

BMJ - Decision on  
Manuscript ID  
BMJ.2018.045705

**Body:**

09-Oct-2018

Dear Dr. Francis

# BMJ.2018.045705 entitled "Healthy people, healthy communities, and healthy planet: A triple aim for all of us"

Thank you for sending us this paper and giving us the chance to consider your work. We sent it out for external peer review and discussed it at the Analysis manuscript committee meeting (present: [Paul Simpson, Navjoyt Ladher, Emma Rourke, Robert Redelmeier, Peter Doshi and Prashant Jha]).

Unfortunately we do not consider it suitable for publication in its present form. However if you are able to amend it in the light of our and/or reviewers' comments, we would be happy to consider it again.

The reviewers' and editors' comments are at the end of this letter.

We hope that you will be willing to revise your manuscript and submit it within 4-6 weeks. When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers. We also ask that you keep the revised manuscript within the word count of 2000-2500 words.

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I hope you will find the comments useful. Please don't hesitate to contact me if you wish to discuss this further.

Yours sincerely

Paul Simpson  
[psimpson@bmj.com](mailto:psimpson@bmj.com)

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**Reviewer(s)' Comments to Author:**

Reviewer: 1

**Recommendation:**

**Comments:**

**Overall comments:**

This piece makes the case that healthcare must re-orient its practices to focus on determinants of health outside traditional means, such as drugs, surgeries, and diagnostic tests and procedures. To move in this new direction the author's suggest consideration of how best to align individual, community and planetary health.

I'd recommend the authors consider:

- 1) placing further emphasis on the evidence that speaks to the cost-benefit of such actions to make clear that preventing illness is not just a moral good but a financial one (eg <https://www.ncbi.nlm.nih.gov/pubmed/28121775>; <https://www.nature.com/articles/s41370-017-0014-9>)
- 2) highlighting current prevalence and cost trends in non-communicable diseases, especially obesity which is likely to make children in developed countries live shorter lives than their parents, and making the point that traditional medical interventions are both ineffective and expensive, so the only alternative is to do what the author's suggest if we are to prevent an unmanageable healthcare crisis - both in financial and health terms.
- 3) be clear about your audience - is it healthcare systems in all nations? healthcare systems in developed nations? I ask because healthcare systems in LMIC are unlikely to be substantial contributors to the concerns the authors raise. I see the strongest arguments for an audience of developed nation healthcare systems. If that's so, focus on arguments that will matter to them - that interventions that align to the three aims will keep patients healthier and potentially save them money, especially in places where there are national health systems (see <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002602>) or robust accountable care organizations.

**Specific comments:**

p.1 L 16 I'm not sure I know what's meant by a "sustainable planet". If humans left the earth, the planet would just be fine. Perhaps "livable" would be a better word choice?

p. 1 L 48 "To live up to the promises" might be better worded as "to ensure the health"

p. 1 L 50 not sure what's meant by "industrial logic" will be clear to readers. Consider being more explicit

p. 2 L 55 350k <5yo deaths is more than malaria (400k deaths/yr ~70% under 5)

p2. 2nd para - consider specific mention of some of the SDGs most important for healthcare to engage with

p. 3 L10 "failures to live up to" perhaps healthcare leaders will be more motivated by a statement along the lines of "Increasingly, health care organizations of all sizes are recognizing that they can do much more to live up to the ideal of "do no harm"

p. 4 Healthy Families NZ - This is a compelling example though I do not quite see what it has to do with the healthcare system as customarily understood. I don't disagree that healthcare should be broadly defined but I think readers may see this example as not relevant to healthcare.

Additional Questions:

Please enter your name: Aaron Bernstein

Job Title: Co-Director, Center for Climate Health and the Global Environment

Institution: Harvard T.H. Chan School of Public Health

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests <A

</a>please declare them here: I serve, unpaid, on the board of the U.S. Green Building Council. I also know one of the authors but have not received - nor am I pursuing - joint funding and I am not directly collaborated with this author.

Reviewer: 2

Recommendation:

Comments:

A highly important and relevant paper which frankly draws together the role of health systems in environmental degradation and social inequity. The division of the discussion into three main areas (energy, food systems and homes and neighbourhoods) is a useful structure, and the inclusion of case studies to illustrate each area, establishes a positive vision for change.

However, I have some concerns about the article, and accordingly make the following suggestions:

- The key message of the article – that the health system, through its current practices, contributes to environmental degradation and social inequity which themselves harm human health (i.e. that current health systems are making their own patients)– needs to be more clearly set out, particularly on pages 1-2.
- Also, early in the article, the authors could note that they will be examining this issue as it relates to three main areas. Currently the text moves abruptly from the Introduction into 'Sustainable Energy and Production' (page 2, line 30). I would suggest a couple of sentences here to 'signpost' the ensuing discussion for the reader. For example: "In this article we discuss this issue in relation to three key areas ('Sustainable Energy & Production', 'Resilient Food Systems' and 'Healthy Homes and Neighbourhoods for All') and for each we provide examples of leading initiatives from health systems around the world."
- In some instances, the emotive 'tone' of the article detracts from its important message. For example, "To live up to our promises" could be re-phrased as, "To be consistent with our responsibility" or, "To act in accordance with our obligation".
- Although I understand that the number of references for Analysis articles are limited, I am a little concerned that some significant assertions are not referenced. For example: "the health care sector has contributed to an explosion of diseases associated with our own industrial practices." (Page 1, lines 43-45); and "renewable energy... contributing to high quality jobs .. and significant financial savings." (page 3, lines 13-16).
- Some terms need to be clarified. For example, will BMJ readers understand, "industrial logic"? Currently the term is not addressed until the conclusion.
- In addition to citing the English and US carbon footprints, you might like to include the carbon footprint of the Australian health system (7% of their national emissions) which was published in January 2018. See: Malik et al.: 'The carbon footprint of Australian health care'.
- In my opinion, some of the text is too informal or colloquial. For example: "biggest improvements" (Page 1, Line 40) and "Thanks to an \$800,000 investment" (page 6, line 50)
- "...emerging as a meta-driver for global health." (page 2, line 37) Should this be "global ILL-health"?
- Finally in my opinion, the paper (like most papers!) would benefit from some final editing to remove superfluous words and ensure the text is as concise as possible.

-Kate Charlesworth

Additional Questions:

Please enter your name: Dr Kate Charlesworth

Job Title: Medical consultant in Environmental Sustainability

Institution: South Eastern Sydney Local Health District, Sydney, Australia

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

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Editors' Comments:

The article has a lot of nice examples but our major criticism is that the examples start to feel a little bit brochure-like. By the last example there are phrases such as "Thanks to an \$800,000 investment from BMC, landlords and community organizations are working together..." followed by a quote from a senior leader. Readers will expect a more scholarly and analytical style.

There is also a framing issue that you could consider. The manuscript provides examples about what is happening but it starts to read as if these are benevolent organisations that are becoming self-aware. "As health care organizations recognize that health is driven by home and contexts, they are applying new strategies..." Would it be better recognize that it's healthcare management who are struggling with lots of immediate issues as well as these environmental issues. At the moment the articles makes the case of why managers should care and shows that there are some exceptional examples but doesn't offer much insight into the mechanisms that enabled them to start working in this way.

The style of the article may be contributing to the problems outlined above. The subsections take a very high level view of each general problem (for example, "Agriculture and food production can damage the environment..."), notes that some hospitals are trying to address the problem and then points to examples. It maybe a more compelling article if each section started more tightly focused on hospitals contributions to the problem (most readers will not need convincing about the general issues) and then explain what were the drivers, enablers, incentives and motivations that led to this different way of working were and illustrating them with examples. By doing so you may need lessons examples and the paper would be enhanced by providing a clearer lessons rather than just a series exceptional programmes.

:: Can you reconsider your title? It currently reads a little bit like a slogan and one editor noted that they would probably skip the article based on the title and standfirst. Can you think of something more compelling that directly ties with the theme of the article - hospitals tackling broader environmental issues.

:: We suggest you delete the "Introduction" paragraph and start the manuscript at "Over the past several decades..."

:: "...health care sector has contributed to an explosion of diseases associated with our own industrial practices." Can you provide a citation.

:: Is it possible to shorten your paragraph explaining the origins of the SDGs to a single sentence? We appreciate that they are important but we are finding many manuscripts are being submitted with very similar paragraphs to this one and it is becoming repetitive.

:: This is a very wordy sentence could it be streamlined: "Promising strategies and early examples involving all levels of health care organizations from the front lines to the executive suite have demonstrated the possibilities for the health care sector to accelerate progress toward a vision of healthy people, healthy communities, and a healthy planet."

:: "...emerging as a meta-driver for global health." Can you write this more straightforwardly.

:: "...39% of all public sector greenhouse gas emissions in England.(5)" Do you know the contribution to the total emissions. It would make it easier to compare to the following sentence.

:: "Increasingly, health care organizations of all sizes are recognizing..." Can you be carefully in your wording here. There is a danger that readers will dismiss your important points because the writing starts to read more like a positive brochure than an academic article.

:: "...emissions related to health care are unfortunately a major contributor to these deaths." It isn't clear that this statement is supported by the WHO report, which suggests 90% happen and LMIC and about half are due to household air pollution. Can you clarify. We appreciate that attribution is difficult but it's important not to undermine your argument by overstating or not evidencing statements.

:: "Industrial meat production contributes to the antibiotic resistance crisis, which kills more than 38,000 people per year in Thailand alone, for example." It isn't clear why Thailand is being highlighted specifically here. It's also not very clear whether the two parts of the sentence are connected. What is the major drivers of antibiotic resistance in Thailand? The sentence could be read as suggesting that it is the meat industry but it's not clear that the reference supports that.

:: Is it worth mentioning the role of patient advocacy groups or activist groups shared in the body of the text rather than just in the case studies. Has this been one of the drivers for change more generally?

:: Why were only 16 of 17 goals analyzed?

:: Can you provide evidence for "often realizing significant financial savings"?

:: How did the authors choose the numbers for "2.47 cars driven 7,300 km over a year"?

**Date Sent:** 09-Oct-2018