Health happens where we live, learn, work, play, and pray. That’s just one of the thoughts participants considered on the first day of the Salzburg Global Seminar session, Building Healthy Communities: The Role of Hospitals.

Around 60 participants from 16 countries met at Schloss Leopoldskron, in Salzburg, Austria, on Thursday afternoon for the start of the five-day program, which is being held in partnership with the Robert Wood Johnson Foundation.

Over the next few days, participants will look at developing strategies to enhance effective collaboration and information-sharing between hospitals, social services and community organizations. They will also consider new approaches for hospitals to address the social determinants of health.

This session is part of Salzburg Global’s multi-year series Health and Health Care Innovation in the 21st Century.

John Lotherington, a program director for Salzburg Global, and Hilary Heishman, a senior program officer for the Robert Wood Johnson Foundation, kickstarted the session by taking part in an on-stage discussion.

Beginning the conversation, Heishman suggested health care in the United States was effective at treating people with illness but was less effective at keeping people healthy.

Things that contribute to being healthy in the long-term start early in life, participants heard. Heishman said several factors which enable people to be healthy don’t sound health-related. Education, work, housing, and civic engagement were some of the examples highlighted which can have an effect.

The Robert Wood Johnson Foundation, established in 1972, is committed to building a culture of health. Heishman said, “Within a culture of health, everyone has the opportunity to live the best life they can.”

While there are several obstacles to developing this culture, there are also opportunities to help make it more of a reality. This includes new work with data, information, and alternate payment models. As more people in health care understand the social determinants of health, it might become easier to set up appropriate systems.

In response to this discussion, participants considered the definition of health and what society’s expectations of hospitals were. One participant suggested if a hospital’s role was to change, consumer fears would have to be allayed along the way.

These talking points, and more, will continue to be discussed in the days ahead, as the session continues.
Hot Topic:
“How can other sectors more effectively collaborate with hospitals in support of better health?”

When you say ‘health,’ it is not only about the disease. It means the life of the whole person. For example, some countries they suffer from malnutrition: so when you say malnutrition... we mean the minister of agriculture should intervene, the minister of local governments should intervene... you will find in most families they are malnutritioned because they have many, many children that they cannot manage – that’s where even the minister of family can intervene. So you can see that many, many sectors like agriculture - even finance [and] family. All those sectors should intervene for the better health of the people.

The first thing is to identify that gap that there is a need for all those sectors to intervene. Then, there should be a way to make awareness to the decision-makers who represent those different sectors that they should be aware of those programs, and that they should come together and try to find solutions together as all those clusters.

Marcel Uwizeye  
Chief medical officer and director general of Masaka District Hospital, Rwanda

“I think leaders from any sector, if they stop to think about it for very long, should analyze the way in which their work helps, or hinders, people from living the healthiest possible life. Once they’ve identified the way in which their work can help people live healthier lives in their communities on the ground, then I think it’s a natural next step to turn to hospitals in the community, who are often viewed as leaders, to start a dialogue about, “Here are the ways that our sector, our part of the economy, works upstream in ways that can keep people healthy.” How can we partner with hospitals who see the downstream consequences of the decisions other sectors make? So I’d start with the conversation about the role every sector plays in health.”

Juan Pablo Uribe  
Director-general of the Fundación Santa Fe de Bogotá, Colombia

Anne Weiss  
Managing director at the Robert Wood Johnson Foundation, USA

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Email Salzburg Global Seminar Communication Associate (otollast@salzburgglobal.org)

Denis Nkunda  
Community health specialist working with the Ministry of Health under the Directorate of Planning, Health Financing and Information Systems, Rwanda

#FacesOfLeadership

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Marcel Uwizeye  
Chief medical officer and director general of Masaka District Hospital, Rwanda

“Ideally, all other sectors should understand the determinants of health and how their actions, their behavior, or lack of actions and behavior, change the health status of their population. With that understanding, they could anticipate both opportunities for improving health status or risks that could affect health status. Exchanging that information and that collaboration with the health care network - not only hospitals but all the health care network - we could come together as a society to better take advantage of those positive elements to improve health status, as well as advance mitigating actions to reduce risks that are inherent from those activities in other sectors.”

Juan Pablo Uribe  
Director-general of the Fundación Santa Fe de Bogotá, Colombia

Anne Weiss  
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#FacesOfLeadership
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.

Working Together for Better Health

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

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 the respiratory problems that far exceeded her ability to treat them.

“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.
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 Plum
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
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.
“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 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.

“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.”
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.

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.
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

“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
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.
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

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.

“If 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 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.”
...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.