INSPIRATION FROM THE US: THE US HEALTH CARE FORUM'S 1996 HEALTHIER COMMUNITIES SUMMIT

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The US Healthcare Forum's Healthier Communities Summit in San Francisco in April 1996 brought together a diverse group of people to discuss how to organise and achieve health improvements in communities. Town mayors, fire chiefs, police, retired citizens, school teachers, lawyers, researchers and others joined hospital and public health professionals to share experiences at this extraordinarily meeting.

The Healthcare Forum promotes itself as 'a resource in education and applied research at the forefront of new leadership thinking, organizational learning and mastering change', and it claims to act as 'a catalyst in the creation of healthier communities'. Its members are individuals and leaders of organisations from countries around the world (especially the US) who believe that health care can be 'transformed'. The Forum is known for its annual Healther Communities Summit, the *Healthcare Forum Journal*, its executive education series, computerised learning environment, and its honours awards.

It was apparent from the summit that leading community health thinkers in the US are preoccupied with two over-arching themes:

- the disruptive effects of rapid social and technological change, and the management of change; and
- health effects of the eroding of social cohesion, and approaches that might be taken to repair the damage.

The summit comprised hands-on workshop sessions and plenary sessions on topics ranging from business ethics and social trends to violence in Harlem. This article outlines the main ideas from some of the major plenary sessions and a pre-Summit computer simulation workshop.

'All you need for a new universe is a new mind' – Jennifer James

'All you need for a new universe is a new mind,' claimed cultural anthropologist Jennifer James, from the University of Seattle. According to James, the changes around us are taking place faster than in any previous generation and we are being forced to change our way of thinking and feeling about ourselves and our jobs, the way we live and the future itself. Until recently the profound changes which we are facing today would have taken at least three generations to assimilate; we are trying to make the changes in a decade. Old values and institutions are breaking up, and we are unsure as to what will replace them.

James identified three themes emerging from the current chaos.

- The first is ***revolutionary technology***. We have emabarked on a new culture of systems and connections, with technologic change redefining the workers who change structures which in turn change society. We are seeing the advent of smart offices, smart houses, and smart telephones. More people work from home and connect with colleagues all over the world.
- The second is ***intense economic shifts***. It is estimated that, within 20 years, 80 percent of the jobs in the US will be cerebral and only 20 percent manual (the opposite of the 1990 ratio). People with high level communication skills and access to electronic knowledge will be in great demand. We have moved from a hunter-gatherer society (10 million years) to an agricultural society (8000 years) to an urban industrial society (200 years). Now we are in a global service world, speeding towards an economy which exploits the interaction of life sciences (most importantly, gene manipulation) with electronics. Vast numbers of people will not be able to make this transition, and the result will be the largest accumulation of disenfranchised people in history, with irrelevant skills. James proposes that there is a connection between the speed in the change of work and economic status on the one hand, and mental health and violence on the other.
- The third theme comprises *cultural changes*, due to vast demographic shifts as people move around the world creating multi-cultural communities and transforming neighbourhoods. These shifts will require basic changes in perceptions and values, and bring the risk that the triggering of old territorial instincts and prejudices and attempts to hold on to traditional privileges will lead to violence.

Leaderships Skills for a New Age – Jennifer James

In another presentation James argued that we need eight skills to be able to cope with these technologic, economic and cultural changes, and evolve rapidly to live as a human family in a global village.

- ***Perspective, or seeing with new eyes*** - the ability to process large amounts of information, see the positives and negatives of a situation and see how the parts relate to each other and the whole. In this we will be aided by computer technologies and electronic memories.
- ***Pattern recognition, or recognising the future*** – the ability to identify bits of information or clues that present us with new and visible patterns or trends.
- ***Cultural knowledge – harnessing the power of myths and symbols***. We filter all new information through our existing beliefs, which cloud our perceptions, add an overlay of emotions, and impair objectivity. When different cultures meet, myths and beliefs mingle. James suggested that, in times of rapid transition, individuals who can recognise shifts in societal beliefs and stereotypes stay ahead of the pack. She gave examples from monitoring children's literature, best-seller books, science fiction, the arts, advertising, trends in television programs, popular culture (e.g. hair styles and body piercing) and trends in other countries. She exorted us to notice unusual partnerships (who is working with whom, and why), and to try to escape from personal limitations and biases.
- ***Flexibility – speeding up the response time***. Learning how to respond to and master the process of change is a critical leadership skill for the next century. The ability to see the need for a new product, service, or organisational change (without at first necessarily knowing how that need can be met) is a crucial component.

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- ***Vision – understanding the past to know the future.*** Nostalgia locks us into beliefs about the way things were. These beliefs may have little or no basis in reality, and they may make us to less adaptable to change. The structure and culture of many organisations maintain and sometimes reinforce a nostalgic and unrealistic view of life and work, discouraging even the most constructive changes. Enlightened leadership can overcome this, but it requires knowledge of the existing culture and an awareness of the organisation's key concerns. The goal is to re-create a shared positive vision and trust.
- ***Energy – doing more with less.*** This involves using technology, learning new skills, continuing education (especially for communication and negotiating skills), taking action and thinking beyond current projects, developing open information systems, keeping our lives in balance, and maintaining a sense of humour.
- ***Mastering new forms of intelligence.*** The future will require a higher and more socialised process of reasoning and more sophisticated reactions. We will need to expand our skills for lateral thinking, creating scenarios, and forecasting.
- ***Global values – profitting from diversity.*** We will need to become global citizens, able to move easily among countries, languages and customs. Organisations will need people with these capacities.

The disappearance of civic America - Robert Putnam

Professor Putnam, from Harvard University, contended that government and economies work well where there is connectivity between civic leaders and where high levels of community engagement, reciprocity and trust exist, i.e. where there is *social capital*. Social capital is measurably related to physiologic events, mental health, morbidity and mortality.

Compared with 30 years ago, we trust each other less, we are less connected with our communities, and we have lost social capital. Over this time period in the US, community trust in government to do the right thing has declined from 75 to 19 percent, membership of unions, the Red Cross, Boy Scouts and bowling leagues has declined by 50 percent, participation in meetings about town affairs has declined by 40 percent, voters have declined by 25 percent, and religious participation has declined by 20 percent. The decline in social capital which began around 1930 has been most marked in women who fit the classic model of homemakers. Those born in the 1970s have the lowest social capital.

Our challenge is to reverse the trend of declining social capital through our efforts to form productive partnerships in public and private enterprises.

Habitat re-design: the final frontier for healthier communities – Leland Kaiser

Futurist Leland Kaiser argued that it is impossible to be healthy if you live in an unhealthy environment, and that the healthier communities movement is incomplete without healthful human habitats which promote happiness, healing, self-esteem and respect. He challenged us to pursue imaginative approaches to town and urban planning and architecture.

Kaiser noted that the worst hospital design is usually seen in the medical and surgical wards and the best in birthing centres and hospices. He then described extensive requirements for healthy environments in the community, listing physical, intellectual, psychosocial and spiritual elements.

Ethics, ecology and the health of a community – Emily Friedman

Emily Friedman (health policy and ethics analyst and writer) proposed that an assessment of a community's health should include indicators of education, safety, the natural and built environment, employment, environmental and community services, culture, and heritage, in addition to indicators of health status and health service outcomes. Friedman emphasised the importance of listening rather than studying and reporting. She exhorted evaluators to spend more time talking with and listening to people who work in communities, exploring ways to build partnerships. She boldly suggested that, while there must be indicators for anything we are trying to change, people who want measurements must also be involved in finding solutions for problems revealed by the measurements. In closing she made a strong plea that ethical policies should be practised by community health organisations.

Managing communities for profit or health? – Arie de Geus

A former Shell executive and now an advisor to the World Bank, governments and private institutions, Arie de Geus described the results of a study examining the characteristics of long surviving companies. While the average life expectancy for large companies is 40-50 years, some have survived for up to 700 years. The long survivors have demonstrated excellence in change management. They have four special characteristics:

- financial conservatism - a knowledge of the value of having money in hand, and the capacity that this provides to exploit opportunities as they arise;
- leaders who are sensitive to the world around them, and recognise trends and significant scenarios;
- a clear corporate identity, and management and staff who have a sense of cohesion and identify with the corporation; and
- full use of delegated authority, few centralised rules, and a tolerance of activities at the margins of the corporation.

Companies like Dupont (which has existed for 200 years) and Storer (700 years) have been able to change their investment portfolio over time – Dupont from gunpowder to chemicals, and Storer from forestry to hydro-electricity to paper. Such companies display tolerance of, and receptivity to, new ideas.

De Geus argued that health care organisations are preoccupied with pursuing efficiency objectives, and in doing so they tend to have a low tolerance of new ideas and a limited capacity to adapt to rapid change. He pointed out that successful organisations learn to change their structures and adapt to a changing world. They allow

creativity, social propagation, mobility and communication. They have value systems that encourage openness, tolerance, and enhanced learning ability. He finished with the counsel that people, not assets, are the essence of an organisation.

Building winning partnerships between managed health care organisations – Jordan Lewis

Jordan Lewis is an author and expert on strategic alliances. He observed that, as competition intensifies and organisations recognise their skill limitations, competitors are forming alliances with each other. These alliances are characterised by shared objectives, needs, risks, benefits, and conflict resolution mechanisms.

Lewis argued that health care organisations should favour alliances over mergers because alliances are more likely to lead to improved quality and lower costs, while mergers require collaboration and integration efforts beyond the competence of most health managers.

He defined key elements of successful alliances as trust, having a local focus, adherence to clear objectives, commitment to continuous quality improvement and collegiality, and demonstrable efforts to stretch the relationship. He warned against taking relationships forgranted Performance in all roles should be measured and compared with that of competitors. Leaders must champion new methods to raise performance and set the example for performance and trust.

He had further tips for successful alliances: start small; concentrate on the consumer, because consumer satisfaction is the ultimate indicator of health care quality; and promote spontaneous creativity between partners.

Deadly consequences – how violence is destroying our teenage population – Deborah Prothrow-Stith

Massachusetts public health leader and advocate of violence prevention Deborah Prothrow-Stith argued that there is an epidemic of male homicide and youth death in the US, and that much of this violence is preventable. She asserted that the violence has much to do with anger between people in the same family or who know each other. Major contributory factors include the availability of guns, drug and alcohol use, poverty and income inequality, a meanness in the US society, and an ethic of having to win at any cost in an environment where the superhero is a violent individual.

Prothrow-Stith pointed out that children seek and obtain adult attention and resources one way or another – either early (through nurturing which tends to prevent problems), or later (when adults have to deal with the problems). She argued that having a healthy child in a healthy family is not enough; the child needs to live in a healthy community supported by healthy public policies.

She proposed that it will take sustained effort over the next three decades to control the epidemic – much the same as for tobacco control efforts. The strategies must include:

- primary prevention, to change attitudes and norms from meanness to 'niceness';
- secondary prevention – counselling and therapy for people at risk, especially for children seeking attention (e.g. those suspended from school, and those who get into trouble with police); and
- tertiary prevention or treatment – incarceration – which is analogous to chemotherapy for cancer.

Public policy is oriented to punishment, and most resources are spent on incarceration rather than on primary and secondary prevention efforts, such as after-school and jobs programs for youth. Prothrow-Stith closed with a plea for allocating resources to early prevention programs. She urged us to work towards towards a fundamental change in attitudes and a redefinition of the hero.

Risky business: mastering the new business of health (pre-Summit workshop)

This one-and-a-half-day pre-Summit workshop gave participants hands-on experience of modelling the long-term effects of resource investment in the US managed care environment, using computer simulation techniques. The model was designed to support health care leaders in pursuit of optimal health for a defined population while maintaining business performance. Workshop objectives were to promote an understanding of the impact of prevention and treatment practices on population health (balancing short-term financial requirements with long-term investments), and to enhance shared understanding and strategic thinking among team members.

Key assumptions were as follows: ageing and risky behaviours increase need; competition and capitation-based payment systems decrease revenue potential; and the need for infrastructure improvement increases costs.

The strategic implications are that productivity must rise, the need per person must be reduced, and prices must diminish. The strategic levers were the amounts invested in infrastructure and clinical programs of various types, sources of finance, the utilisation of human resources, and charging mechanisms. Performance objectives were to reduce need per person, increase profit, and improve customer satisfaction to keep the organisation viable (or better, flourishing) over a twenty-year period.

While we were given only sketchy information on the derivation of performance indicators for the model, the workshop was useful in that it challenged thinking about the balance of investment in prevention and clinical programs, and about the implications of pricing and human resource strategies. It was fun, and I commend the approach as a useful team building exercise for clinicians, managers, and public health professionals. More information is available from Steven de Mello (telephone 1-510-653-7590, fax 1-510-653-9063).

CONCLUSION

Many smaller presentations described various collaborations to achieve population health objectives. Experience from these projects reaffirmed time-tested lessons:

- it takes time to build momentum for collaboration;
- there is great value in balancing 'top-down' and 'bottom-up' approaches;
- big ideas should be encouraged, but achievable steps must be determined;
- we must always look for new ideas to connect concepts and people; and
- measurable outcomes and accountability mechanisms are essential.