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Building Healthy Communities: The Role of Hospitals

Saturday, December 9, 2017

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If you're interested in writing either an op-ed style article for our website or the session report, or a personal reflection blog post while you're here this week, please let Salzburg Global Communication Associate Oscar Tollast know or email your submission directly to otollast@salzburgglobal.org.

If you do intend to write for your own organization either while you're here or after the session, please make sure to observe the **Chatham House Rule** (information on which is in your Welcome Pack). If you're in any doubt, do not hesitate to contact Oscar.

We'll be updating our website with summaries from the panels and interviews with our Fellows, all of which you can find on the session page: www.SalzburgGlobal.org/go/592.

You can also join in the conversation on Twitter with the hashtag [#SGSHealth](https://twitter.com/SGSHealth) and see all your fellow Fellows and their organizations on Twitter via the list www.twitter.com/salzburgglobal/lists/SGS-592.

We're updating both our Facebook page www.facebook.com/SalzburgGlobal and our Flickr stream www.flickr.com/SalzburgGlobal with photos from the session during this week and also after the session. (If you require non-watermarked images for your own publication, please let Oscar know.)

We will also be posting photos to Instagram www.instagram.com/SalzburgGlobal. Use the hashtag [#SGSHealth](https://twitter.com/SGSHealth) and we might feature your photos in the newsletter!



@shepherdannam1: @SalzburgGlobal #SGSHealth 'healthcare is in a better position to drive change than many others' interesting perspective and realistic



Sir Harry Burns (right) argued organizations should make a greater effort to do things *with* people

Working Together for Better Health

Many hands make light work, as the saying goes. The more people who help with a project, the more comfortable the task becomes. Participants started the second day of *Building Healthy Communities: The Role of Hospitals* by considering how other sectors could more effectively and proactively collaborate with hospitals in support of better health.

They were assisted in their thinking by Sir Harry Burns, Rev. John Edgar, Rebecca Davis and Mark Rukavina. All four took part in a panel discussion.

Burns, a professor of global public health at the University of Strathclyde, said it was important to involve as many sectors as possible when finding solutions. There is never going to be one answer. In a society which is governed by rules of efficiency, organizations may act as if they exist to do things *to* people. Burns argued organizations should be doing things *with* people and asking what they need.

Rather than strictly focusing on their needs, Edgar said his organization, Community Development for All People (CD4AP), worked with people and communities based on their assets, hopes, and relationships. Edgar, CD4AP's executive director, said after listening to people's hopes and the changes they wanted to see, they saw notorious

developments when it came to housing-based health.

Davis told participants how she had worked with hospitals to understand their recruitment and employment practices. She suggested leaders who wanted to develop a more diverse workforce must ensure there is better cultural understanding in hospital wards. To reach valid conclusions, it's important to not only look at research but also combine it with local experience and the realities of the communities that are being served.

Participants heard the introduction of the Affordable Care Act, in the United States, in 2010, meant non-profit hospitals had to undertake community health needs assessments every three years. This provided an avenue to understanding the assets and issues communities had.

Rukavina, the business development manager with the Center for Consumer Engagement in Health Innovation, said hospitals had an opportunity to engage with vulnerable, low-income and under-favored communities and change the perception of the health system.

In response to this discussion, participants considered the existing structures in society that make it difficult for people to address issues and the need to break down walls.



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Toyin Ajayi - Health Care Interventions Don't Always Lead to Better Health for Communities

Cityblock Health co-founder describes her interest in building new models of care for all

Mirva Villa | press@salzburgglobal.org

Toyin Ajayi likes people. That is what led her to become a doctor and develop new models of care. She believes health care systems are in need of a new perspective when delivering health. Speaking on the second day of the Salzburg Global session, *Building Healthy Communities: The Role of Hospitals*, Ajayi says, “I think we are all much more complex as organisms existing within an ecosystem than we are if we focus on just the biology within us.”

In addition to her role as a family physician, Ajayi is the co-founder and chief health officer of Cityblock Health, a recently launched New York-based health and social services company with the goal of offering better integrated health and social services for people with low income and complex care needs. The connection – or even contradiction – between health and health care is at the basis of Cityblock Health’s work. What is this contradiction about, exactly?

“It is a fact of most of our health care systems that we become quite good at doing things to people, and for people: prescribing things to people, doing procedures, and offering interventions that in themselves are health care, but don’t always in aggregate lead to better health,” Ajayi replies, while sitting in Max Reinhardt’s study.

To back up this point, Ajayi gives an example: a person sleeping outside on the streets who develops an obstructive lung disease from smoking and being exposed to lots of other environmental factors. When they access the health care system, Ajayi suggests the focus typically will be on managing their respiratory problems through “aggressive interventions.”

She adds, “We will give them medications, we might put a breathing tube down their throat to breath for them, we might prescribe them additional tests, additional therapies... Those things, in absence of addressing their need for housing, don’t actually make that person healthier in the long term,” says Ajayi. According to her,



Toyin Ajayi, pictured above, sitting in Max Reinhardt’s study at Schloss Leopoldskron
Picture: Salzburg Global Seminar/Mirva Villa

health care systems have been narrow-minded in their approach. They don’t address the totality of reasons why people have become unhealthy, Ajayi argues. The health sector needs to make a conscious effort to shift their thinking on seeing people holistically.

“Being able to make that transition from more health care to better health requires us to think about things that we’ve never really thought about in health care”, Ajayi says. “Things like transportation, education, access to healthy food, access to housing, social support and community, and love and engagement and trust and empathy – these are all very unfamiliar parts of our armamentarium as health care professionals, but are integral if we actually want to improve the health of communities and populations.”

Ajayi became passionate about the subject while completing her residency training at Boston Medical Center. Some of the patients came to her with problems that far exceeded her ability to treat them.

“I recognized very quickly that if I didn’t understand their ability to take those medicines, their ability to understand the instructions I was giving them, if we didn’t have a trusted relationship, if they didn’t have a fridge

to store the medicines, food to eat with their medications, social support and family support to encourage them and keep them engaged, then I could write as many prescriptions as I wanted and it wouldn’t actually improve anyone’s health or wellbeing.

“I got very interested in thinking how we build models of care to enable doctors like me, frankly, and other professionals who are very passionate about helping people to make better choices for themselves, and live the lives they want to live, to actually gain the skills and experience and the tools to do that and be part of that for them.”

Cityblock Health’s journey has only just started, and the team is working hard to make sure their services and tools will respond to the needs of their future patients.

Commenting on what keeps her moving forward, Ajayi says, “I just fundamentally can’t accept that in 2017, in a country that has such a wealth of resources, some people continue to suffer, continue to face worse outcomes and restricted opportunities based on where they were born and the resources that are available to them. I just cannot accept that we can’t do better than that, and I’m motivated by the idea that we must.”



Steps Hospitals Can Make to Act on Social Determinants of Health

To address the social determinants of health, hospitals may have to consider realigning their missions, practices and institutional networks.

Pablo Bravo, Marianne Olsson, Juan Pablo Uribe, and Alison Verhoeven considered the best ways for hospitals to do this during the second panel discussion on the second day of *Building Healthy Communities: The Role of Hospitals*.

Uribe, director general of Fundación Santa Fe de Bogotá, asked how health care professionals within hospitals could learn from one another and ensure knowledge was maximized. He called for a better performing system, one where each part is doing the right thing at the right time.

Missions are important for institutions. If another mission is put forward, that is something for another organization to pursue, according to Uribe. He said he and his colleagues strived to provide the best possible care that Bogotá requires, and they wanted to be connected and coordinated upstream and downstream.

Verhoeven, chief executive of Australian Healthcare and Hospitals Association, suggested Australia had a high-performing health system, but challenges remained in terms of how rural and remote areas accessed health, and how the indigenous population experienced health.

Participants heard there were opportunities to have structures for consumers to co-design services that meet the needs of communities

genuinely and authentically. Verhoeven said data could be linked to inform how to better design services.

One way in which hospitals can realign their practices to address the social determinants of health is through advocacy. Bravo, vice president of community health at Dignity Health, revealed his employer's advocacy efforts ranged from health care related issues to issues such as access to clean water and affordable housing.

Participants also heard how vacant land had been made available by Dignity Health for farming activities. Meanwhile, facilities no longer useful have been transferred to developers to create low-income housing.

Bravo said this was only possible through working with partners. Dignity Health is focused on providing care to its patients and doesn't have the capacity or expertise to expand into areas like the construction of housing.

Olsson, an independent consultant from Sweden, discussed how she helped launch a new hospital in the poorest area of a city. Its purpose was to reach a part of the population not served by others.

The key to success is combining data and dialogue. It's important not to get stuck on fixed concepts when changing health care systems. Olsson said health care was in a better position than others to be the driver of a movement for a healthier community and act as the inspiration for other authorities to follow.

Salzburg Snapshots

Photos from the first day of the Salzburg Global session, *Building Healthy Communities: The Role of Hospitals*



Hot Topic:

“What walls and efficiency rules need to be broken to provide better support for communities?”

Tomás De La Rosa

“One [example of the] wall[s] I would like to break [are] the walls in the budget - that you also include the social cost and benefit analysis, and not only purely the cost into the budget. Also that you budget on a longer term than just one, or two, or three years.”

Charlotta Brask

Director of the Sustainability Department at the Stockholm County Council, Sweden

“Many walls need to be broken. From a university hospital perspective, you need to move into a generation of value for individuals and communities, meaning by that you need to create better clinical outcomes, the best experience possible for patients and families and the community using the right resources.

By doing that you need to reorganize the hospital, not by departments but by conditions, by specific clinical or health conditions. When you do that you need to go back and better understand why did people get into the hospital; we need to do more prevention, more promotion, and understand risks. After serving patients at the health care services, at the hospitals, you need to understand if the quality of life they will live with is the right one.

By expanding your service line, you will need to go to the community; it is a must. But to do that the right way, you need to understand their needs, their hopes, [and] their aspirations, you need to understand the assets of your community to get their relations with the institutions you need to work with, and of course, you need to build trust...”

Henry Gallardo

Director of health and services at the Fundación Santa Fe de Bogotá and vice-president of the Colombian Hospital Association, Colombia

“I think number one, is that often sectors are just talking to themselves instead of talking with diverse groups

of organizations - people - communities themselves. So we end up with a lot of apathy, and one size fits all models, and not a lot of empathy for the lived experience and diverse solutions.

Number two is that we pilot, which is resource heavy [and] takes a long time to learn instead of prototyping, which is lean, fast, [and where you] learn quick in real time.

Number three is that we come up with great ideas, strategies, and new innovative concepts, we just don't know how to implement it. So people spend a lot of time in the strategy planning and not enough figuring out how to make it happen.

The fourth thing is that we do value agile workforces, so we need to change the way our workforce is structured in order to be able to bring in the skills that we need at the time, then let the skills go. So agile workforces are really critical as the new way of working... where you bring in the expertise that you need for the specific piece of the innovation, and then you let them go, or you reorganize yourselves...”

Rebecca Davis

Director of The Change & Innovation Agency, New Zealand

“When we think about walls and efficiencies, and things that have to get broken to really be more effective at delivering care, we have to reassess and reanalyze the laws, the regulations, the policies, and the professional codes that we have in place that are designed to ensure that our patients get effective and healthy coverage and care, but often get in the way of doing that in efficient ways, or in ways that really can make a difference in the lives of communities...”

Alexander Plumb

Director of innovation and development for the Global Health Initiative at Henry Ford Health System, United States



#FacesOfLeadership

“My biggest inspiration is what I get from the patient community. There are a lot of unknowns because we are dealing with a rare disease [in] primary sclerosing cholangitis (PSC), which is a rare liver disease without a cure. The quality of life is in general not very well, because you have debilitating itch and fatigue, so you sleep a lot, and you cannot have a lot of activities. Dealing with a rare disease, I truly believe that [an] international approach is necessary to make a difference. By creating mass, we are a more attractive community for researchers, and we want them to research.

What inspires me is how people are coping with PSC on a daily basis, and how they find solutions together to make it work for them. [What also inspires me is] the cross-border inspiration that I get from going to seminars like this one [and] having speaker engagements at various international conferences where you meet other patient advocates as well as other patient communities. There is so much still to be done, but at the same time I personally truly believe it's a great time to be a patient advocate because you can really make a change.”

Marleen Kaatee

Founder and president of PSC Patients Europe, Netherlands