"If we care about health outcomes, we have to care about more than just health care," remarked one Fellow at the opening of the Salzburg Global program Hooked on Health Care: Designing Strategies for Better Health.

The program, in partnership with The Health Foundation and the Robert Wood Johnson Foundation, seeks to take a much broader view of what improves health beyond health care systems.

After all, health care is not an end in and of itself – it is a means to an end: better health. Salzburg Global program director Lotherington called on the group of experts in public health, civil society, urban planning, and business, gathered in Salzburg to consider what the other parts of the “mosaic” for designing better health are – and how those different but interlinking parts can be improved.

One suggestion was that countries, ministries and departments of health need to broaden and encompass more than just their health care delivery systems, and to promote health (not just health care) in all policies.

To do this, we need to examine the social determinants of health.

In the US, for example, one Fellow informed the group that those without a high school diploma are more likely to suffer ill health than those with higher levels of education.

From air quality to workplaces to housing, the communities and conditions that people live in also impact their health. As one Fellow remarked: “An eviction notice is a health emergency.”

Across all levels of economic development, too many countries have not done enough to address the inequalities in their societies, nor has there been enough investment in addressing how this inequality impacts health. Much of the Robert Wood Johnson Foundation’s work is focused on building a “culture of health” that encompasses more than just improved access to health care. To build such a “culture of health,” these inequalities need to be addressed. “This might take generations but we have to work on it today,” urged one Fellow.

The group of 57 Fellows convening in Salzburg this week come from 15 different countries, but no one of these countries has all the answers. “If you’re looking for innovations, you have to look across borders,” Fellows were reminded. With many working groups and a knowledge cafe, there will be much opportunity for this cross-border learning this week.
There has been a lot of work done looking at the factors that influence health and in the case of many of those, health care can do very little to influence them. What we really need to do is promote a good start in life for children with the right kind of communities, work places and to support those in old age.

Jo Bibby
Director of Strategy, The Health Foundation, UK

I don’t think health care is the biggest determinant of good health; we have a lot of good research that poverty is the best prediction of good health. I personally think the best thing we can do is invest in young persons, pregnant women and even those who are thinking about becoming pregnant, making sure they’re eating well that and they know what help they need to get safe housing and when seeking employment. We need more creative solutions because we know poverty has a major impact on health.

Deborah Bae
Senior Program Officer, Robert Wood Johnson Foundation, USA

I think there are numerous factors, none of which stand alone. Just like the things that determine on life, it’s never just genetics or environment, it’s always a combination of the two. I think some of the factors that affect health in the broadest sense, and not just physical health, includes connectedness and social cohesion whether for individual to individual or in the broader sense of a community.

Susan Mende
Senior Program Officer, Robert Wood Johnson Foundation, UK

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