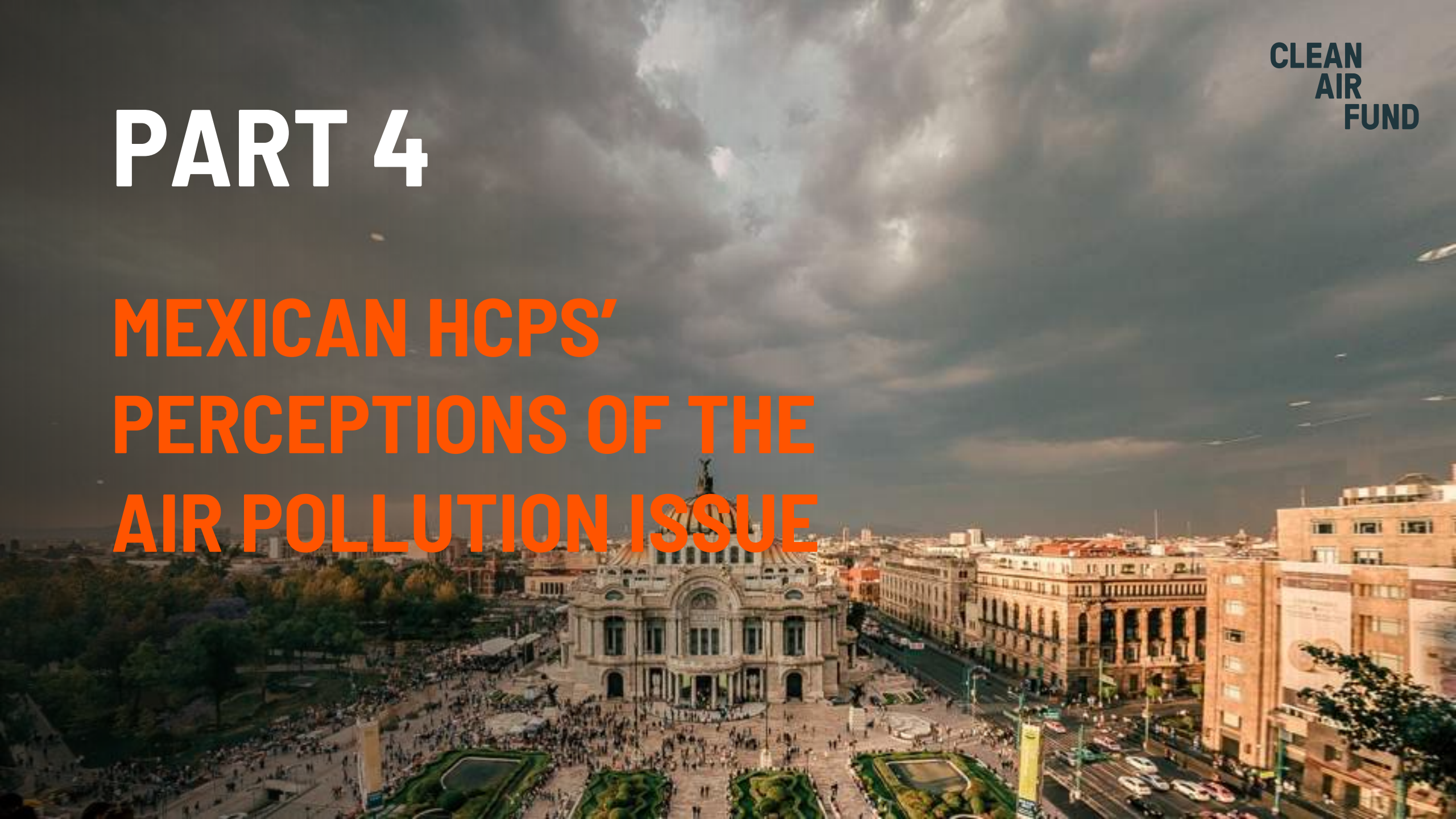
"Even having doctors among politicians..., that's not possible."
Respiratory Specialist, Mexico City

“Often there are initiatives but we can’t implement them because there are obstacles... the government doesn’t promote the initiative or just cancel it. For example, whenever we offer to place filters in the water they say no they don’t need them... You can even become an enemy of the municipality.”

Respiratory Specialist, Mexico City

PART 4

MEXICAN HCPS' PERCEPTIONS OF THE AIR POLLUTION ISSUE





MEXICAN PERCEPTIONS OF AIR POLLUTION AT A GLANCE

Air pollution is a recognised issue in Mexican cities

It is seen as something that should be tackled, but not before the country resolves its challenges with vaccination and medicine shortages, inequality and strain on the health system.

They main reasons HCPs deprioritise it are:

An incomplete understanding of the health impacts

HCPs in Mexico have a very good understanding of the acute effects of air pollution (including linking it to Covid).

But they see the effects as mainly respiratory, and lack awareness of how it can cause a wide range of more long term serious conditions.

A lack of evidence and guidance for their situation

Mexican HCPs want to feel expert on a topic before they act. At present they want to know more about air pollution to feel qualified, including:

- The situation in their local community
- The health impacts
- What advice they should give to patients

An environmental problem for higher powers to solve

Air pollution is part of a wider environmental/ ecosystem challenge.

Government is seen as essential to solving the problem, but is also seen as one of the most challenging institutions for HCPs to engage with due to disengagement with their profession and a reluctance to change.

Results in a **LOWER** sense of issue motivation.

HCPs believe that educating the population is a key first step, especially if it helps create a culture of caring for the environment.

Many Mexican HCPs recognise air pollution as a serious issue in Mexican cities and often have direct experience of poor air quality

HCPs feel that Mexico has a big problem with pollution in general – and this extends to air pollution. As air pollution is often visible in Mexican cities (especially Mexico City), it reminds them that there is a problem.

Many HCPs have personally experienced the tangible discomfort of poor air quality and will identify the situation as “severe” with little prompting. Many have also noticed the impact that it has on patients with respiratory conditions.

The situation looks especially bad when they make comparisons between the dirty air of the city and the fresh air of the countryside.

48% of the HCPs have personally seen significant health related consequences as a result of air pollution on their patients health

“I would say that air pollution is always urgent, because we have such serious pollution.”

Paediatrician, Mexico City

Vehicular pollution is regarded as the biggest cause, and industrial pollution and poor waste management are also seen as culprits

HCPs identified several different causes of air pollution:

CAR USAGE

- This emerged as the biggest perceived causes of air pollution
- In recent times there have been government initiatives to try and curb vehicular pollution – for example verification centres for new vehicles and a ban on driving one day of the week.
- However these have not been successful as people have simply purchased more cars or found other ways to avoid the rules.
- Moreover, public transport and bicycles are unappealing alternatives as they are perceived as inconvenient and dangerous (risk of crime).

INDUSTRIAL POLLUTION

- Which government is blamed for failing to regulate

FIREWORKS

BURNING OF WASTE / IRRESPONSIBLE WASTE DISPOSAL



"You can see the smoke all over the city... the vehicle verification programme hasn't worked and is just another way to collect more taxes. People have just bought a second car.... Something that has been done in European and Asian countries is to promote riding bicycles, but to do that you need to offer security measures. Here in Mexico that is very difficult."

Paediatrician, Mexico City

Air pollution is not front of mind in their roles as health professionals unless prompted

HCPs in Mexico are quick to say that air pollution is important, and there is a growing concern for environmental issues in general.

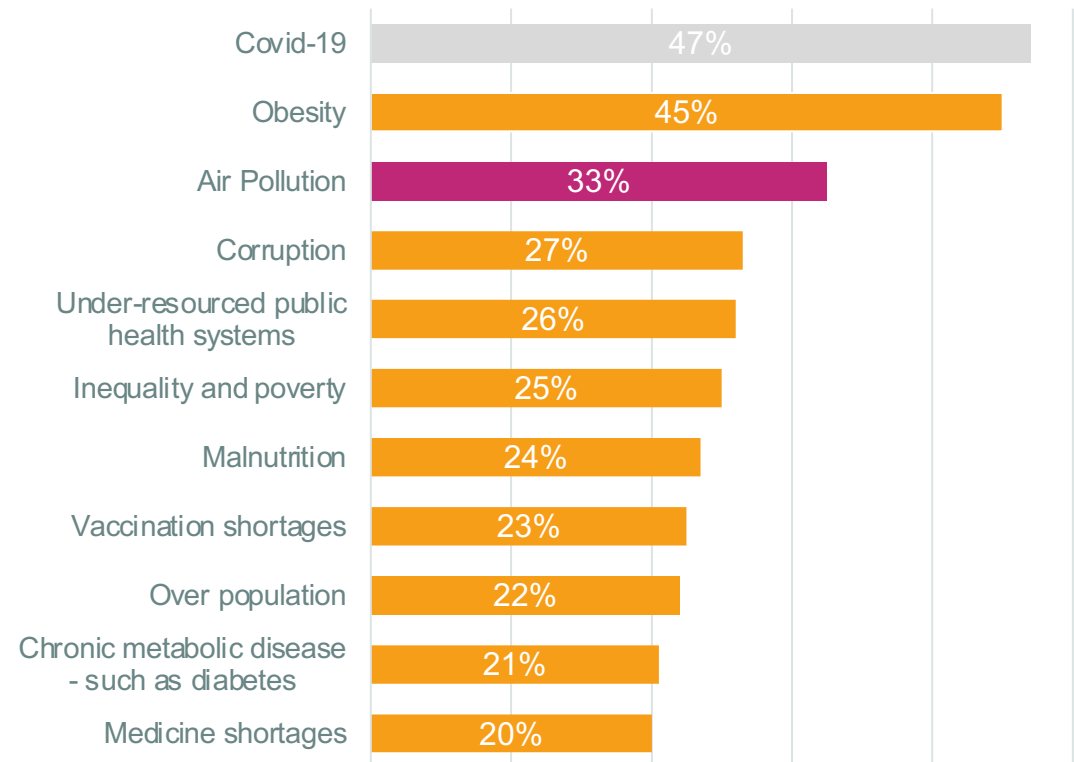
However, unless they are dealing with a patient with respiratory illness, then air pollution is an issue that quickly fades into the background of their day-to-day working life.

They believe that action needs to be taken, but don't often see it as their personal priority. It's something that other powers should be handling.

"I would say that it is not considered a priority... we do mention it, but there are other priorities, for example contraception methods, vaccination programmes, quitting smoking... air pollution is more associated to ecology I would say."

Nurse, Mexico City

AP was a top of mind health priority for **9%** of HCPs (when asked to name issues **UNPROMPTED**.) But it rises in importance when presented among a list of public health challenges:



PERCEPTIONS OF AIR POLLUTION: MEXICO

Some have a tendency to prioritise shorter-term issues such as vaccination / medicine shortages which are receiving greater attention

Currently Covid-19 is draining energy and resources, but there are also issues such as medicine shortages and over-stretched healthcare networks that occupy HCP and media attention.

Some felt that Mexico needs a more urgent focus on:

- Poverty and inequality
- Vaccination programmes
- Solving the medicine shortage
- Overcrowding within the health system

“[Tackling air pollution] is something that should have been done years ago... but it’s not more important than mass vaccination campaigns.”

Respiratory Specialist, Mexico City



PERCEPTIONS OF AIR POLLUTION: MEXICO

The role that comes most naturally to Mexican HCPs is advising patients and sharing knowledge of air pollution

92% of ALL respondents believe that they have significant influence in Advising patients/patient groups about air pollution

Only 5% described it as difficult to advise patients about air pollution.



Some are already advising their patients to avoid polluted air, depending on their conditions/ illnesses, and could imagine extending this to advising them on how to make greener choices that also help with their health.

Among HCP roles, Respiratory Specialists seem the most engaged in offering this kind of advice.

"When patients go to the pharmacy they are often experiencing respiratory issues, so I tell them the right masks to wear. And tell them not to drive so many cars."
Pharmacist, Mexico City

PERCEPTIONS OF AIR POLLUTION: MEXICO

There are 3 salient reasons why Mexican HCPs do not make action on air pollution more of a priority:

**AN INCOMPLETE
UNDERSTANDING OF
THE HEALTH
IMPACTS**

**A LACK OF EVIDENCE
AND GUIDANCE FOR
THEIR SITUATION**

**IT IS SEEN AS AN
ENVIRONMENTAL
PROBLEM, FOR
HIGHER POWERS TO
SOLVE**

PERCEPTIONS OF AIR POLLUTION: MEXICO

AN INCOMPLETE UNDERSTANDING OF THE HEALTH IMPACTS



"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



HCP's understanding of at-risk groups is broad and general – chiefly focusing on city-dwellers and those with respiratory illness

- HCP's identification of the at risk groups can be vague, and are often framed within their personal areas of expertise vs a consistent narrative across HCP roles
- In general, air pollution is seen as a problem for the urban population. Those with respiratory illnesses are usually identified as the patient groups that are most impacted.
- There is a feeling that at other risk groups are sometimes identified through anecdote and personal experience than through a conversation within the HCP community – for example, one HCP saw children at more risk because they play on the street more.

PERCEPTIONS OF AIR POLLUTION: MEXICO

AN INCOMPLETE UNDERSTANDING OF THE HEALTH IMPACTS

"We all get sick from viruses and bacteria in the air, and when we breathe in we get contaminated... it causes respiratory illnesses besides covid. For example, a lung airway condition."

Nurse, Mexico City

In conversation, HCPs in Mexico often have a good understanding of the acute effects of air pollution.

But they see the effects as mainly respiratory, and lack awareness of how it can cause a wide range of more serious conditions.

MOST

HCPs quickly recognise minor acute effects such as:

- Coughing
- Sore eyes
- Asthma
- Skin itching and irritation

AP is also seen as an aggravating factor in respiratory illness such as:

- COPD
- Lung cancer
- Respiratory infections (e.g. viral)

SOME

Anecdotally, HCPs are also observing a rise in serious respiratory illnesses among non-smokers which is concerning and suggest that the situation is worsening.

So some will recognise it as a causal factor in serious health issues.

FEW

There is little awareness or the long term impacts that AP has on cardiovascular and neurological conditions, even among specialists in those areas


PERCEPTIONS OF AIR POLLUTION: MEXICO

AN INCOMPLETE UNDERSTANDING OF THE HEALTH IMPACTS

In a more general sense, Mexican HCPs also link air pollution to lowered immunity and susceptibility to viral infection, such as Covid

This opinion is driven by what appears to be a feeling that air pollution is generally bad for health, rather than any specific scientific discourse

This narrative has been given momentum by the Covid pandemic (and perhaps stories in the media of a connection between the two, although this was not specified).



"It's really very important because we're not breathing pure air... whenever we get a viral or bacterial infection they linger for a long time because of that."

Respiratory Specialist, Mexico City

PERCEPTIONS OF AIR POLLUTION: MEXICO

AN INCOMPLETE UNDERSTANDING OF THE HEALTH IMPACTS

The immediacy of the acute effects and a lack of wider preventative culture means that HCPs don't often think about the long term consequences of air pollution

The day to day experience of air pollution is helpful in raising awareness, but can also create the feeling that it only produces short term acute impacts.

Moreover, it can be hard to create engagement with the more serious consequences of air pollution when the effects are so long term

HCPs struggle to get patients to follow medium-term health advice, so question how easily they could get them to make changes for an issue with even longer term consequences (such as air pollution)

At the same time, there is not a strong culture of preventative medicine, so HCPs themselves are not necessarily thinking with a long term mind-set.



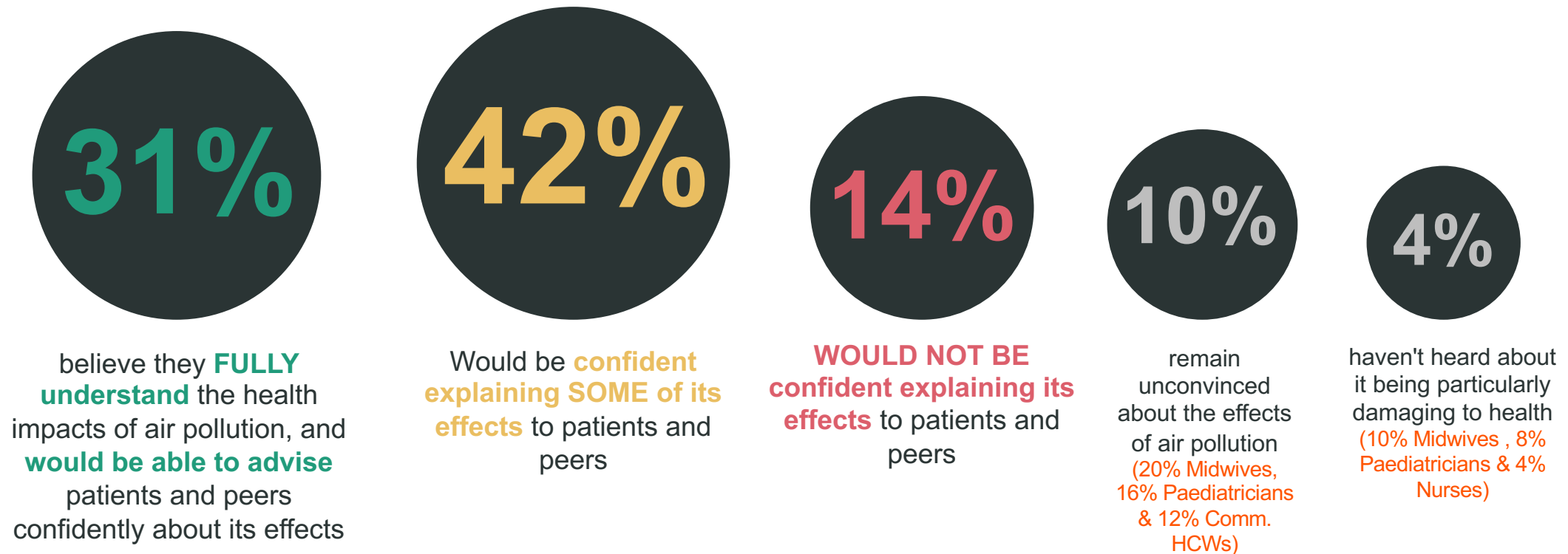
"We need to convince people that air pollution is related to daily life... so the reason your relative died of cancer is due to air pollution."

Paediatrician, Mexico City

PERCEPTIONS OF AIR POLLUTION: MEXICO

AN INCOMPLETE UNDERSTANDING OF THE HEALTH IMPACTS

Overall, nearly 70% of the HCPs that we surveyed do not feel that they fully understand the health impacts of air pollution and would be able to advise patients confidently



PERCEPTIONS OF AIR POLLUTION: MEXICO

A LACK OF EVIDENCE AND GUIDANCE FOR THEIR SITUATION

Mexican HCPs do not feel expert enough on air pollution to take meaningful action

They are seeking more evidence and information that puts air pollution into the context of their roles.

In general, Mexican HCPs did not come across as impassioned about evidence and data than other markets, however upon further investigation they are keen to understand more about:

- **What the situation looks like for their local community**
e.g. Better measurement of air quality.
- **The extent of the health impacts**
Supported by research
- **The most practical advice that they can give their patients**
This is particularly relevant to lower income patients who may not always be able to give up driving or choose to work indoors




HCPs also don't know what they don't know

Among the medical community, there are also a few HCPs who do not realise the extent of their misunderstanding – they will talk in generic and superficial terms about air pollution, and believe that is the extent of all there is to know.

PERCEPTIONS OF AIR POLLUTION: MEXICO

AN ENVIRONMENTAL PROBLEM FOR HIGHER POWERS TO SOLVE



**"If we start with soil pollution
then it turns into air pollution and
then acid rain, so that is a cycle."**

Pharmacist, Mexico City

**"Air pollution, we only consider it
as one aspect of pollution in
general."**

Respiratory Specialist, Mexico City

**When it comes to causes and solutions,
Mexican HCPs conflate air pollution with
environmental issues and general waste and
pollution management**

In the minds of HCPs, air pollution is part of a wider environmental challenge.

They work on the logic that everything in their ecosystem is connected – garbage that ends up in the street will eventually pollute the air and water.

As a consequence:

- **Their imagined solutions for managing air pollution tend to revolve around general environmental action – whether land, sea or air.**
- **They believe that AP is a challenge to be solve by those with expertise in ecological issues. It is not their area of expertise.**

PERCEPTIONS OF AIR POLLUTION: MEXICO

AN ENVIRONMENTAL PROBLEM FOR HIGHER POWERS TO SOLVE

There are many other stakeholders who they think need to take the lead on the issue of air pollution:

GOVERNMENT

- Make it more of a priority
- Work with HCPs to educate the public
- Solve infrastructural issues
- Remove barriers to green behaviours – for example, reduce crime so that public transport feels safer

INDIVIDUALS

- Drive less
- Make sure they are driving a “clean” vehicle
- Be more responsible about waste disposal and maintaining a clean environment
- Engage with their communities and take part in green initiatives

ENVIRONMENTAL ORGANISATIONS AND ECOLOGISTS

Show the rest of society how they can contribute and propose workable solutions

INDUSTRY

Exhibit responsible environmental behaviour and manage their emissions

MEDIA

Increase awareness off the issues.

“I would also like to include a geologist, because they have a lot to do with this. It’s not only one single thing.”

GP, Mexico City

“I would say that nowadays we would first need to explain what happens... giving numbers, statistics... then there should be a lot of promotion and getting in touch with ONGs, doctors, associations.”

Community Health Worker, Mexico City

“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

PERCEPTIONS OF AIR POLLUTION: MEXICO

AN ENVIRONMENTAL PROBLEM FOR HIGHER POWERS TO SOLVE

Government involvement is seen as particularly essential to solving the problem, but is also seen as one of the most challenging institutions for HCPs to engage with.

They variously suggested that the government was problematic because of...

DISENGAGEMENT

Lack of government recognition and urgency around the air pollution problem.

"Mouth to mouth recommendation is useful, but it will be useless if the government doesn't regulate particle management. We have to work together. The health secretary and the government has to regulate this."

GP, Mexico City

CLOSEDMINDEDNESS

A reluctance to change. Priority is given to those who maintain the damaging status quo.

"Sometimes we lack communication about air pollution because electricity from a natural source has a lot of government issues. Those who promoted electric vehicles faced government obstacles."

Cardiologist, Mexico City

INACCESSIBILITY

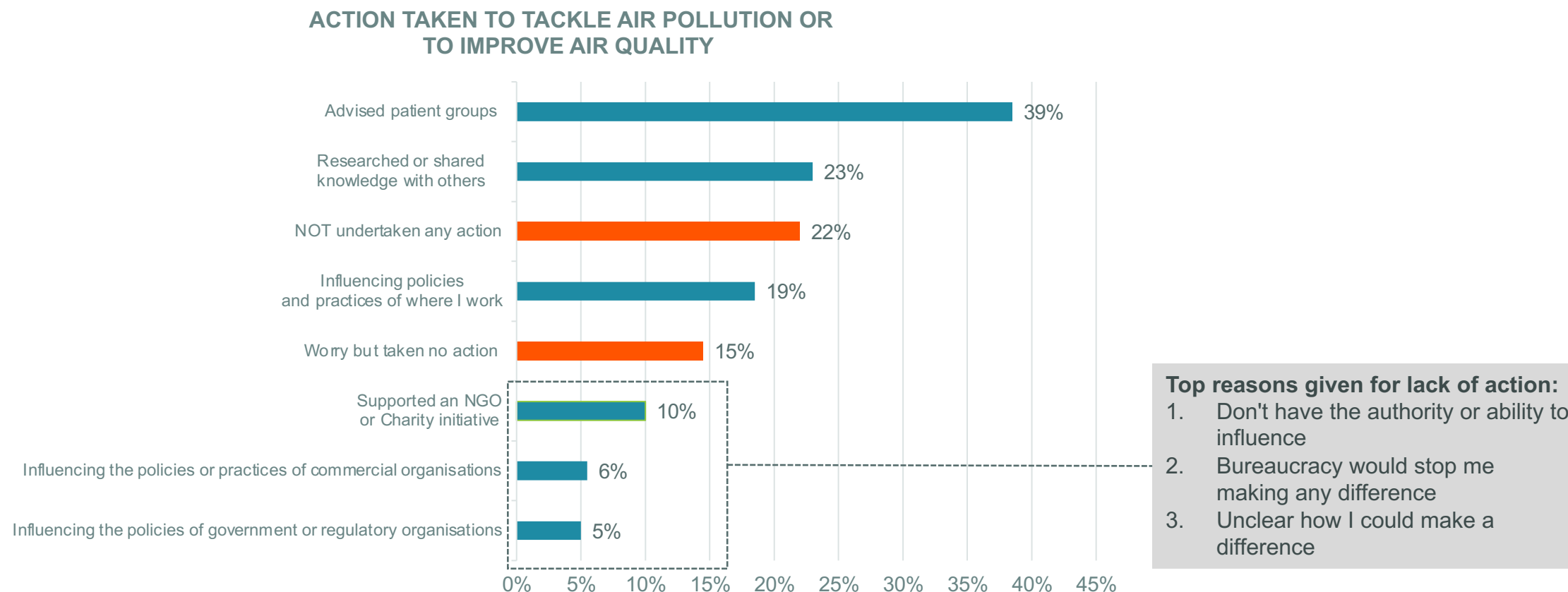
It's not easy to get in touch with the right people in government, or to receive a response.

"It's complicated to get in touch with authorities, how to interact or obtain an appointment to share all the initiatives that we have as citizens. It could be a phone call or email, but generally we get no answer."

Pharmacist, Mexico City

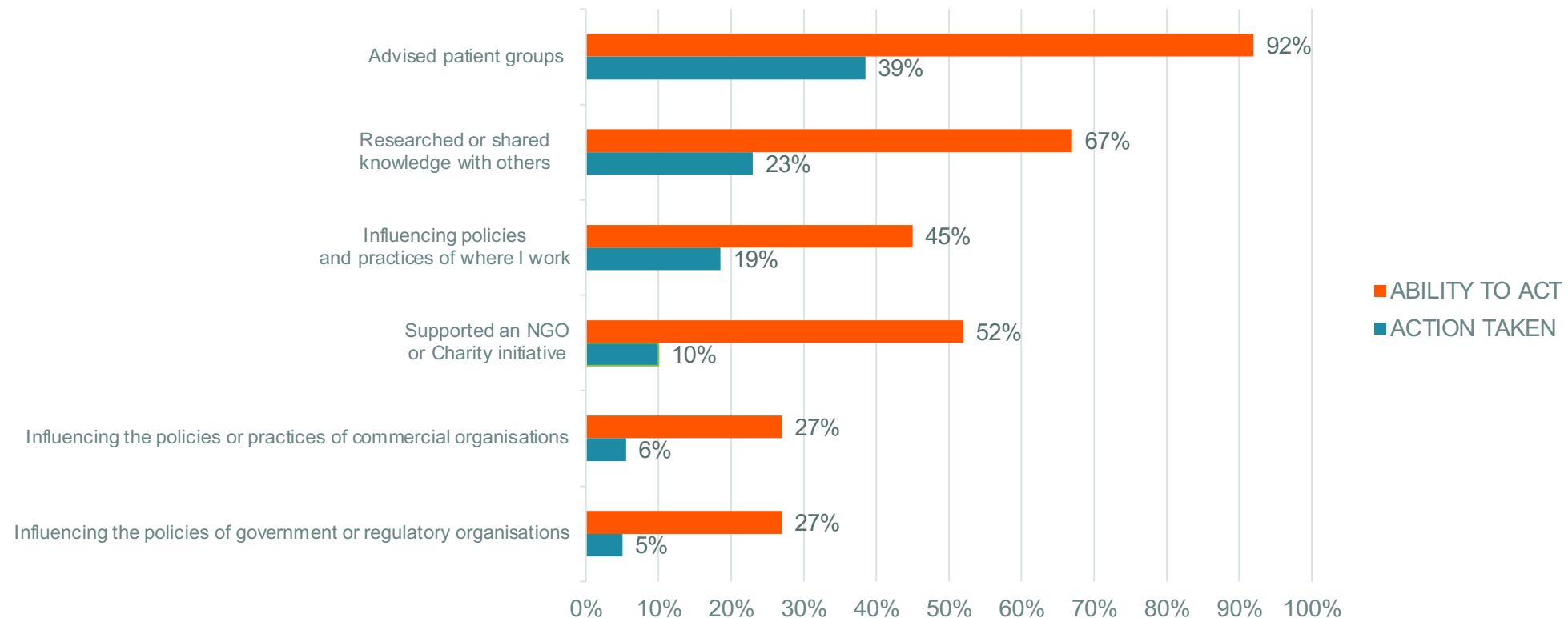
PERCEPTIONS OF AIR POLLUTION: MEXICO

Most HCPs action on AP is related to advising patients, sharing knowledge and the policies of their workplace



Ability to act vs action taken

ABILITY TO ACT VS ACTION TAKEN TO TACKLE AIR POLLUTION



HCPs believe that educating the population on AP is a key first step, but need more knowledge themselves before they can help

HCPs are willing to play a greater advisory and educatory role with their patients

HCPs think education is the natural first step for solving air pollution, and see a natural role for themselves in sharing more knowledge and actions with patients.

But they need support to build their own knowledge first:

In particular, it would help them if there was:

- **Greater presence in professional networks and systems:**
It does not come up frequently in discussions with their colleagues, and with the exception of conferences for respiratory specialists, it also does not come up as a topic within the knowledge sharing networks of the medical community

Some even suggest that it should be a mandatory part of their training and guidelines (where it is currently overlooked)
- **Greater knowledge sharing in the media:**
There is also feeling that the media and government sometimes overlook or downplay the situation, so there is little public awareness of the issue.

HCPs two most used and trusted sources:



"We as doctors should have the knowledge and be able to transmit this information."

GP, Mexico City

"That's why I insist it should be part of your medical practice... convincing a doctor would be difficult, so make it mandatory. Otherwise it depends on personal ethics."

GP, Mexico City

PERCEPTIONS OF AIR POLLUTION: MEXICO

At the same time HCPs also believe that Mexico needs to adopt a better culture of personal responsibility and environmental care

Caring for the environment is a question of values

HCPs make multiple references to citizens who do not have the right “values” – they are perceived not to care about pollution more generally and how it impacts those around them

This creates frustration and tension as they observe people behaving disrespectfully towards the environment.

And HCPs think more needs to be done to increase personal responsibility

Their belief is that Mexican city dwellers need to be encouraged to behave more responsibly within their communities – otherwise the wider issue will be hard to solve.

Patients from lower income households in particular are seen to lack care and awareness for the environment.

They fear that asking patients for these changes will be met with resistance

“I think within society people don’t care much. We know air pollution exists and we are told not to drive our car or use fireworks, and people really don’t care.”

Community Health Worker, Mexico City

“In other countries, it’s mandatory, but in our country it doesn’t work like that... some people only care about their personal benefit, not about others... there’s always someone who wants to break the rules.”

Pulmonologist, Mexico City

The environment is a compelling cause for galvanising action, despite lacking a clear connection to HCPs' professional world

Environmental awareness in Mexico is growing

There have been recent campaigns in Mexico to plant trees, clean the streets, and generally exhibit better care for the environment.

HCPs themselves are motivated by the wider societal call to look after the environment, and see air pollution as a sub-segment of that objective.

But lacks connection to HCP life

However, environmental activity does not have a strong connection to their role as medical professionals.

Could HCPs be even more motivated if there is a stronger link?



"As individuals we can all do our share, and that is driving our cars less often."

Pharmacist, Mexico City

"I would use it as an opportunity to raise awareness regarding the wrong consumption, and also what happens with consequences in the environment. It's very important to promote this and the impact on society."

Community Health Worker, Mexico City

"If we want to tackle air pollution we also need to tackle other problems globally."

Cardiologist, Mexico City

PART 5

SUMMARY OF MOTIVATORS AND BARRIERS TO HCP ACTION ON AIR POLLUTION

SUMMARY OF HCP MOTIVATORS AND BARRIERS TO ACTION ON AIR POLLUTION

Our engagements across our five countries have revealed several common motivators and barriers to acting on air pollution:

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 impacts."

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."

MOTIVATORS

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"

THANK YOU

APPENDIX

SAMPLE & METHODOLOGY

QUAL 1hr in-depth interviews	
HCP Specialism	No. Mexico
Generalist (GPs or Family Practice doctors)	3
Specialists: Lung / Respiratory	2
Specialists: Paediatricians	2
Specialists: Cardiologists	2
Nurses	2
Midwives or Post-Natal Health visitors	1
Community Health Care Workers	2
Pharmacists	2
Total	16

QUANT 15 minute survey	
HCP Specialism	No. Mexico
Generalist (GPs or Family Practice doctors)	40
Specialists: Lung / Respiratory	25
Specialists: Paediatricians	25
Specialists: Cardiologists	25
Nurses	25
Midwives or Post-Natal Health visitors	10
Community Health Care Workers	25
Pharmacists	25
Total	200