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Nursing students walking the walk of counteracting environmental health inequalities

Student nurses walk near where they will practice to reflect on healthy communities. They observe the three dimensional real world using all five senses. This innovative approach to learning was commended by the UK's Nursing and Midwifery Council and favourably evaluated by students as one of the best parts of their first year. In theory classes students learn about health inequalities, social determinants of health and the healthy cities movement. Feedback from their walks suggest students are actively improving health. They add to the walkability of the neighbourhood, meet and talk to the people they will care for when they are in practice, learn about the space where they will later encourage people to walk, and they get to walk and meet each other.

Walks are the basis for the student assignment. The method draws on health workers' long established practice of 'walking the patch' and their need to observe and document what was noticed in clinical settings. The walk provides an opportunity to observe both old and new public health challenges and initiatives, from drainage systems upwards. The instructions given to the student to walk about in a group, observing, notice and conversing comes have been developed from those used with MBA students where the method has been developed primarily to disrupt traditional transmissive learning. While this is valuable to the education of nursing students, as a public health healthcare students can contribute to improving the environment.

Nursing students walking the walk of counteracting environmental health inequalities

Introduction

In this paper I give an account of a teaching initiative for student nurses to observe environemental health inequalities in the real world. I will begin with a history of how this has been done in the past and the geographical area covered by the student nurses. A geography which includes areas rich with public health history in central London, profound health inequalities in the notorious East End of London and the mundane suburbs of North London. We work with students who come from a range of social backgrounds. When the requirement to walk is first proposed, some students refer to their mothers holiday family walks, others are amazed that walking may be viewed as a healthy activity. During their walks the students engage in conversations with those they meet and actively contribute to the positive experience of public activity. The majority of students identify interesting themes about health and environment during their walks which could inform how to make cities and towns more livable.

Context/background

This paper is about an award winning innovative approach to learning about environmental health inequalities designed for City University London students to reintroduce walking in the community as a required element of the curriculum. The focus on the physical activity of walking was based on a reflection that undergraduates who gained good marks in their locality projects showed evidence that they had visited the places they wrote about, whereas those who needed to resubmit their assignments expressed a range of surprised responses to the suggestion that first hand observation would help their understanding of an area.

Neighbourhood based observation has been part of the nursing curriculum for many decades. Those who trained in health care professions in the 1980s talk fondly of visiting public spaces such libraries and bus stations to collect information about their communities of practice; and experiential group work with wheelchairs, taking it in turn to experience what it would be like to be disabled in a locality. However, as information about local populations and transport are increasingly available on line, students have been able to base their locality projects on material found on the internet. Health and safety concerns discouraged the practice of temporarily disabling the students and other organised activities outside the classroom. By 2009 high quality on line resources combined with risk aversion led a high proportion of students writing locality projects on places they had never visited.

Adding to the wealth of material available online, at the beginning of 2010 Michael Marmot published his report *Fair Society, Healthy Lives*. The report showed that 60 years of the welfare state in England had not eradicated the health inequalities. Despite more than a dozen years of New Labour government, the gap between most and least deprived neighbourhoods persisted. In May that year there was a change of government which referenced Marmot in their public health policy paper *Healthy Lives: Healthy People* Both the Marmot Report and the government white paper refer to walking as a health initiative.

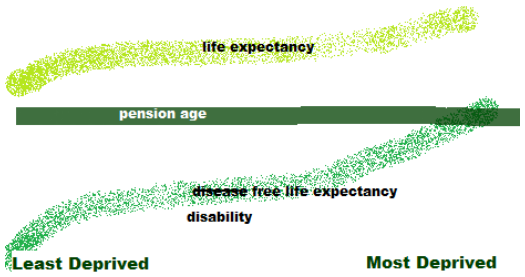
Marmot recommends:

> Designing neighbourhoods well can also increase their ‘walkability’ … People are more likely to be physically active if they live in neighbourhoods with many destinations, such as shops and other facilities and where they have a number of

> reasons for walking, including walking to work, for recreation and to fulfil other tasks. (Marmot 2010:131)

The Department of Health paper does not engage directly with designing cities but refers to voluntary walking programmes such as walk for health; but does replicate the iconic graph of neighbourhood income deprivation from Marmot which looks a bit like this:

Figure 1. Artistic impression of the life expectancy / disability free life expectancy graph in Fair Society, healthy lives.



This graphic representation, along with others such as the London Health Observatories Jubilee Line, which are easily found and downloaded from the internet offer something that resembles an answer for students who are seeking a response to a question. However the graph offers only an initial understanding which will enable health care professionals to influence the practice of walking. My research in healthcare and community involvement is underpinned by the theory of Habermas that the life world and the systems world come together through communicative action (Godin et al 2007; Reynolds et al 2014). The difference between the system and life world resonates with a quote I see often in the Healthy Cities literature from McKnight who said in his 1985 keynote address *Empowerment Through Partnership* in Ottowa: 'institutions learn from studies, communities learn from stories'. From this theoretical background I propose that students benefit from developing coherent narratives for themselves about the neighbourhoods they study.

Geographic location of the work

City University London adult nursing students are allocated to communities of practice at Barts Trust with city based flagship hospitals, Homerton in East London, UCLH near Euston and North Mid in North London (near WhiteHart Lane, Spurs football ground). While some areas are of great historic significance in the field of health, others are less well known.

Until 2012 the majority of the teaching was undertaken at St Bartholomew's hospital and the Royal London in Whitechapel. Although students travelled between these spaces, what they observed was not formally included in their learning. Influenced by the increased focus on walking as a health initiative and the decrease in real world observation in assignments; in 2010 I took students on a seven minute walk from a classroom in Bartholomew Close to the Museum of London (see blue Zigzag below), something other faculty members viewed as an unnecessary physical risk. The students responded positively to an alternative learning environment and were keen to take pictures of the exhibit. They chose to adopt the framing of work offered by the musem and were reluctant to develop their own themes. The museum includes a model of the Soho pump as part of an interactive exhibit about John Snow and cholera; a reconstruction of an English Pub which is particularly interesting to students who feel uncomfortable about entering real public houses, a room covered with Charles Booth's Poverty Maps of London a model of London 'when the lights went out' in the late 20th century. While taking students to a museum was successful, I was keen to go further and walk I the real world.

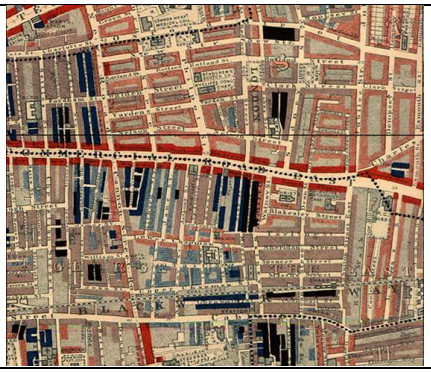
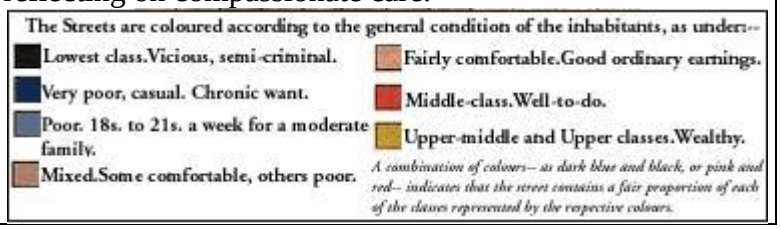


Figure 2. Part of Charles Booth's poverty map in with the hospital where our students practice is marked LONDON Below is Booth's key (an object to consider when reflecting on compassionate care.



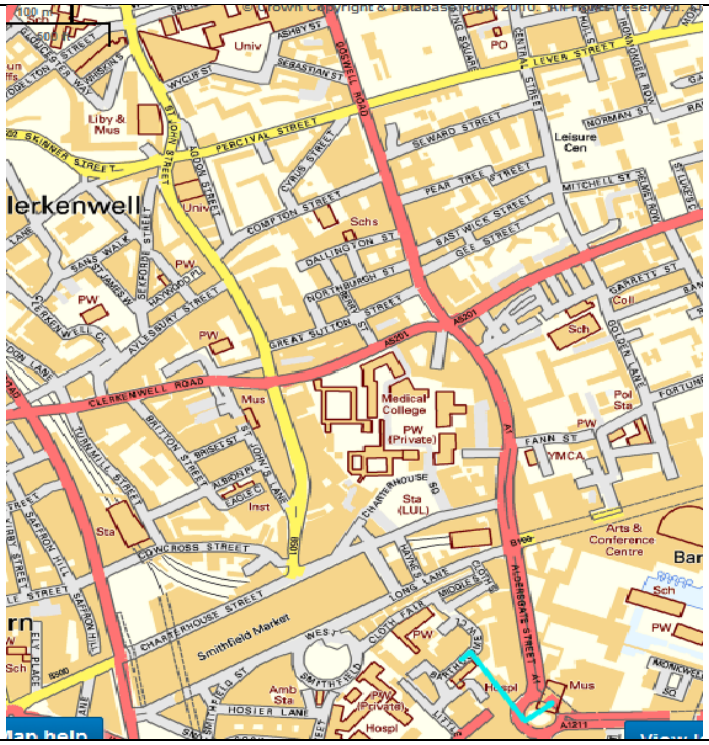


Figure 3: My first learning environment walks as with students were to London Museum which is next to St Bartholomews. For classes and other university services students travelled to 'Univ' near the top of this map.

This map of the short walk has been generated using the Walk4Life software.

In 2011 nursing students walked nearly a mile between our old teaching site at St Bartholomew's to the main site of the university on a daily basis during a period of relocation for the school of health sciences. When additional teaching space was needed we sometimes taught at the Royal Statistics Society, where a bust of Florence Nightingale looks down on the lecture theatre, the Barbican cinema, and halls in Hatton Garden and the Hunterian Museum. What was observed during these travels was rarely recorded in formal teaching and learning. After successfully taking several student groups as far as London Museum I ventured a walk in the real world from the teaching site in Whitechapel to Mile End

Figure 4: A group of first year nursing students on a walk from Whitechapel to Mile End in 2011;delighted to be out of the classroom on a summer's day. Some had grown up in the area, others were new to the area. At Mile End we walked down the canal and sat on the ground in the park. A novelty to many students. We reflected on the similarities and differences from Booth's days. The 'well to do' no longer lived on the main roads, but were now in the quieter streets.

Methods and Findings

In a search for methods for students to walk I have explored guided walks, for example the Soho trail which includes the story of cholera and the Soho pump and an augmented reality treasure hunt where students must match an image to the real world to trigger a mini captured lecture. While interesting, neither of these methods allowed the life world to come to the fore. The method adopted for the module was the dérive, "a technique of rapid passage through varied ambiances. Dérives involve playful-constructive behaviour and awareness of psychogeographical effects, and are thus quite different from the classical notions of journey or stroll." (Debord, 1958). This method, already employed at City University London's Cass business school for teaching management, encourages students to move away from the main streets. For the business school, the main reasons for employing the methodology was to practice skills of observing and to move students away from transmissive learning. For the student nurses the benefits of observing with all five senses while learning about the three dimensional reality of their communities of practice was even more important. In his summary of the method to a Higher Education Academy seminar Professor Clive Holtham (2013)'Best yet – the adaptation of the dérive by Jacqueline Davies at City for first year Nursing "Localities" project in vicinity of hospital with first work experience'.

In June 2012 I undertook a derive with one of the Cass derive facilitators (angela Dove) who made the following notes after our derive from St Bartholomew Hospital along some of the roads passed on the way to the main site.

<u>An example of a dérive:</u>

Experts from Health Locality Derive with Jacqueline Davies and Angela Dove June 2012

Figure 5 photographs taken on a derive starting in St Bartholomew Hospital Square

Angela asked about the 'smoking huts', Jacqueline explained that originally they were places for patients to get fresh air, maybe chest patients? We discussed the irony of this and Angela mentioned visiting someone in The London Chest Hospital where there is still the long balcony originally used to wheel out TB patients daily to get fresh air. We were intrigued by the flower planter, with the BH initials, it's a lead container that Angela knew was originally used as a water cistern, this made us wonder about containing drinking water in a lead container, did they know about lead contamination at the time?

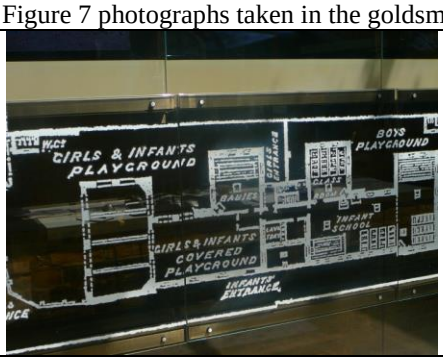
Figure 6	Jacqueline mentioned the Hogarth murals in the hospital, just next to where we stood. Angela was amazed that we could just walk in to view these incredible art works without any security. As a business studies expert Angela said she vaguely knew the bible story about the Pool of Bethesda, but what struck me was the idea that these maybe were adverts really for major health problems at the time, like venereal disease.

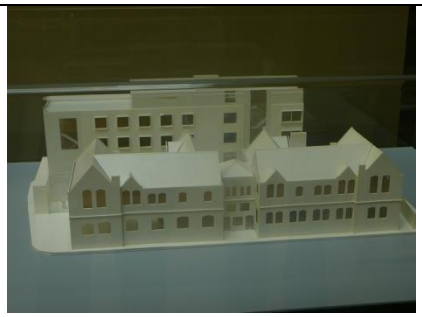
…

At this point both of us were wandering along streets we had not planned in any way. We found a building that seemed partly Victorian, and proved to be the new Goldsmiths centre. It was housed partly in an old Victorian Board School, with a new state of the art addition including a café and exhibition centre. Angela asked Jacqueline if she thought her students would know what a Board School is, and we had quite a discussion about what has happened to the ordinary people of this area, do families still live here and where? Where are the GPs [local doctors]? Where do the local kids go to school now?

So entering the centre, we saw a wonderful diagram on glass of the original school and asked the man behind reception of we could take a photo of this. There followed a phone call and discussion before this was allowed. Later in some desk research we found this building was one of the first Board Schools in London after the Education Act of 1870. In terms of innovation and child health, this original plan is interesting, for example the idea of a playground, and also a covered playground. My thoughts were on looking at this plan that until this Act which safeguarded education of children between 5 and 12 years old, the majority of children in the streets we walked through would be working from as young as 6 years, in dire sweatshop circumstances…no play came into that picture!

Figure 7 photographs taken in the goldsmith centre converted from a board school.





Psychogeography

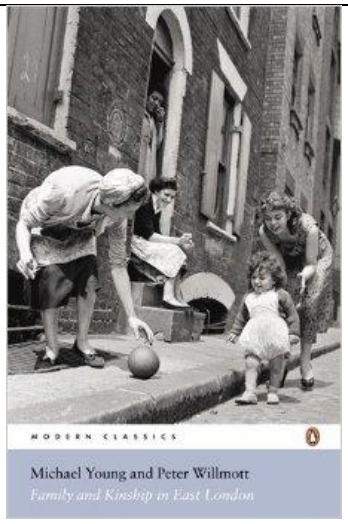
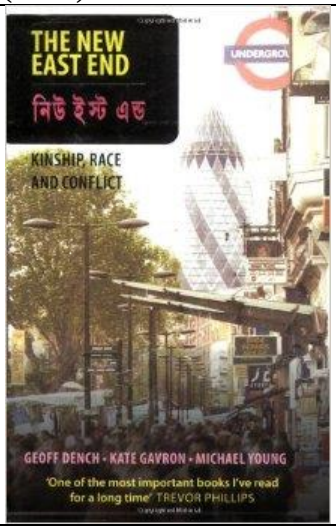
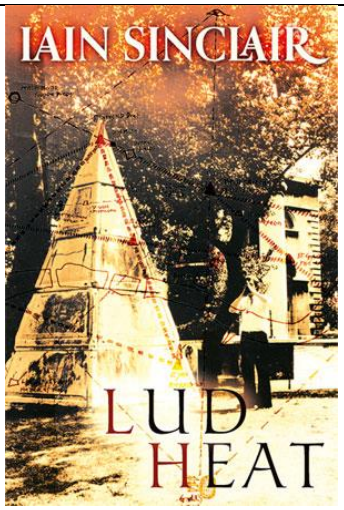
Peter Ackroyd opens *London: The Biography* with a suggestion that a walk in the area in the 17th century, when London was built mostly of wood, led to an understanding of the circulatory system.

> '*When William Harvey, practising as a surgeon in St Bartholomew's Hospital, walked through the streets he noticed that the hoses of the fire engines spouted water like blood from a cut artery*' Ackroyd (2000 :1)

Ackroyd presents Harvey as benefiting from walking as a mindful undertaking that facilitates thought; a method some of us at City University London wish to develop for ourselves and students as they walk in the areas where Harvey walked.

The areas around The Royal London Hospital in Whitechapel, were studied by those interested in social inequalities. Young and Willmott's *Family and Kinship in East London* cautioned against a policy of slum clearance and the development of suburbs after WWII because of the damage done to communities by town planning undertaken by a middle class wish to tidy up those they do not understand. The 2007 edition of *Family and Kinship in East London* includes a new introduction based on Mrs Willmott's diaries about daily life walking around the area. The new edition was published following a 2006 Young Foundation book *The New East End: Kinship Race and Conflict* which has a photograph of Whitechapel underground station on the cover.

Figure 8: book covers from classic texts about the built environment of East London

Family Kinship in East London (1957) [2007 edition]	*The New East End: Kinship Race and* Conflict (2006)	*Lud Heat* (1975) [2012 edition]
		

East London is the site of some Hawkesmoor Churches and the territory presented in Iain Sinclair's *Lud Heat,* a psychogeography written during his time employed in the graveyards of London City Council's churches in the 1970s. Sinclair writes

> *The east London churches still draw the meths-men and derelicts, fire-alcohol devotees, to the attendant parks. The mendicants have escaped from the Five of Pentacles. They rest on gravestones and benches. This is almost medieval. They are waiting, hanging around, debating; ferocious solitary monologues – in the clutch of root instincts. It is the opening shot of a lepers' pilgrimage. Hard charity is expected. Scourges & soup-kitchens. Sanctuary. The church not altogether benevolent, but seducing these terminal optimists into some tall parental grasp. British White Wine bottles smash against the numbered steps: the broken fragments of brown glass are part of the design. The walls are varnished with urine. They study and inscribe the graffiti with prophetic seriousness.* (Sinclair, 2012:22)

This psychogeographical account looks at the historic provider of public provision (the church) and how it relates to what is happening here and now. While a Hawksmoor church may be on an organised walk, the account of the substance users may part of the real world that is not in the guidebook. As the dérive with Angela Dove illustrates above, the method is a good vehicle for looking at both planned and unplanned changes in the use of spaces occur.

Students of healthcare professions need to know about both old and new public health.

"Old" Public Health	"New" Public Health
Sewerage	Inner city deprivation
Public hygiene	Inequalities in health
Control of infectious diseases	Diversity and competition
Science and medicine	Multi-agency approach

Reflections from the work on how to make cities and towns more livable

Walking as an activity of choice is not universally embraced by all social and ethnic groups (J. Green 2009). For those who must walk to work, school, or for other daily living purposes, it is the hazards of open spaces that dominate their understanding of walking. When walking the shortest route from A to B the pedestrian follows often follows main roads where there is heavy traffic. Main streets may have been wide open boulevard's in 1900, with bourgeois housing benefitting from services not provided in the smaller streets. The main streets are now the least desirable places to live. By wandering off the main roads, the walker finds more attractive settings. When first asked to walk, many students are reluctant to walk, fearing attack from strangers and nature. They walk in the autumn and worry that leaf fall is dirty and could lead to falls and slips. The outside world is a surprisingly dangerous place to them. It is not just our students who have this concern. In a textbook I use for the subsequent course on health inequalities across the lifecourse, Lorraine Green writes

> recently a post graduate social work student in her mid-twenties, who still lived with her parents, on placement in a not particularly dangerous area, asked her astonished supervisor if she would accompany her to the bus stop at 7pm because she felt unsafe walking around a lone in the evening. (Green, L. 2010)

One of the great successes of the students walking the walk is the opportunity for them to plan to go in small groups to explore the neighbourhood where they will practice before they must attend a shift. In the annual evaluation of teaching, students named the dérive as one of the best experiences of their first year.

Students walk in small groups organised by the tutor. Each group containing a mixture of people who are local or new to the area and diverse ethnic groups, as can be seen in the margins of these photographs from student assignments.

Figure 9 images from student assignments.

Themes emerge from the assignments include

- The observer and the observed
- Relief from stress in inner cities
- Interventions: are they fit for purpose?
- The message signs convey
- Smoking regulation and behaviour
- Substance use and addiction
- Regeneration and decay

One of the benefits of the walks has been the opportunity for students to observe relatively unobtrusively and for the community to observe them. On their walks they have engaged in conversations with those curious about what these diverse groups are doing. Their diversity has been pointed out to them as an explanation for being spoken to. The exercise has been an excellent opportunity for community engagement and developing communication skills.

Below are some examples from some of the students work in 2015, the third cohort to complete the assignment. In the first example the student writes about a homeless person employing compassion in her description.

> … an elderly man asleep. It appeared to me that he was homeless, however, this could not be confirmed. The man was asleep on the hard rough pavement… outside a betting shop. He awoke as the people … rushed to escape the heavy downfall of rain, which didn't stop all day. In addition I would say that the man was around 60, he had grey thin hair, his face was gaunt, perhaps from lack of food and weather conditions he possibly has to sleep in. Furthermore he appeared frail and was wrapped in a thin worn blanket, for comfort. More alarming, was the fact he had a can of beer, which he began to drink from. This was at 11am. Individuals walked past him without even giving him the time of day or any attention just focusing on their daily normal routines. It made me reflect on my own views of how I see others (Adult Nursing Student Miss A)

In a planned activity with other students she is able to observe rather than passing by. Next I offer account in which a student has focused on using all her senses.

> One of our first and stark observations was how quiet the area was in comparison to what we expected. There was very little traffic on the roads and the number of pedestrians around us was low. One of our sense[s] in particular then came to the fore: smell. The smell of rubbish -- was overwhelming and rubbish was overflowing onto the streets in bin bags. Many of these had been opened with rubbish thrown around the pavements. … dozens of brightly coloured and enticing fast food shops [examples] stood out from the mixture of quite drab newsagents and [other] shops (Adult Nursing Student Miss B)

The above student has engaged in the task of sociological imagination and viewing the everyday as strange. The next extract comes from a student who looked at an edition Young and Willmott's work (introduced above) to explore a theme around barbed wire.

> We began the walk at Stepney Green station. Upon the walk, the unexpectedly frequent distribution of barbed and razor wire soon became apparent. Most examples seemed to defend Tower Hamlet's surviving industry, the remnants of the 'small makers' (Young and Willmott, 1962). We passed a commercial enterprise that appeared to originate within railway arches. Its array of kitchen equipment spilled outside within tall brick walls, topped with barbed wire (Appendix B). The most striking example we encountered was razor wire curling along the top of a corrugated fence, opposite Redlands Primary school (Appendix C). A scenario none of us had before encountered in London. This is not an attempt to condemn the presence of industry within TH. Rather, an effort to instigate contemplation of why the wire was required, and to consider the consequences to the health of the lives amongst it. (Adult nursing student Mr C)

Appendix B: Barbed wire on the premises with kitchen equipment	Appendix C: Razor wire opposite Redlands primary school

Encouraged to engage in appreciative enquiry, environmental reasons to explain the poor health of those who live in the poor district of East London abound.

The next student extract illustrates engagement in reading about transport provision in the area.

> Noticeable during the walk were the good London Underground (Tube) and Docklands Light Rail (DLR) links in the area. On mapping, a station is within a five hundred metre[s] distance from any point on either of the major roads. Multiple bus services were seen on both of the major roadways but not on any of the minor roads although mini-cabs were noticed. … At both -- Tube station and -- DLR station, a Barclay's Cycle hire stand was observed and an additional stand at the junction of Stepney Way and Aylward Street was noted. Some of the housing units were observed to have bicycles, both adult and children's, parked unchained within their courtyards. Signs promoting cycling were seen plastered at the school on Smith Street. … A London Transport blue super bicycle highway was located along Mile End Road, however, there was no bicycle specific lanes on Commercial Road and some cyclists were recorded riding on the pavement. (Mental Health Student Mr C)

Some students provided images which illustrated changing attitudes to health (and in this next case death). On the centenary of the WW1 memorials were a frequent theme. The images below come from a walk completed in North London in which the theme of memorials was explored.

Conclusion:

When I first proposed a compulsory walk for students, there were questions about how this could be undertaken safely. Working with colleagues from other schools, a supportive method for students to visit the real world in small groups has been developed. Although there is some reluctance to walk by some students, so far all have walked. Students have been positive about the opportunity to visit the real world and returned with purposeful

accounts of what they have found. Colleagues who have worked on the module and marked the assignments have expressed an enthusiasm to continue with the module and said that they enjoyed marking the assignments. The content of the assignments produce a valuable perspective on the built environment the students visit and collecting together this material may produce a valuable resource. In recognition of this introducing teaching I was awarded the Local Education and Training Board prize for innovation (see appendix A)

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Appendix A http://www.city.ac.uk/news/2014/dec/local-walks-help-student-nurses-understand-patient-communities

Local walks help student nurses understand patient communities

Walks develop student nurses' skills and knowledge in observing and reflecting on the neighbourhoods where their patients live

Thursday, 11th December, 2014

Jacqueline Davies, Lecturer in Nursing Division at City University London, won a Health Education North Central and East London (HE NCEL) 2014 Quality Awards. Jacqueline received first prize in the category of innovation in healthcare education and training for novel public health walks developed by student nurses in local communities.

The innovative walks help develop student nurses' skills and knowledge in observing, reflecting and being in the neighbourhoods where their patients will come from.

"In the first weeks students undertake a module on how social sciences relate to healthy communities," said Jacqueline. "Walking in small groups for up to two hours, they are instructed to observe the real 3D world using all five senses, and reflect on the community's healthiness."

In the successful application for the prize, Jacqueline said "On their walk students can observe the places typical of a guided public health walk which focuses on social and economic conditions of people's lives over 100 years ago. The signposts of historic spaces which were once public baths, drinking fountains and Victorian lavatories may be seen underfoot as well as high up on buildings. Historic public health innovations are important to learn about, but students are encouraged to consider which are still in use, how their use has changed and what influences health now. To observe the causes of 21st century premature morbidity and mortality something more than a treasure hunt or guided walk is required. Understanding the health inequalities identified by WHO in 1987 requires a compassionate approach to observation."

The innovative module challenges students who may seek a finite definition of what affects health to consider the how social determinants of health are influenced by context. While Public Health England presents key health indicators, there is no fixed list. What impacts health will vary by area and time. As a result the opportunity to reflect on a walk values students skills in observing and understanding the real world around them.

"On their walk the teaching team really encourage students to talk to the people they meet. We don't want them to interview people, but instead engage in conversation to enable the students to learn more about the local community and for the community to learn more about them too. This is an aspect of the walks that students really enjoyed," added Jacqueline.