Hospitals have often been dynamic participants in local communities across the U.S., but in recent years many have ratcheted up their role in health promotion. In some respects, this is a “back to the future” scenario, in which hospitals are returning to their roots.

Evolution of the Modern Hospital
Aesculapius – whose icon is the staff wrapped with a single snake – was known as a healer in ancient times. More than 200 years before the birth of Christ, the first of Aesculapius’s temples was built on Tiber Island in Rome; it was a place where pilgrims would find shelter while they sought cures for illness. They were offered well-rounded care and treatment of the whole person, including the need for food, shelter, rest, entertainment, relaxation, and curative “prescriptions” to balance the body’s humors, as this was a time of humoral medicine.

Today, Ospedale Fatebenefratelli (Hospital Do Well Brothers), still operates on Tiber Island, where Aesculapius first practiced. Jordan Messler, MD, former chair of the Society of Hospital Medicine’s Quality and Patient Safety Committee, writes that, “The sense of rest and compassionate care emanates from the space, as 2000 years of healing fill the air. This healing space reminds me of the need for [this earlier] holistic and communal approach [to care]. Places where, perhaps, [we put] our focus on the patient, healing more than just the illness, approaching the whole patient and placing them on a path that will not only heal the heart attack but help prepare for smoking cessation, rehabilitation, and social support.” He says, in fact, that this defines what it means to be a community hospital.¹

Hospitals continued to become more specialized as knowledge of medicine grew; yet, until the middle of the 19th century, they were primarily religious organizations. They were concerned not only with care of the body but also with care of the soul. They were known as places where people could go to die. Clinical care, in today’s standards, was primitive, sanitation often nonexistent, and treatment was dominated by procedures common to the time, such as bleeding.

But hospital design and function made significant advances in the second half of the 19th century, as a result of both wartime experiences and scientific advances. As I described in my last article for Arkansas Hospitals, Florence Nightingale established the modern profession of nursing during her time at the Scutari Barrack Hospital during the Crimean War; she created a basic organizational structure that has guided hospital operations ever since. Her hospital design theories, some of which
she described in her book Notes on Hospitals, influenced hospital design and construction well into the 20th century.

Significant scientific and technological advances accelerated hospital evolution between the two world wars. Things that we take for granted today, such as electric lighting and central HVAC systems, radically changed what was possible in hospital design. No longer did architects have to follow Nightingale’s concept of separate pavilions to optimize natural light and circulation of outside air. In a Penn Nursing white paper on the history of hospitals, Barbara Mann Wall writes: “By 1925, the American hospital had become an institution whose goals were recovery and cure to be achieved by the efforts of professional personnel and increasing medical technology.”

As technology and science continued to advance, greater emphasis was placed on the hospital as a singularly focused location for treating disease. Of course, the hospital was a mainstay of the community, but it was increasingly a stand-alone institution.

The second half of the 20th century saw a steep climb in the technological curve – and in the cost curve. Things that would have been considered magic in earlier times became routine, including organ transplantation, robotic surgery, non-invasive imaging technology, and – though still very much a work in progress – electronic health records. Regional trauma and emergency medical services brought people to hospitals who previously would not have survived, and increasingly sophisticated intensive care units kept people alive who previously would have died.

The first years of the 21st century have shown continued acceleration in the development of medical technology, including early glimpses of the potential of artificial intelligence and big data to radically transform medical care. At the national level, we’ve seen massive structural changes with megamergers of health care systems and the implementation – and attempts at repeal – of the Affordable Care Act.

Yet these early years of the current century are also seeing a return to hospitals’ original roots – those of caring reach out to the family in its home environment; the hospital is also a centre for the training of health workers and for bio-social research.” Though hospitals still, of course, focus on curing disease, today there’s a movement back to treating the whole patient and encouraging health and wellness. In many cases, the hospital partners with others in the community to bring care to a new level.

Dr. Danielle Gottlieb Sen is a cardiac surgeon at Children’s Hospital New Orleans (CHNOLA), but she sees her mission extending far beyond the hospital. “The procedures we can perform today would have been considered miraculous not that long ago,” she says, “but we also need to help parents provide necessary follow-up care in environments that are often less than ideal.”

Having identified a need to improve home care, the hospital partnered with the fundraising nonprofit “Hogs for the Cause,” a renowned, annual pork barbecue competition held in NOLA, to build the multi-million-dollar Hogs House Family Center on the CHNOLA campus. This facility provides families with social support while their loved ones undergo treatment. It’s designed with a comfortable, homelike setting where hospital staff can also give parents additional training on how to provide ongoing care for their children before taking them home.

Sen further observes that the relationship between optimal clinical outcomes and social determinants of health has been well established and that our priority should now be to remove the drivers of these disparities.

Today, the mission of hospitals is gradually transforming, from waiting for the sick and injured to show up seeking care, to reaching out into the community with support and education about how to prevent illness and injury, while remaining responsive and ready to provide high-quality care when these things do happen. Hospitals are returning to the role of “providing for the population complete health care, both curative and preventive.”

**Back to the Future**

In 1957, a World Health Organization (WHO) Expert Committee on Organization of Medical Care concluded that: “The hospital is an integral part of a social and medical organization, the function of which is to provide for the population complete health care, both curative and preventive, and whose outpatient services

Shoppers stock up on locally grown produce at Hancock Harvest in Greenfield, Indiana, where farmers work in partnership with Hancock Health to provide nutritious food for families with limited resources.
Food and Nutrition
A growing number of hospitals are addressing “food deserts” where a lack of healthy food choices leads to unhealthy eating habits. Amanda Everidge is Healthy Community Manager at Hancock Health in Greenfield, Indiana. Earlier this year, the hospital launched Hancock Harvest as part of its Healthy365 program to promote community health.

“Research has been showing for years that food is, in fact, medicine,” she explained, when describing how Hancock Health is partnering with local farmers to make nutritious produce available to people with limited financial means. Quoting a comment received from one patient, she says, “This program means that people no longer have to choose between food and medicine.”

Housing and Homelessness
Drive through certain areas of any large city and you will see homeless people living on the streets. According to the American Psychological Association, poor physical health is more pronounced among those who are without homes, and rates of mental illness among the homeless are twice that of the general population.

In Baltimore, 10 hospitals collaborate with city government on a program to provide housing for 200 homeless individuals and families. Dr. Redonda Miller, President of Johns Hopkins Hospital, says, “As anchor institutions, it is both our privilege and responsibility to address our neighbor’s concerns… We know this initiative makes a difference. It is the right thing to do for our patients. It is the right thing to do for Baltimore.”

Opioid Addiction and Suicide Prevention
The Veterans Health Administration has prioritized key initiatives for ending homelessness, addressing the opioid epidemic, and confronting suicide among our nation’s veterans. Donna Katen-Bahensky, recently retired Director and CEO of the West Palm Beach Veterans Administration Medical Center (WPBVAMC), says that “to fulfill our obligation to our Veterans, we must be out in the community collaborating with other agencies.”

WPBVAMC established a multi-disciplinary approach that engages the local medical society, city government, and other agencies to identify and eliminate the causes of inappropriate opioid use through better data collection, effectively treated, will significantly limit their potential as adults.

At a time when many hospitals are dropping mental and behavioral health services for financial reasons, Children’s Hospital New Orleans is building a 51-bed behavioral health center that will be one of the largest and most comprehensive children’s mental health facilities in the country. The hospital is also partnering with New Orleans public schools to provide a range of telehealth services, including mental and behavioral health.

Dental Care
According to Chanda Chacon, Chief Operating Officer and Executive Vice President of Arkansas Children’s, dental cavities are one of the most common chronic diseases of childhood, and they can contribute to more serious disease conditions. Children’s health in Arkansas ranks near the bottom, nationally, by most measures, and poor oral health contributes to this ranking.

Together with community partners, the hospital created the Arkansas Children's Dental Outreach program with four, full-service, mobile dental vans to serve children in need of root canals, cavity fillings, and other oral health problems. Chacon says, “This initiative has allowed us to dismantle silos between clinical specialties and organizational entities in a way that keeps what’s best for children at the very center of our collective focus.”

Promoting Personal Values in Schools
Over the past five years, Midland Health in Midland, Texas, has received national recognition for its work in building a more positive culture of ownership. When Midland Independent School District was struggling with poor student test scores and a negative culture, the hospital saw a great opportunity to forge a values-based partnership. Marcy Madrid, Vice President
of Planning and Marketing, says, “We realized we can only reach our goal of making Midland the healthiest community in Texas by engaging the school system and helping them teach their students about the importance of values, attitudes, and lifestyle choices in determining their future health and well-being.”

Now every employee at both the health system and school district, including those in new employee orientation, completes a two-day course on “The Twelve Core Action Values,” the Values Coach course on values-based life and leadership skills. Madrid says, “This has the added benefit of creating shared values and cultural expectations between the health system and the school system, and this partnership is gradually influencing the rest of the community.”

Preventing Gun Violence
Any discussion of the current and future role of health care organizations – and the responsibility of health care leaders – in promoting community health would be incomplete without a mention of gun violence. Last year, nearly 40,000 Americans were killed by guns; more than half of these deaths were suicides. That compares with fewer than 10 gun deaths in Japan over the same time period.

It’s estimated that gun violence costs the American economy at least $229 billion every year, including about eight billion dollars in direct emergency and medical care. The American Medical Association calls gun violence “a public health crisis.”

Michael Dowling, CEO of Northwell Health, in New York, has emerged as a leader in the campaign to engage health care professionals in preventing gun violence. In a CNN interview, Dowling said, “We see the impact of violence and gun violence. We see it in the emergency rooms. We see the suffering, we see the pain. We see the distraught families, we see the blood… I think what we do is we raise our voices and try to get a coalition of health care leaders across the country to stand up and say this is a public health issue. This is about protecting the community. This is about leadership. This is about standing up and saying enough is enough.”

Creating a New Future
American health care has been criticized for being the world’s costliest medical care while lagging far behind other countries when it comes to important outcomes measures. Many of those measures can only be comprehensively addressed by hospitals moving beyond their traditional roles and reaching out into their communities.

Those challenges are going to become more daunting – and soon. An aging population means that ever sicker patients will require care, while an aging health care workforce will make it increasingly difficult to find the people necessary to provide that care. Ever more dangerous – and more highly addictive – drugs are ruining lives. Most alarming, the health consequences of global climate change are only just beginning to manifest, and projections for its future impact range from dire to disastrous.

Health care now makes up one-fifth of America’s GDP; in many communities, health care organizations are one of the largest, if not the largest, employers. There are growing expectations that these organizations will play a commensurately large part in promoting the overall health and well-being of their communities.


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