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Building Healthy Communities: The Role of Hospitals

Sunday, December 10, 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!



@buckinghamh: Our transport for the afternoon...



From left to right - Graham Adams, Lynna Chandra, Selina Brudnicki, and Toyin Ajayi

The Smart Utilization of Technology

Participants started the third day of *Building Healthy Communities: The Role of Hospitals* by discussing how new technologies, or novel applications of older ones, can assist in transforming health services, as well as how these technologies can create a more open, connected and collaborative institutional culture of hospitals.

The session was led by Graham Adams, Toyin Ajayi, Selina Brudnicki, and Lynna Chandra. Brudnicki said involving patients was key to developing effective tools to help patients manage their own health. She explained how University Health Network, in Toronto, addressed gaps in the sharing of data between hospitals, primary and community care by having patients access their own medical information and make corrections to their record.

Gauging on technology's role, Ajayi, chief health officer of Cityblock Health, said when considering what she is trying to build, she asks herself whether technology can help at all. And although she does believe it can, now is not the time. "We have tools that are in place to record data and produce bills, but we need to produce full information of patients as people," she said.

To produce said information, she said building care teams that are in place to create relationships with patients is

necessary, saying, "We cannot think of technology as a replacement of humans in care, it should be an augmentation for people."

"Why don't we look at technologies that will bring down the hospital walls, rather than creating more barriers in the system?" said Chandra, co-founder of Absolute Impact Partners, highlighting how the system has lost people's trust and technology should be used to rebuild it.

Adams, CEO of the South Carolina Office of Rural Health, told participants that when people talk about population health and the life of a community, we need to ask how to make sure we have a vehicle that allows everyone at a local level to have access to their information.

Participants heard and discussed the lack of linguistic fluency between clinicians, health systems, and technology developers. Ajayi argued that a solution would be common competency between clinicians and technologists.

Participants continued to discuss the relationship between health and technology among themselves. One participant said that A.I. and visual algorithms can help identify visible threats, but ultimately decisions should be made by someone who understands the patient and their context.



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Gael Surgenor - I am Driven to Make a Difference in People's Lives and Make Things Better

Director of community and social innovation discusses challenges affecting South Auckland

Mirva Villa | press@salzburgglobal.org

“I think the big challenge for us is the growing gap between people who are doing well, and people who are really disadvantaged: in employment, in incomes, in education and in health. There’s a big issue around child poverty in New Zealand. Recently we had a change of government and the prime minister took on child poverty as her responsibility, so that really shows how important it is to the new government,” Gael Surgenor says, speaking at the Salzburg Global session, *Building Healthy Communities: The Role of Hospitals*.

Surgenor is the director of community and social innovation at The Southern Initiative (TSI), a program which is part of the Auckland Council family. Its purpose is to amplify innovation in South Auckland.

The region has the biggest concentration of social and economic challenges in New Zealand, according to Surgenor. The population is young and the level of unemployment is high, the incomes are low, and there are a lot of health issues.

“But it also means that South Auckland has a lot of opportunities,” Surgenor says, adding that it’s an area of economic growth. “It’s also a very creative community, it’s diverse, it’s young and there’s a whole lot of assets and strengths associated with that we we need to tap.”

TSI focuses on three main priorities. It grows the shared prosperity of people living in Auckland, it builds resilience in the community, and empowers families and children.

Employment and skills-improving initiatives have been put in place to help especially the young people to find jobs, and for local entrepreneurs to secure their place in the economy.

One of the initiatives to empower local youth was to invite them to have their say on local matters through an online platform. The young people can upload their own ideas, or respond to questions or calls and receive micropayments in return.



Gael Surgenor, pictured above, sitting in the Chinese Room at Schloss Leopoldskron
Picture: Salzburg Global Seminar/Mirva Villa

“Young people have fed back to us that it has created a safe space to share their ideas, to have a voice and help them to think. It’s not like Facebook where you like what someone has uploaded. In order to earn the micropayment, you have to think about the question and create a response.”

Young people have been asked to share their views on a variety of issues. Surgenor explains that South Auckland has a big problem with window washers - people who approach cars at traffic lights in anticipation of being paid for the service. A 16-year-old window washer was recently killed after being run over by a car, so getting young people to think about the dangers of it is important. Another call asking young people’s views on child poverty received around 200 responses.

Building resilience in South Auckland is focused on what new technologies enable, and what that’s going to mean to the future of work in the area.

“South Auckland has been a community that’s been very heavily impacted by the waves of social and economic change, so we want to make sure that the community is a bit more resilient to the change that’s coming,” says Surgenor. South Auckland has a very strong DIY-culture, she adds. New

technologies have enabled people to innovate and create.

The third focus of TSI is on Whānau: families and children thriving. Health and social care services in New Zealand are delivered by the central government agencies, so the council aims to empower families through other means.

Surgenor has spent her whole career working in community development, social justice and human rights. From starting at a community law center, to working for Ministry of Social Development and now for the past five years at Auckland Council, she’s always been driven by one, simple thing: “making a difference in people’s lives, making things better”.

Seeing how the support and accompaniment of the council helps to drive positive change in the community is something Surgenor has found fulfilling.

“One really rewarding thing is working with a group of grassroots leaders, like the parent leaders from our cluster of six schools, and observing the confidence and the development of those leaders, and their empowerment and what they are making happen for themselves... and their community.”



The Role of Metrics in Influencing Health Creation, Support and Care

On the third day of *Building Healthy Communities: The Role of Hospitals*, participants considered the use of metrics to drive the health care sector toward better alignment with other sectors and broader accountability to communities in support of population health.

Tracey Cooper, chief executive of Public Health Wales, began the discussion by informing participants about the Well-being of Future Generations Act, a piece of legislation passed in Wales in 2015. Its intention is to help improve the country's economic, social, environmental and cultural well-being.

As one of several public bodies listed on the Act, Public Health Wales is expected to work toward achieving seven well-being goals. In the Act, a sustainable development principle exists which asks organizations to bear in mind the future when making decisions.

Cooper explained how she and others looked at the return of investment particular actions would lead to. When presenting this information to others, Cooper said the “reality landed.”

Anna Matheson, senior lecturer in public health at Massey University, said her interest was exploring health inequalities. She questioned whether long-term monitoring of aspects of community organizations was required. Matheson demonstrated the usefulness of case study methods for understanding social complexities.

She said it should be recognized that there are pre-existing relationships and activities going on within communities. The sensemaking process has been a useful way of taking data back to the community.

Patricia Frenz, director of the School of Public Health at the University of Chile, said metrics were about good data, valid indicators, and meaningful indexes. The starting point is people having a shared vision and an understanding of what dimensions need to be measured and interpreted.

In Chile, one of the concerns is the number of people who are invisible to the health system and don't benefit from available services. Frenz said Chile had participation mechanisms in place to ensure the communities are identifying their needs and are involved in the health system.

Mahmood Adil, medical director at the NHS National Services Scotland, said every country has a different way of collecting and using data. The Scottish Index of Multiple Deprivation locates concentrations of deprived areas across Scotland and helps authorities collect data on the social determinants of health. Specialist intelligence teams are in place to help authorities interpret this data.

Adil said people needed to find ways to share knowledge on the challenges everyone faces. That said, he warned people should remember there is someone's life behind data and the process needed to be humanized.

Aligning Incentives to Assist Hospitals

In among the discussions at *Building Healthy Communities: The Role of Hospitals*, participants were asked to consider how aligned financial incentives could better direct and support hospitals to address the social determinants of health.

On Friday afternoon, Jay Bhatt, Helen Buckingham, and Mike Nader took part in a panel discussion to explore the question in further detail.

Nader, executive vice-president and chief operating officer at the University Health Network, in Canada, suggested people needed to look at how to align the “health ecosystem” to promote better health. Nader said many systems are volume-based. The more you do, the more money you get. Nader said the concept of how to fund health should be flipped on its head.

Buckingham, a senior fellow at the Nuffield Trust, in the United Kingdom, said what drives people to do the things they do is fulfilling their ambitions and potential. It is difficult to design a financial system which would make someone do something they wouldn't do in any event.

Success relies on the data and the people who deliver it. Buckingham called for a greater understanding of what drives clinician behaviour, patient behaviour, and managerial behaviour.

Bhatt, chief medical officer at the American Hospital Association, asked: what are we for when accelerating health? The answers to this question can help guide the strategy. He said people knew investing in the social determinants of health could make a difference, but the evidence supporting this was still emerging.

The people who sit on the board of trustees often don't understand the benefits of investing in community health and why it is the right thing to do, according Bhatt. He suggested it was up to others to convince them.

One participant remarked that for a panel about financial incentives the conclusion seemed to be that money isn't everything. Another table discussed how changing payment models and incentives was perhaps necessary but not sufficient to change health systems in their entirety.

Hot Topic: “How would you develop a common language between health care professionals, individuals, and tech developers?”

Tomás De La Rosa

“I would force them to create a new technology that serves individuals. I would have them do that in a different way, which is, I would make them all switch roles.

I would make the patients, or individuals, or clients that we’re trying to help into the technology developer; I’d make the technology developer into the professional, and make the professional into the patient and have them all not be able to switch roles and teach each other how to do the other person’s role, basically, in that system, and then have patients and communities judge the outcomes of that competition.

But I think in the process of doing that they would really learn to understand how to think from the other person’s perspective.”

Damon Francis

Chief medical officer of Health Leads, United States

“One of the ways I think that would be helpful for health care providers, patients, and the companies that develop the technology to really use a more common language is to, as much as possible, strip away a lot of the technical lingo and the jargon, especially when you’re trying to engage patients in their care.

Apps on different phones and similar things, they certainly don’t solve all the problems, but what they do accomplish, I think, is a measure of user-friendliness, and they give the layperson the ability to really engage and understand certain aspects of their health.

If we could get to the point where we did have some kind of electronic health record or something that was truly meaningful for the patient, that could be used in a way where they can interact and understand what is going on with their data and participate more in the choices that are made about their plan of care.”

Graham Adams

Chief executive officer of the South Carolina Office of Rural Health, United States



#FacesOfLeadership

“We’re constantly seeing the impact technologies are having on the health care sector, so broadly defined, that’s what I’m interested in, how we manage new technologies, and how we use them to improve decision-making and to help clinicians serve communities. I think there’s often times this sort of adversarial view that technology is going to replace decision making and people, and I see a world where it’s more collaborative and cooperative [...]

Both my parents are interested and involved in public health, broadly defined. My dad’s a psychiatrist, and my mom works on HIV/AIDS and in vulnerable diasporas in Toronto.

When I grew up, I was always very conscious of the importance of human health and underserved communities. I guess what motivates me is so many people are hopping on the technology bandwagon right now who aren’t always in it for the right reasons, and they see these technologies as an opportunity for making money or collecting patient data for whatever reason.

I want more people out there who understand, have a health lens when they approach technology and data and actually think about the end user, the end impact, which is the patient and how we improve their quality of life, and I just think not enough people are thinking about it that way.”

Kaleem Hawa

Rhodes scholar pursuing his doctorate in health policy at Oxford University

