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Building Healthy Communities: The Role of Hospitals

Wednesday, December 13, 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, 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, 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 have been 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've updated both our Facebook page www.facebook.com/SalzburgGlobal and our Flickr stream www.flickr.com/SalzburgGlobal with photos from the session. (If you require non-watermarked images for your own publication, please let Oscar know.)

We have also posted photos to Instagram www.instagram.com/SalzburgGlobal. If sharing memories of your time at Schloss Leopoldskron on social media, please use the hashtag [#SGSHealth](https://twitter.com/SGSHealth).



@DrAMatheson: A fabulous few days @SalzburgGlobal #sgshealth with some amazing people grappling with how we can have better, more equitable health systems. We kiwis were honoured to be there and will take lessons home. Thanks for the opportunity @RWJF and Salzburg Global Seminar.



Fellows of the Salzburg Global session, *Building Healthy Communities: The Role of Hospitals*

Fellows Present Ideas on Enhancing Collaboration and Improving Health

Participants of the Salzburg Global session, *Building Healthy Communities: The Role of Hospitals*, have been encouraged to keep the conversation flowing following the end of the five-day program.

This message came after participants presented their ideas on the final day of the program to enhance effective collaboration and information-sharing between hospitals, social services, and community organizations. Their presentations explored several areas, building on the discussions and exercises that had taken place during the session.

The first group to present did so under the title of "Yearning for Change." They advocated a framework for system change convening and assisting like-minded leaders in a community social movement to share experiences and test ideas while committing to a sustainable health system. This would lead to a "Salzburg Community of Practice" – a group of peers from different countries who share a passion for sustainable system change who learn how to do it better through regular interaction on a voluntary basis. Everyone has access to information and each other. All peers share a view of what's significant.

The group said they'd know if they

were successful when an online library was established and actively used. Other markers include active participation by a minimum of five countries, and the sense participants find it useful.

The next presentation focused on creating a resource which would help result in healthy people, healthy communities, and a healthy planet – taking innovation to scale. This group produced a set of values they felt were paramount for successful innovation scale, which they referred to as the Four-Is Framework. Innovation, issue, and influence are the essential domains of interaction that are necessary. Impact, the fourth "I," is only achieved when the other fields have had time to interface and intersect.

Underpinning this framework are guiding principles of equal partnership and representation, a focus on trusting, respectful relationships among all stakeholders, stakeholder/community engagement and co-creation, continuous involvement of end-users, investment of resources in enabling capacity for stakeholder engagement, and incremental progress.

The third working group showcased an action-oriented research agenda...

Continues inside.



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Joshua Bamberger - One Thing That Helps People Feel Better is Having a Decent, Safe Place to Live

Family physician explains why he wants the health care sector to embrace issue of housing

Mirva Villa | press@salzburgglobal.org

Joshua Bamberger has worked as a family physician for almost 30 years. While working in San Francisco, he has seen patients entering hospitals living in extreme levels of poverty. These patients are able to benefit from the hospital's resources in the short term, but the difficult circumstances in which they live have often been far too powerful for his work to have a long-term impact.

"[It's] as if I was treating people, and it was almost irrelevant to their wellbeing," Bamberger says, speaking at the Salzburg Global Seminar session, *Building Healthy Communities: The Role of Hospitals*. "One thing that seems to help the people who I serve to feel better, live longer and have the quality of life that we all deserve is to have a decent, safe place to live."

Bamberger has become a strong advocate of providing housing as the primary and most important aspect of improving people's health. It has been his passion for the past 10 years.

"For people who don't have a home it is the most important thing. Why? On the one hand, you can't take your medications regularly unless you feel valuable. I can prescribe them to you, but if you don't eat them, they don't work. For many people who live on the streets, their sense of wellbeing, their sense of value is so low that the motivation to take the medication regularly is diminished."

Having a place where you are safe and cared for helps increase a person's sense of dignity and their willingness to take care of themselves, Bamberger argues. But it's not just that: living on the streets is very disruptive to health.

Bamberger says, "Stress hormones that are constantly flowing through your body, they erode your ability to heal, to have a robust immune system, to battle cancer, to be able to function with a cardio-vascular disease. All the things that cause harm medically just don't get better in an environment where your life is uncomfortable and stressful."

Homelessness is a big issue in San Francisco area. According to the 2017 census provided by the Department of Homelessness and Supportive Housing in San Francisco, there were 7,499 individuals without homes, and little over half of them were living unsheltered, sleeping outdoors.

"It's bad," Bamberger says. "I've been doing this for 30 years and I've never seen it worse; it's really disheartening." He thinks the main driver for it is the ever-expanding U.S economy, which he suggests has created a lot of wealth but also pushed up the prices of commodities.

"If your finances are static at an incredibly low level and everything else is becoming more expensive, your buying power becomes less and less, particularly around housing. When I moved to San Francisco in 1989, the apartment I got was something like \$400 a month on rent, and it was a nice apartment: one bedroom with a nice living room, it had a good view... You can't get an apartment like that for less than \$2,600-3,000 today," says Bamberger.

The problem is obvious to him. Many people will never be able to afford to rent, let alone buy their own apartments. He says, "There's no pathway to get off the streets unless the government pays for your housing."

That's why Bamberger hopes to see the health care sector embrace the issue of housing as something worth investing in. He hopes more people can see the benefit of reducing the expenditure on health care, and improving the quality of people's lives by providing them with homes.

He can't understand why people working in hospitals don't feel like housing conditions of their patients are their responsibility. Bamberger feels there is a great disconnect between the "extraordinary investment financially and emotionally in health care, and the almost disregard of some of the basic conditions that make humans human."

Bamberger believes a hospital is responsible for assessing and improving the housing conditions of the people it



Joshua Bamberger at Building Healthy Communities: The Role of Hospitals

treats. He recognizes hospitals want to be more responsive to community needs, but he suggests the threshold should be set higher to include the needs of individuals living on the streets. During this session, Bamberger's questioned the practice of treating someone at hospital for a serious condition to only then send them back to living on the streets.

"I think most people here and elsewhere are able to somehow insulate themselves from the absurdity of making such a technologic investment, and then just having someone walk back to the sidewalk, sleep on the street... I can't do that, so it's a very uncomfortable place to be."

Bamberger considers every workday a success. He's already helped develop 2,000 housing units in San Francisco and is hoping to develop thousands more over the next five years with financial support from health care systems. Being able to move somebody indoors, hand them the key and welcome them to their new home is an unbelievable feeling, Bamberger says.

"They just totally glow, wondering how this happened to them. It's sort of how I felt when I was offered to come here to Salzburg. Me? Coming to Salzburg, flying across the world? It's an incredible excitement, and I can imagine that times a hundred when you move into a beautiful place to live after being on the streets for so many years. "

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...designed to improve individual, community and planetary health simultaneously. The rationale behind it was that a more conscious research and action agenda on social determinants of health could maximize health system impacts and investments to achieve benefits at all three levels.

The group highlighted several domains where interventions could be identified. These areas included food insecurity, poor and unhealthy housing, energy poverty, transportation, waste management/recycling, and air quality. An example of a research question could be: What are the most effective partnership models to achieve maximum results?

If health care professionals are to reach out to the community, they'll need to understand the community first. This message came through during the next presentation. The working group behind the presentation focused on services to help clinicians to improve communication. Members advocated using local community resources and smart and existing technology to integrate, share and disseminate knowledge to improve community health.

This involves identifying community needs and health guardians in the community, using smart technology to develop connectivity and health education, and having a regular review of the whole process. The presentation concluded with the message: "Change will happen. It just needs passion, commitment, and desire."

Throughout the session, participants considered the capacities of hospitals and the position they were in to support healthy communities. One working group decided to focus on ways to improve their capacities through a global toolkit. The final product would be a dynamic digital repository, which brings together individuals, frameworks, methodologies, tools, and cases to facilitate, strengthen and guide hospital collaboration, co-operation and co-design efforts with communities to improve the health of its citizens.

The group stated hospitals could and should work together with communities and evolve to improve the health and well-being of all citizens by addressing social determinants. While doing so, hospitals should

continue delivering on their core mission, which is providing high-value care to its patients and families with "healthy staff." Resources which could be made available in a global toolkit include partnership agreements, education and training materials, communication strategies, and co-design methodologies.

Members of the sixth working group began their talk by describing the existing system as unsustainable. The speaker said the system "doesn't know what it doesn't know." The group proposed co-producing a learning front end to enable a health-creating system that is accountable to the community.

This group suggested describing a theory of change based on people's preferences and an understanding of needs and wants. The next step would be to present a way to invite co-producers and then form or find communities of interest to refine and spread. One participant said what they were talking about was "transformational change," which starts with the individual.

A seventh working group worked on an outline proposal for six peer-reviewed articles to be published by the *British Medical Journal (BMJ)*, based on the themes that emerged during the session. The initial plan is to release these articles in 2018.

Salzburg Global Program Director John Lotherington encouraged prime movers in each working group to keep the conversation moving forward.

Several participants said they would support the idea of producing a Salzburg Statement. Lotherington said this was something which could be pursued but would have to stem from a smaller working group first before it could branch out to all participants.

Anne Weiss, managing director at the Robert Wood Johnson Foundation, said the program had provided her the opportunity to discuss a challenge experienced in more than one country and that the conversation had moved from hospitals to health eco-systems.

Susan Mende, a senior program officer at the Robert Wood Johnson Foundation, said participants had disproved the notion that something that happens in one part of the world can't be applied to another. Mende said participants had seen the "winds of change" at Salzburg Global, and a gale was beginning to build.

Salzburg Snapshots

More photos from the Salzburg Global session, *Building Healthy Communities: The Role of Hospitals*

