Resilient Health Systems of the Future: the Case for Community Health

December 2021

Executive Summary:

In 2021 the Johnson and Johnson Center for Health Worker Innovation partnered with global sustainability nonprofit Forum for the Future to examine lessons learned from the COVID-19 pandemic and what is required to build resilient health systems of the future. The partnership and resulting project brought together health practitioners from around the globe to engage in a series of dialogues on different research questions designed to examine the systemic challenges facing the health system, and pinpoint areas for action.

This report summarizes the topline findings from these dialogues. The recordings of the dialogues in addition to supplemental content for each question are housed at the Futures Centre on a live research page. This report highlights the common themes across the six dialogues as well as draws out functional pathways for new ways of operating to build greater resiliency in the future.

Introduction:

The COVID-19 pandemic represented the most significant global disruption of the 21st century, impacting national economies, education, and health systems across the globe.

It emerged within a context of pre-existing health challenges across many already strained communities and populations. These challenges include mental health, rising comorbidities, urbanization and the social determinants of health. The pandemic revealed deep-seated health inequities alongside long standing failures to appropriately recognize, value, and protect front-line community health care workers.[1][2]

As the world community continues to battle COVID-19 and re-envision in its wake, there is an opportunity to explore how the lessons learned, and those we are still learning, can help us evolve our health systems to be more proactive, responsive, equitable, and community-

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[1] There are many definitions of Community Health Workers. The American Public Health Association defines them as "a frontline public health worker who is a trusted member and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counselling, social support and advocacy."

[2] The WHO defines community health workers as: *Community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers.* In https://www.who.int/hrh/documents/community_health_workers_brief.pdf

centered. When we speak of health systems, we do not just mean the health care system with all the relevant components and institutions such as local doctors, surgeries, hospitals, maternity units, etc. A health system encompasses these structural elements and also, critically, includes the way we value health and the people and individuals embedded within communities. We understand individuals' health to be dependent upon the resilience of the communities they are part of. We recognize the roles of families, friends, neighbors as carers, and the central role of community health workers supporting these informal networks working towards health.

Resilient health systems, which are able to withstand shock as well as bend and adapt, are critical now and for the future. To explore what is required to build the resilient health systems of the future, Forum for the Future, a sustainability non-profit, and the Johnson & Johnson Center for Health Worker Innovation, partnered to host a series of dialogues centering the role of community health. These dialogues were grounded in a systems change perspective and presented publicly on Forum's Futures Centre.

This report consolidates the findings from six dialogues with leading health contributors. It is designed to supplement the recorded dialogues and not intended to be comprehensive of the wide range of issues pertaining to the resilience of global health systems. However, we do hope that these findings highlight a few areas where action is critical to support a sustainable, equitable, and healthy future.

Process

Five Questions on Health Systems of the Future

The project began with an inquiry to identify key questions to explore and diagnose key tenets of the health system of the future. We used the Iceberg Model of Change to conduct systemic analysis and contextualize community health as part of a broader system.
Through the analysis, five key questions surfaced to help us further navigate the underlying challenges and opportunities in shaping resilient health systems, fundamentally transforming community care models, and thinking differently about health systems from a global purview.

The following five questions shaped the five conversations with global experts.

1. *What is community health and why does it matter? Why is it important for the future?*
2. *How do we design health systems that are in pursuit of health, not just treatment and cure of disease?*
3. *What does equitable community health look like in the digital age?*
4. *What mechanics and structures are needed to support and elevate community health? What can we learn from existing examples/case studies and how those models could scale?*
5. *What is the future health workforce that we need?*

Using Three Horizons framework to guide each question

The Three Horizons framework was used to structure each of the dialogues. This framework is premised on three horizons playing out at the same time in the present but each containing seeds of the future. The X axis tracks time, and the Y axis tracks prevalence.

Conversation 3: What does equitable community health look like in the digital age?
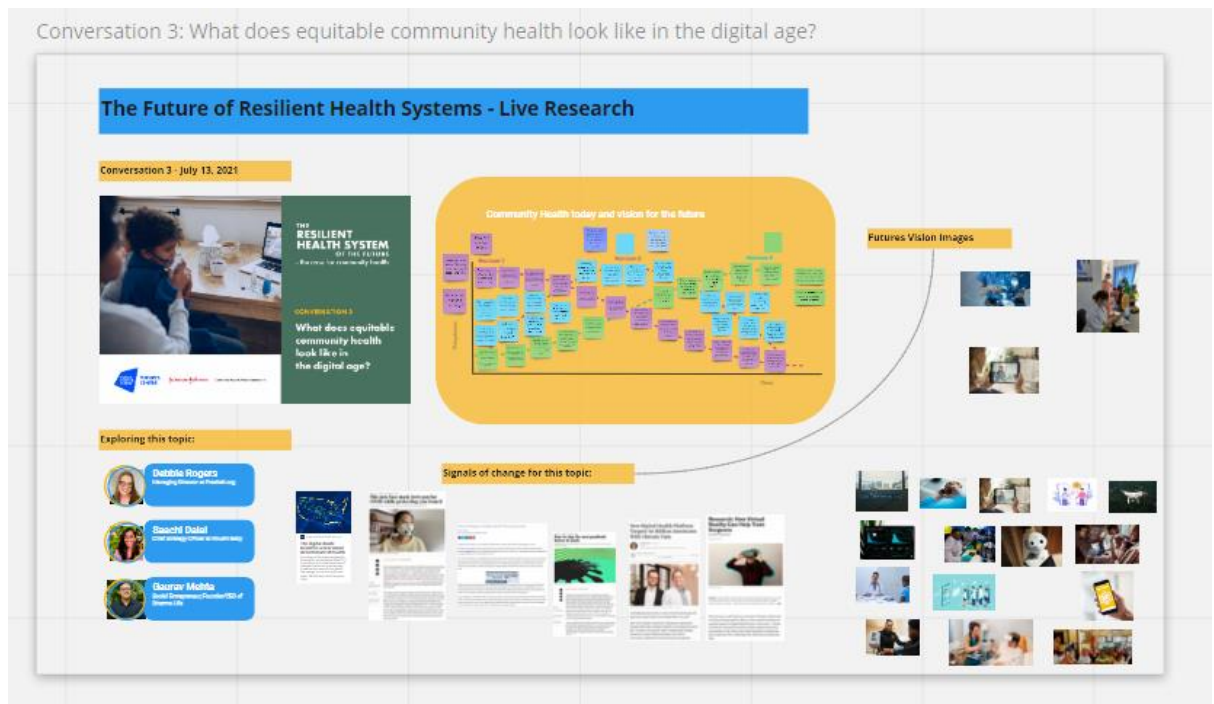
- The First Horizon is the status quo. It describes the current context and conditions, working assumptions, and the dominant paradigm. Not all the ideas, practices and concepts on the First Horizon are fit for the future. The first horizon is what's dominant today, and what will decline across a longer-term time period in response to a changing context.
- The Third Horizon describes the future we want. The seeds of that future are very much present and visible today. The third horizon contains new trends and emerging innovations. These are the things that might be weak signals today, but if they grow and become mainstream, they can form and shape a new paradigm.
- The Second Horizon is the space of change that needs to take place between Horizon 1 and 3. It is the space where disruptive innovation, of new ways of doing and being take place. This is the transition stage that can get us closer to Horizon 3.

Each of the five conversations followed a similar set of questions that asked participants to reflect on their understanding of the health system using the three horizons as a prompt to consider what's waning in the prevalent system, the future that's being shaped, and key actions, innovations and cultural shifts required to get to a desired future.

Finally, there was a [sixth conversation focused on building on the cumulative lessons](#) learned focusing on key actions needed to get to the future that we want.

Common Themes

The resilient health system of the future is centered on the needs of citizens and their communities. It values overall quality of life, taking an integrated approach to address intersections and the social and environmental determinants of health so the whole picture of an individual and community comes into view. It invests at the community level, incentivizes and funds prevention and is strongly connected to primary care. It supports and empowers community health workers, providing education opportunities, funding, and digital tools. It integrates digital tools and data in order to empower and provide access to individuals and health workers, and enables rapid system improvements worldwide.

Through the six conversations, the following key themes emerged:

Shifting mindsets and public expectations on what constitutes health is shaping the health sector of the future

Around the world, the public's understanding of what it means to be healthy is shifting away from focusing on treating illness and is expanding to include enabling a state of overall wellness, and attending to not only physical but also mental, social, and spiritual needs. Increasingly more people are seeking integrated approaches to their health and looking for a range of support systems for themselves, their families and their communities that are outside of the formal healthcare system. However, to avoid wellness becoming a privilege of the wealthy, we have to ensure that wellness is accessible for all and that basic needs are being met.

There is also greater emphasis on shifting funding incentives that value prevention and keeping populations healthy. Throughout the pandemic the healthcare system's continued to focus on treatment of disease. A number of secondary health impacts, such as mental health issues due to loneliness and isolation, and access to nutritious food and exercise, became prevalent without a health systems response. This is where community health workers can be critical - to better integrate these facets essential to health and wellness.

Community health workers are also being empowered and equipped with training and tools to deliver health services outside of the formal health system as well as reinforce preventative measures. CHWs have the ability to take preventative wellness and infection-control practices and take them directly to schools, clinics, and other community centers.

Centering citizen and community needs in health system design

Research increasingly shows that the best community care models are ones where citizens and the communities take part in identifying the health services needed at a local level and are an integral part of decision making when it comes to health system planning. Including community voices in the design and delivery of the care service, enables a citizen-centered perspective that works best for the community and builds capacity for more resilient health systems. Community health systems of the future will work to enable and facilitate local autonomy, decision making capabilities and accountability at a community level and ensure funding models that center community needs.

In Western Canada for instance, there is a focus on empowering indigenous communities to get involved in their own community care. Indigenous led approaches to care are also more culturally appropriate as they use more diverse conceptions of health and wellness. By including the community in the design and delivery of the care service, two models of care were blended in a way that worked best for the community, building the capacity of local people to care for their community members, which makes for more resilient health systems.

To be resilient, health systems of the future will integrate models that incorporate top down and bottom-up dynamics with a sense of urgency. Communities designing and building solutions on the ground will also be attuned to contextual and cultural differences and differences around the communities.

The role of community health workers in this context will be to elevate community voices (foster community empowerment) and provide culturally and locally relevant services. Digital tools can also be used in this context to provide personalized and culturally sensitive prevention tips for citizens that enable healthy lifestyles.

Policy makers have a role in changing behavior through social measures that promote health choices within communities, including allocating funding to look at the holistic picture of maintaining public health that includes physical, mental, emotional, and spiritual health.

Health workers, particularly community health workers, require support at many parts of the system

Across multiple health systems and geographies, community health workers from Kenya to the USA require support from governments, funding bodies, and the health care systems in which they operate. The WHO estimates that 18 million more health care workers will be needed by 2030, particularly in low and lower-middle income countries. CHWs comprise a subset of this workforce.

International migration to high income countries creates a worker shortage in low and lower-middle income countries as those workers who are skilled can find more lucrative jobs elsewhere. This can contribute to an underinvestment in training of health services workers and chronic shortages, despite a sufficient number of health workers being educated in-country.

Additionally, there is often a lack of educational opportunities and training for health workers in several regions. Training generally happens within accredited institutions which are often slow to expand and scale. Governments often shy away from investing in health education as it is seen as less tangible than investments in health infrastructure.

There is a great imbalance of diversity within the health field and particularly among community health workers. 70% of the health and social workforce around the world are women. In the US, Black and Hispanic people comprise 14% of nurses and 9% of doctors while their share of the population is 30%.

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Community health workers tend to be more representative of the communities they serve but are often forced to operate outside the health system and for lower pay.

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Lack of diversity in more lucrative, higher skilled health professions, such as doctors, contributes to disparities in health outcomes based on race and ethnicity. Conversely, Community health workers who do represent the communities they serve, come from

communities of inequity, and face the same health and resource challenges as the populations they serve.

Digital Tools Scale and Improve Access.

Digital tools are key to providing services to communities, meeting people where they are and reaching more people with rapid diagnoses and, in some cases, treatments.

In response to pandemic management, there has been a critical shift accelerating the speed in digitizing health systems, and greater awareness and openness to using digital health tools at the point of care that can be expanded to other issues in public health. For instance, there has been an increased willingness to adopt telehealth services in which the people speak to a doctor over a video call, as an alternative to in-person care.

Data that comes in a timely way allows health workers to make informed decisions at the point of care. With a predictive view on how to keep citizens healthy, caregivers can take advanced actions and provide timely preventative care. So rather than being a replacement for quality care, digital solutions can help take away some of the practical difficulties and help people focus on the people-centered aspects of care.

It is also important to consider the different types of user groups when it comes to people's readiness and accessibility to use digital platforms for health needs, as well as the kinds of services that people feel comfortable accessing through a digital consultation. To fully and equitably integrate digital tools into the health system, barriers such as digital literacy, lack of access to digital devices, and data privacy issues must be addressed.

This momentum to accelerate the shift to digital health must be enabled by policy makers by creating an enabling environment for innovation to scale while managing risk and ensuring quality outcomes.

Working Across Health Systems and Ensuring Continuity of Care.

There is an emerging awareness about the need to work across systems to optimize community health. For instance, looking across at how food and health link together, and good outcomes in one result in positive effects in another, such as when good quality nutrition

positively impacts health indicators on diabetes and heart disease prevalence[3].

There is a tendency to propagate siloes embedded in the health system that stifle innovation and continuity of care. There is a need to break that down for community care models and the wider health and wellness ecosystem to function well. Prioritizing continuity of care, using data and predictive analytics across systems can enable a holistic approach to care and citizens' wellbeing.

Technology can also help with overall system improvement. As health systems become predictive, they enable system improvements. Collected Geographic Information Systems (GIS) data can be used to track and respond to hot spots and high-risk areas and be helpful in generating critical information that health departments can use to proactively intervene and adapt to improve the system itself.

Functional pathways towards new ways of operating

In all the conversations, we have seen that the functional operation of resilient health systems in the future will be different from today. To be resilient, these systems will need to be more innovative, and constantly adapting to changing contexts at every level. To thrive, they will need to be learning systems, centered on people and communities, powered by data and integrating digital health in multiple ways. These new adaptive ways of operating are already being experimented with and adopted at the point of care, in communities, and at a societal level.

Point of care / Individual

- Individuals are recognizing the importance of healthy lifestyles and external factors such as stress, diet, and environmental factors that may impact health. They are looking for holistic, accessible, and inclusive solutions that include the ability to address the various aspects of health including physical, mental, emotional and spiritual health that can help with prevention and increasing overall wellness.

- Digital health is an enabler for people to gain greater access to their own health information. If we can improve the way we present health data, and ensure equitable accessibility and distribution, we can further empower people with informed choices.

Community level

- The pandemic showed us that people need care where they are based, and that resilience happens at a local community level. Community health systems of the future will work to enable and facilitate local autonomy, decision making capabilities and accountability at a community level and ensure consistent and sustainable funding models that prioritize and target community needs.

- Best community care models are ones where citizens and the communities take part in identifying and co-producing the health services needed at a local level and are an integral part of decision making of health system planning.

- Digital tools can be used by health workers to help identify and service unique community needs. The design and deployment of digital tools is critical to ensure they are integrated with existing flows and are not providing an additional burden on the health worker, by taking away time spent servicing the needs of their communities.

Societal level

- Supporting professional organizations such as nursing associations, can help create a cadre of well-trained health workers and support the resilience of frontline workers creating an enabling

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[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3977406/

environment for community health to thrive.

- Young people and women will be key in the health system of the future. Education of women and girls is key as it impacts gender-based violence, teenage pregnancy, and intergenerational poverty. Family planning is as much of an issue for the Ministry of Finance as it is an issue for the Ministry of Health.

- Community health workers are often the front line in establishing practices of good health and focusing on preventative care. Integration of community health workers into the health system through education, access to digital tools, and equitable funding models is essential. CHWs should be recognized and adequately compensated for their work.

- The social determinants of health span many areas: education, income, the national economy, environment, and migration. To address social determinants, we need greater collaboration across organizations and institutions working in this space, as well as funding across multiple legislative bodies.

  With market forces driving massive growth in mobile technology and reducing costs of devices, there is still a gap when it comes to highly reliable and flexible cloud computing clusters that are needed by nations to manage all their health data. Scaling these services will reduce costs and accessibility to deliver technical solutions at needed scale.

(Political) Will

People and societies resist change! Despite the massive disruption of the pandemic, in some powerful circles there is a lack of urgency for change, and there is a lack of innovative policy reform within the health sector at large. The focus of the health sector should be around the human aspect of health and interactions should be centered on the human beings in the system. More collective focus and will is needed to implement universal health coverage, provide standard health curriculums, and fund community health workers to ensure they are equipped to handle the health issues of the future.

New technology implemented through the pandemic has shown that individuals can have more influence over their own health. We need to ensure that **individual voices** are heard and that we have ownership over our own health data.

- We also need institutionalized mechanisms for **engaging with civil society** so that communities can lead with their own lived experiences and perspectives. We need to center civil society and consider opportunities such as the national report on health as coming from civil society to amplify their voices. Civil society can provide us with a better view of the individual within the system.

- We need to **start measuring our wellbeing** using instruments such as the Beyond GDP initiative, developing indicators that are as clear and appealing as GDP, but more inclusive of environmental and social aspects of progress.

  Convince politicians to fund and support community health workers - who were critical for the pandemic response - and better integrate them into the public health system and a digital revolution. To bring governments in, we need better guidelines for policy makers to bring them into the conversation around operationalizing health systems.

Changing who we are and what we value

For some in the current hierarchy, the existing system appears to be working. Transformational change may not be possible without looking deeper at power dynamics and hierarchies of what is valued. The pandemic has highlighted the essential role of community health, and the inequities in metrics and pay systems that don't value wellness. However, some players are starting to shift their power to communities.

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- **Devolving power -** Large international companies and national bodies removing themselves from the center of the conversation, to support communities build their own resilience and local accountability. This requires a new posture of willingness and humility, as well as new governance structures to empower communities and increase their agency, in part by relinquishing proprietary relationships between donor and recipient.

- **Changing incentives around health funding** - Under current systems, it is very profitable to treat disease, but not to provide preventative care or to nurture resilience / keep citizens healthy. We need to think about how to change the incentives and fund prevention as well as cure, by supporting thriving of citizens and communities.

Conclusion

A resilient health system is one that can continue to provide essential health services in the face of shock and rapid change. It contains a deep foundation and strong investment at the community level. It also holds a connection to primary care and the flexibility and agility of dealing with shock. One component is structural. There are structures within the health system that need to be strengthened and this requires resourcing, financing, and data. Another component is people and the continued maintenance of community resilience in order to support the health system. Many smaller resilient units: the individual, the community health worker, and the health center, ladder up to create a resilient national health system.

Revisiting the lessons learned through this conversation series, there are many ways in which actions, at the individual, organizational, and national level can push the health system towards greater resilience. Strengthening health infrastructure, organization, funding, and policy is critical. So is strengthening and centering the people in the system. Both the community health workers and individuals, both of whom can be empowered through greater access to data, localized services, and holistic systems that take into account social determinants of health.

Resilience happens at a local scale, but the health system operates globally. In addition to strengthening local systems, we need a global movement, akin to the one we have combating climate change, to advocate for health systems that are human-centered and future-fit. We need a new societal contract, building on closer collaboration between different system actors to co-design the resilient health system of the future. The 2020's will continue to be highly disruptive and unpredictable. If the last year has taught us anything it is that to better prepare; it is vital that we invest in and strengthen health systems, starting at the community level.

Appendix: Speakers

Dr Madeline Ballard, Executive Director of the Community Health Impact Coalition

Nan Chen, Managing Director of the Health Systems Team at Last Mile Health

Saachi Dalal, CSO at Khushi Baby

Ben Davies, Executive Director of Johnson & Johnson Foundation EMEA

Brian Dow, Chief Executive of Mental Health UK

Mathilde Forslund, Executive Director of Transform Health

Dr. Githinji Githai, Group CEO/Director-General AMREF Health Africa, Co-chair of UHC2030

Amanda Janoo, Knowledge and Policy lead at Wellbeing Economy Alliance

Reg Joseph, CEO at Health Cities

Sundeep Kapila, co-founder and CEO of Swasth Foundation

Maryse Kok, Health Systems Researcher at KIT Royal Tropical Institute

Dr. Balkrishna Korgaonkar, Director of Innovation at Leapfrog to Value

Gaurav Mehta, CEO of Dharma Life India

Wadzanayi Muchneje, Strategic Partnerships and Health Lead (Africa) at the Rockefeller Foundation

Diana Nambatya Nsubuga is the Africa Regional Deputy Director (Policy and Advocacy) and Africa Universal Health Coverage Co-Chair for Living Goods

Debbie Rogers, Managing Director of Praekelt.org

Dr. Khama Rogo, Lead Sector Specialist, World Bank, Head of World Bank Group's Health in Africa Initiative

Denise Octavia Smith MBA, BS, CHW, PH, SFC, Founding Executive Director of the National Association of Community Health Workers
Laura Winn, Head of School of Systems Change, Forum for the Future