Bringing together housing and public health

Harnessing housing for health improvement

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Everyone has the opportunity to optimise their health and wellbeing.
66,141 Achieved qualifications
1,200 Attended our conferences and training
441,000 Article downloads
35,015 Health Champions
58 Accredited qualifications in our portfolio
9,000 Combined RSPH and IHM membership
HEALTH ON THE HIGH STREET
Stopping smoking by using other sources of nicotine

Key points:
- Smoking kills an estimated 100,000 people each year.
- Tobacco contains many harmful carcinogens and toxins, as well as the highly addictive chemical nicotine.
- There is considerable confusion surrounding nicotine, with 50% of non-smokers and 76% of smokers believing it is harmful to health.
- We have seen a proliferation of new tobacco-nicotine containing products (NTPs) offering much safer sources of nicotine.

Calls to action:
- Introduce a smoking exclusion zone around schools, bars and restaurants.
- Mandate sale of non-tobacco NICHE in all outlets dealing combustible tobacco products.
- Greater utilisation of e-cigarettes by smoking cessation services.
- Licensing of all purveyors of combustible tobacco products.
- Stop using the product as a cigarette.

Introduction

As the leading cause of preventable illness and death in the UK, smoking kills an estimated 100,000 people each year – more than the next five leading causes of preventable death combined.1

Smoking tobacco, the process by which tobacco is burned and then smoke inhaled into the lungs, exposes the user to a number of carcinogens and toxins with highly damaging consequences for health. Cigarette smoke contains roughly 4000 chemicals, including tar, nicotine, monoamine and formaldehyde. Of these chemicals, at least 250 are known to be harmful, causing a number of serious conditions including lung cancer, chronic respiratory conditions such as asthma, bronchitis and emphysema, heart disease, mouth cancer and throat cancer, among others. In addition, smoking can exacerbate the symptoms of, for example, asthma, hyperthyroidism and multiple sclerosis, as well as increase the risk of developing conditions such as dementia, osteoporosis and gum disease.2

Currently in the UK, 32% of men and 11% of women are smokers, equating to roughly 10 million people.3 With a clear social pattern to smoking, this is a major contributing factor in health inequalities, with individuals living in the most deprived areas being twice as likely to smoke as those living in the least deprived. According to data from the Office for National Statistics, 14.3% of men and 10.2% of women in the least deprived quintile are smokers, compared with 31.9% and 28.1% respectively in the most deprived quintile.4

With continued efforts from the Government, health professionals and campaigns, smoking rates have decreased considerably since the middle of the 20th century, when rates peaked at an incredible 52.1% for men in 1948 and 42.8% for women in the 1950s.5 Over the past fifty years, we have seen a raft of government legislation to reduce smoking levels, beginning with the ban on tobacco advertising on television in 1971, the ban on smoking in enclosed public spaces in 2007 and the ban on point of sale display of cigarettes from 2013 for larger shops and 2016 for smaller ones.6 Earlier this year, Parliament also voted in favour of standardised cigarette packaging, meaning that from May 2016 all cigarette packets will look the same, apart from the make, brand name and health warnings.7 Some, however, have raised concerns that this decision is...
People in UK Public Health (PHE/HEE/DH)

“to provide independent expert advice to the 4 UK countries on the overarching strategy for the public health workforce with the goal of improving the public’s health
Core public health roles

Defined core public health workforce:
‘All staff engaged in public health activities who identify public health as being the primary part of their role’
- CfWI definition

- Identified 11 core public health roles
- Total workforce of around 40,000
- Great diversity of:
  - Data availability
  - Qualification requirements
  - Registration
  - Main employer
Rethinking the Public Health Workforce
#widerworkforce
Definition for the wider workforce

‘Any individual who is not a specialist or practitioner in public health, but has the opportunity or ability to positively impact health and wellbeing through their (paid or unpaid) work’  (CfWI and RSPH)

e.g. Fire Service, Social Housing, Welfare, Physiotherapists, Health Trainers
Thank you

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www.rsph.org.uk