MRC/CSO Social and Public Health Sciences Unit





# Nature and health inequalities in the face of climate change

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MRC/CSO Social and Public Health Sciences Unit, University of Glasgow 27/06/17

It's late in the afternoon. It's been a long day. Don't worry. I have just 2 ½ ideas in this talk



(cc) Image courtesy of Daniele Marlene @ flickr.com

My intention is to season ALL our discussions with ideas about inequality, complexity and systems thinking

(cc) Image courtesy of Bryanwake at English Wikipedia

There are local, regional, national and global health inequalities

#### All cause mortality amongst those aged <75y by Income-Employment Index Scotland 2013 (European Age-Standardised Rates per 100,000)



Source: Scottish Government. Long-term Monitoring of Health Inequalities: Headline Indicators 2015

## We're making little progress in reducing them



Source: Scottish Government. Long-term Monitoring of Health Inequalities: Headline Indicators 2015



This matters.

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Multiple causes, interaction, emergent effects. A system.

Health inequalities: theory of causation (summary version)



Source: Adapted from Equally Well review 2013 - Scottish Government

# Contact with nature can be healthy (salutogenesis).

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Less advantaged people encounter nature less often in most economically developed societies. (People in poor health, markedly so...)

DARLEY HOUSE

(cc) Image courtesy of habeebee@flickr.com

But, better access to / more contact with nature seems to benefit disadvantaged groups to a greater extent.



Source: Re-drawn from Mitchell R, Popham F. Effect of exposure to natural environment on health inequalities: an observational population study. The Lancet 372(9650):1655-1660.

Perhaps because of equalised access to a salutogenic resource, or perhaps restoration ~ stress?



Source: Re-drawn from Mitchell R, Popham F. Effect of exposure to natural environment on health inequalities: an observational population study. The Lancet 372(9650):1655-1660.

Modest evidence. Perhaps 10+ papers have found this 'effect'. Lack of experimental / longitudinal evidence. Biodiversity? **IDEA 1:** Natural environments may be **equigenic**. They may act to create health equality by breaking or weakening the usual conversion of disadvantage to relatively poor health.

http://cresh.org.uk/2013/11/08/what-is-equigenesis-and-how-might-it-help-narrow-health-inequalities/ (c) Author's own image

# Climate is changing everywhere

(cc) Image courtesy of Guian\_Bolisay@flickr.com

# Promising a mix of threats...

(cc) Image courtesy of Ronnie Roberston @ flickr.com



...and opportunities. These stem from both the climate change itself, and humans' attempts to cope.

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The same system that drives health inequalities, will create unequal adaptation and vulnerability, to climate change. Ecology & climate science are used to systems thinking. Simulation is pervasive *and* persuasive.



Source: Vandenbroeck IP, Goossens J, Clemens M. Foresight Tackling Obesities: Future Choices—Building the Obesity System Map. Government Office for Science, UK Government's Foresight Programme



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Lots of science tries to isolate the relationships, to prove causal relationships / interventions (trials). Silo science in the sense that the relationships of interest are 'walled off'.



Source: Vandenbroeck IP, Goossens J, Clemens M. Foresight Tackling Obesities: Future Choices—Building the Obesity System Map. Government Office for Science, UK Government's Foresight Programme

We often do this kind of science when researching how / if contact with nature affects health.

Author's own image

But does this approach get us where we need to go? I don't think so. To fully minimise the unequal implications of climate change, and maximise the potential for equigenesis from natural environments, we have to recognise it's a complex and interacting world. We do *not* have genuinely 'dependent' and 'independent' variables!

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We now have the tools to simulate people and their environments – to ask, in silico, 'what if?'. Climate and ecological science, infectious disease epidemiologists have been doing this for a long time. Non-communicable disease epidemiologists and population health scientists, not so much.

A simulated strawberry ③

IDEA <sup>1</sup>/<sub>2</sub>: Agent based models are simulations of how individuals interact with each other, and with their environment, allowing these interactions to lead to change in both. They are a means of modelling how individuals / groups / interactions environments coalesce into a system.









Natural environments are potentially equigenic (acting to narrow the health gap between richer and poorer people).

But, what produces health inequality and contact with nature, is a complex system. Climate change will alter the system (from simple weather, to human society and economy, to the environment itself). Our job is to work together to understand this system and ask 'how can our response to climate change be equigenic?'

The ever-changing scenes of nature afford not only the most economical, but also the most innocent pleasures which man can enjoy. Robert Owen (1771-1353)

Thank you.