

Transcript Details

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The Art and Science and Sustainable Healthcare Architecture

Mark Masselli:

This is Conversations on Health Care, I'm Mark Masselli.

Margaret Flinter:

And I'm Margaret Flinter.

Mark Masselli:

Well Margaret, it's been really tough to watch the spread of Ebola across several West African nations. The CDC is predicting really an epidemic outbreak here that could quadruple to 20 thousand cases within just a few weeks.

Margaret Flinter:

Well Mark, as providers and public health people we know how vital it is to get ahead of these outbreaks, but this one was so insidious at first, so hard to pin down. And once it was clear that they were dealing with an Ebola epidemic the wildfire had spread, just a perfect storm to allow it to spread.

Mark Masselli:

And it's interesting to note Margaret that more countries are stepping to help. The US is expected to spend a billion dollars on the crisis, and sending three thousand American troops to support on the ground.

Margaret Flinter:

Well, the UN, the World Health Organization, the CDC...

Mark Masselli:

Still, half of the six thousand people infected have died, and treatment's still too scarce. We'll certainly be keeping our eye on this situation, and we're reminded that global health issues are really everyone's issue.

Margaret Flinter:

And at the same time back at home a lot of folks are keeping their eye on healthcare.gov. The Federal Insurance Exchange has undergone some revisions, and the word is they're not promising it will be perfect but it should be more user-friendly than the first go-around.

Mark Masselli:

And the administration is promising to redesign healthcare.gov. It will mean that 70 percent of the users across 36 states will have fewer questions to answer, fewer pages to navigate, and would allow insurance signups with fewer clicks of the mouse, and that's all good news.

Margaret Flinter:

And I know that the leaders also know that the site has to be secure and are conducting hacking attempts to see how penetrable the site is. I understand that there was both some good and some cause for worry from those attempts.

Mark Masselli:

There was, and the so-called "white hat" hackers found a critical vulnerability at the site. But also praises from professional hackers who said they still weren't able to get past the firewalls put in place. And that vulnerability has since been addressed, so it seems backup safeguards have worked quite well.

Margaret Flinter:

And the Department of Health and Human Services also ran tests on some of the state exchanges, so not just focusing on the Federal Exchange. And we understand while Kentucky held up admirably New Mexico's exchange revealed dozens of vulnerabilities. Actually we think all of this is good information as we gear up for the next round of open enrollment. We want to fix these problems before November 15th. That's vital to the success of the country's second open enrollment experience.

Mark Masselli:

Another good idea in health care, Margaret, is just beginning to take hold, and that's using sustainable architecture practices in the building of health care facilities. Our guest today is a world-renowned expert on this subject.

Margaret Flinter:

Robin Gunther has been a leader in thought as well as practice. She's the author of Sustainable Health Care Architecture. Her experience is very much needed as we better understand the vital importance of sustainability as one approach to building a healthier community.

Mark Masselli:

We'll also have Lorie Robertson, Managing Editor of FactCheck.org stop by examining misstatements spoken about health policy in the public domain. But no matter what the topic you can see all of our shows by Googling CHC Radio.

Margaret Flinter:

And as always if you have comments please e-mail us at chcradio.com or find us on Facebook or Twitter. We love to hear from you. And we'll get to our interview with Robin Guenther in just a moment.

Mark Masselli:

But first here's our Producer Mary Ann O'Hare with this week's Headline News.

Mary Ann O'Hare:

I'm Mary Ann O'Hare with these Health Care Headlines. The Ebola epidemic is claiming more victims, and the world is moving in to respond. With several thousand infected and dying there are startling numbers looming. Twenty thousand could be infected within weeks, and the worst case scenario has the number at 1.4 million within a few months if gone unchecked. Health officials say many victims are dying at home due to the lack of available clinic beds in these West African nations. The US and other countries are stepping in to intervene with money, supplies, and military personnel, offering backup support.

More insurers are jumping into the health exchange game, HHS Secretary Sylvia Burwell announcing there would be a 25 percent increase in the number of insurers competing for business on the exchanges in this year's open enrollment. This will give consumers more choices for coverage. Meanwhile hospitals in states where Medicaid has expanded are seeing the benefit in fewer unpaid bills, roughly six billion dollars coming into hospital coffers now that people have coverage for their health care.

CVS is continuing to expand its push into the health care arena, rebranding itself recently as CVS Health and discontinuing the sale of cigarettes in their push further into the health care space. CVS Health is partnering with several hospitals and health systems to be a point of care at some of the pharmacy chain's 900 Minute Clinics. Now when patients get care at those facilities their information will go into electronic health records connected to the hospitals.

And teens and the coming-of-age rituals, the acne, the depression. Studies show at least 11 percent of all teenagers will experience some form of depression, and that depression is usually exacerbated by the idea that there'll be no way out of that situation. A University of Texas Austin researcher conducted a study to see if a targeted intervention could turn that around ahead of the game.

The study divided 600 ninth graders into two groups. Half participated in the brief intervention program designed to help them understand that people and circumstances can change. The teens not given the intervention were more likely to be depressed, about 25 percent more, at the end of the nine-month period. It appears just showing those articles and having conversations with teens who have been through it actually helps head it off at the pass. I'm Mary Ann O'Hare with these Health Care Headlines.

Mark Masselli:

We're speaking today with architect Robin Guenther, Fellow of the American Institute of Architects and principal at Perkins and Will, an internationally-recognized leader in sustainable health industry design. Ms. Guenther is Senior Advisor to Health Care Without Harm, a global movement dedicated to environmentally responsible health care. She coordinated the Green Guide for Health Care, served on the US Green Lead for Health Care Committee, and recently released the second edition of Sustainable Health Care Architecture.

Ms. Guenther has won numerous awards for her work, was twice named the Most Influential Designer in Health Care by Healthcare Design Magazine, and received the Center for Health Design Changemaker Award for her leadership and innovation in the design of

healing environments. She earned her degree at the Architectural Association of London. Robin, welcome to Conversations on Health Care.

Robin Guenther:
Thank you, Mark.

Mark Masselli:

And it's great that we're meeting now as the kickoff of the UN Climate Change Meeting. Also happened to be at the march in New York City over the weekend, and really focused in on health care where there's been a huge sea change over the years with more institutions being engaged in this. Yet I think there's still a disconnect on health care on exactly what sustainable architecture really means. So for our listeners I wonder if you could explain exactly what you mean when you say "sustainable health care architecture."

Robin Guenther:

Well, what I mean by it is that sustainable health care architecture encompasses built environments that basically do no harm to the environment or the health of occupants, communities, or the planet.

And I'll add to that, that if in fact our built environments had been doing that all along, if they'd been behaving that way of doing no harm, we might not be experiencing either the environmental or the health crises of our age that all those people were marching about, meaning around resource depletion, pollution, complexities of chronic disease burdens. So what we need to get to are built environments that don't deplete but truly are able to be sustained for generation on generation.

Margaret Flinter:

Robin, you were on the US Green Building Council Board that actually developed the Lead Certification Standards for new buildings. Now, we came to be pretty familiar with those standards when we set out to and did build the Lead Gold Building at our Community Health Center Headquarters here in Connecticut. But we learned so much about the complex of construction requirements, building material standards, energy use standards that yield these lead ratings, and they're not necessarily intuitive ones that people would know about.

Maybe you could describe for our listeners, what are some of these standards and their goals, and what does it take to achieve the highest level of lead certification? And maybe I'll layer onto that since you've designed some of those buildings, maybe you have a favorite example of lead certified health care facilities that maybe transformed both the health care experience as well as improving or shrinking that carbon footprint.

Robin Guenther:

Well, as you noted the Lead Certification system is the most common certification tool in the world. And it really covers land development, resource use, meaning energy, water, and raw materials, as well as the occupant experience, everything from acoustics to indoor air quality to daylight views. To achieve the highest level of certification, which is Platinum, buildings need to both minimize their physical development impacts, less paving, more nature, better storm water management, and use less resources while producing actually a higher quality of occupant experience.

We need to contrast today's green buildings with the first generation of green buildings in the 1970s when the energy crisis caused people to tighten up the air circulation in buildings, and that led to a whole host of health issues from sick building syndrome to building-related illness. So this time around the green building movement is focused both on reducing resource use but coupling it with improved indoor environment. My personal favorite building in the health care world I will say is these days my own, or one of my firm's, and that's the Spaulding Rehabilitation Hospital in Boston.

Margaret Flinter:
Oh, yes.

Robin Guenther:

And I think that building demonstrates both a real transformative idea about how health care occupants can use a building. It has operable windows in the rehab gym so that patients can actually exercise in ambient air and hear the sound of the birds and the boats on Boston Harbor. I think that's a huge step forward. It also saves energy.

I think we are these days getting into sort of what I would call the second generation of sustainable building where hospitals and health care facilities are actually getting more innovative. They're not just optimizing the way they've always done things, but they're really crossing into territory that we haven't seen in a long time.

Mark Masselli:

So you talked earlier, the green movement's been around for a while but it's come late to the building profession. And your earliest

efforts were addressing the unhealthy qualities of building blocks, actually the building materials themselves. And you and your colleague put together a list of 25 precautionary building materials to watch out for, and I believe your adage was, "Use your nose. If it stinks don't use it." I love that.

And over the past 50 years there's been an increase in chemically-based materials that have been shown to have a harmful impact on human health. So again, if you could tell our listeners about your concerns about questionable materials and how they're affecting human health, not just in health care facilities but actually in all structures.

Robin Guenther:

Well, I wish that had been my quote, but I have to give credit where it's due. It's actually attributed to Google Cofounder Larry Page who is...

Mark Masselli:

You're in good company.

Robin Guenther:

...legendary for walking onto Google construction sites, and picking up materials and smelling them. But yes, Perkins and Will developed what we call the precautionary list, which is a list of 25 substances that are commonly found in building materials that we believe the weight of science suggests should be phased out of commerce. These include things like polyvinylchloride, Bisphenol A, _____ (12:56) plasticizers, and one that is front page news these days, brominated and halogenated flame retardants.

I think what people don't realize is that building materials, unlike food and pharmaceuticals, are not tested for health and safety before they enter commerce, and there's no requirement to disclose their ingredients. And all building owners have certainly paid the price associated with earlier generations of building materials that have been removed because of health and safety issues. The ones that come to mind are asbestos, lead paint.

That whatever economic and performance benefits those materials promised were certainly negated by the difficult and expensive cost of their removal as hazardous substances. To understand the consequences of these materials is important before we purchase them and install them in our buildings. And so that idea of transparency, which is the term for that, knowing what's in a product, is emerging as the key cornerstone of the healthy materials economy.

Margaret Flinter:

Robin, you've coauthored what many call the definitive book on green construction in health care, and the second edition I understand of Sustainable Health Care was released last year. And we're seeing, as Mark said, this rapid transformation in how health care is being delivered. We're seeing such progress in environmentally conscious design. But we also have this triple aim in front of us, better quality, better safety, and lower cost in care, and all of these forces sort of have to be thought of almost simultaneously.

I appreciate the work that you did with Health Care Without Harm, certainly a group that we followed for years. What's the conversation that happens in the field today between individuals, the experts like yourself and the people within the health care institutions that are struggling with issues of safety and cost? What's the form for that conversation and that exchange?

Robin Guenther:

I think that Health Care Without Harm through the organizations Practice Green Health and the Healthier Hospitals Initiative have really begun to engage health care organizations at a kind of boots on the ground level from the inside of health care delivery settings, from the frontline workers all the way up to CEOs in the Healthier Hospitals Initiative working top-down in order to really transform practice.

And it's on every level, not just in building design but in operation. And all that is proving to actually come with pretty interesting reduction of waste, I mean waste in a broader sense, as well as saving money. So it's showing that there is a lot of waste in health care that can be ferreted out through thinking about sustainable process.

And I was going to make a point about this sort of switch in settings and what moving health care upstream does, and how that relates to sustainability, which I think has interesting overlaps around transportation. The idea of getting health care where it's convenient to consumers for health management is an idea that...

For example in the UK National Health system they're doing that to reduce their carbon footprint. In the UK transportation carbon to get to and from your health care setting is equal to the direct energy impact of buildings. So if you can place the health care in a more convenient location you can reduce your carbon footprint and have healthier and happier patients.

Mark Masselli:

We're speaking today with architect Robin Guenther, Fellow of the AIA, principal at Perkins and Will, and internationally recognized

leader in sustainable health industry design. She's also Senior Advisor to Health Care Without Harm, a global movement dedicated to environmentally responsible health care. Robin, I was thinking as you were talking, we've had our own sort of initiative over the last 15 years building buildings and delivering care where people are versus where we are.

So much of that is really focused in around trying to make it more accessible for people wherever they're living. I want to talk a little bit about, you were a featured speaker at this year's TEDMED conference which explored the intersection between technology, entertainment, and design. It's a place where big ideas are exchanged. And yet the topic you spoke about was, I Was Thinking Too Small.

And tell us, where do you think people were thinking too small when it comes to health care and healthy design? I know in talking with one of our favorite architects that always talks about, think about things in the next larger context, he's always reminding us to think much bigger than what we're looking at. But tell us about your thoughts of the underlying speech as well as the TEDMED experience and how you think it might influence health care transformation moving forward.

Robin Guenther:

So the theme of that closing session was to feature speakers who challenged their own worldview and realized that they were thinking too small. And I realized a while back that if we just think about doing less harm, like saving 10 percent of our energy or using a few less miles of blue wrap in our OR packs instead of transforming our practice to really do no harm, or to actually use our buildings to heal some of the harm we've maybe already done to health and the environment, we are thinking too small.

And so that was my kind of primary message, that basically every day health care contributes to the environmental and health problems it exists to solve, and we need to change that paradigm. We need to create building and operational solutions that stop making us sick. And that is the CliffsNotes version of the talk. For more than that your listeners will just have to hear it...

Margaret Flinter:

Well, we encourage them to do that.

Robin Guenther:

...when it posts in a few months. But I hope your listeners understand that it's possible and really exciting to think about doing so much better.

Margaret Flinter:

Well Robin, you've spent much of your career promoting policies that support more sustainable architecture, not just in health care but in general. And you said that to make that happen health care professionals need to understand the importance of sustainable design but that's not enough. You've also got to engage the moms in the equation. And when moms learned that the BPA in plastic baby bottles was harmful to the health of their infants there was an outcry.

And I'm going to add nurses to that group, because certainly in our home state of Connecticut nurses really led that charge very successfully. And this is the same when it was learned how dangerous fire retardant chemicals were to their children's health and safety. How do you see the strategy of getting more people, everyday people not health care people, not architecture people, but everyday people interested in demanding healthier products in buildings in ways that create a healthier dwelling, a safer life for they and their families?

Robin Guenther:

I think that health care professionals are trust holders and messengers of health in society. And when they join the general public and their communities to do what you described and do things like opposing coal-fired power plants it makes a huge difference. When they advocate for children's health or eliminating flame retardants it really matters to the general public. So it is getting health care professionals to exercise their citizenry and join with the moms in their communities to push public discourse forward.

I also think we live in an era where acting locally is proving to be very effective, getting municipal level and state level bans on things like flame retardants, or triclosan, or antibiotics in food. These days those local and state bans really send market signals to manufacturers and produce real market change. So I say to health care professionals, "Work in your communities. Join together as nurses and doctors with the moms and the kids, and change your communities."

Mark Masselli:

That is great message. And as I mentioned earlier this weekend I took my daughter down to the climate march, joined a couple hundred thousand people, which coincided with the United Nations Climate Summit Meeting. And you're a Senior Advisor to Health Care Without Harm, and I know you were pleased to see how many health care professionals were participating in that event. Tell us about the work of Health Care Without Harm and your hope for engaging more professionals in its mission.

Robin Guenther:

Well, as I think Margaret you pointed out, that Health Care Without Harm has really done pretty remarkable work in helping the health care community connect its practices with their environmental and health impacts and transform those practices. They really focus on three basic ideas, helping hospitals and health care organizations reduce the impact of buildings and operations on the environment, supporting health care's role as health anchors in communities, and gathering health care leaders to advocate for policy changes that support population health. That's the one we just talked about.

So again, I really encourage health care organizations to look at Practice Green Health, Healthier Hospitals Initiative, HHI, and engage in the programs that Health Care Without Harm offers out. And I see both in my own clients and I saw it so clearly at the climate march that younger medical professionals really care about all these issues.

Margaret Flinter:

Absolutely.

Robin Guenther:

And whether it's because they're graduating from universities with progressive environmental policies and practices... I also think they're coming of age in what someone at TED called the second industrial revolution, the age of information, and with that transparency. So they're expecting to know what's in their building products, they're expecting to understand the components of the things they surround themselves with, and they will act on that information in the interest of health.

Margaret Flinter:

Well, we had Earth Day, and it's great to see this generation creating a whole new environmental push. We've been speaking today with architect Robin Guenther, Fellow of the AIA, principal at Perkins and Will, and Senior Advisor to Health Care Without Harm, a global movement dedicated to environmentally responsible health care. You can learn more about her work by going to transparency.perkinswill.com, or noharm.org, or healthierhospitals.org. Robin, thank you so much for joining us today on Conversations on Health Care.

Robin Guenther:

Well, and thank you Mark and Margaret for inviting me.

Mark Masselli:

At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a nonpartisan nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson:

Well, those political parties like to pick certain provisions of the Affordable Care Act, ones that are popular or unpopular, and use them to attack opponents for supporting or opposing the law. In West Virginia for example Democratic Representative Nick Rahall zeroes in on a provision about black lung benefits, a popular subject in the coal mining state. His Republican opponent Evan Jenkins supports repealing the Affordable Care Act, which included two amendments to the Black Lung Act to make it easier for miners and surviving spouses and dependents to claim black lung benefits.

Based on that a Rahall TV ad claims his opponent has pledged to take away black lung benefits from coal miners, but Jenkins didn't make such a pledge and in fact has said he is opposed to any cuts in the Federal Black Lung Benefit Program. Even if the ACA were repealed black lung benefits wouldn't be taken away from coal miners who are now receiving them. The federal benefits program established in 1969 provides compensation to miners disabled by the disease and to their survivors upon their death.

The amendments to the ACA made it easier for miners and survivors to qualify by requiring the mining company to prove that coal dust wasn't a significant factor in a miner's disease and preventing survivors from having to file a new claim upon a miner's death. But the campaign ad doesn't address these details. Instead it distorts the facts. And that's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter:

FactCheck.org is committed to factual accuracy from the country's major political players, and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked e-mail us at chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Right now there are about three and a half million people living in refugee camps around the world. Whether displaced by wars or natural disasters,

the plight of these people is often the same, living in squalid conditions in tent cities that provide little protection from harsh elements.

And these conditions pose serious threats to their health and wellbeing. The IKEA Foundation has taken the parent company's wildly successful do-it-yourself approach to home furnishings and applied it to the problem of inadequate housing for displaced refugees. They've created a do-it-yourself dwelling that can be shipped and assembled anywhere.

Jonathan Spampinato:

So first and foremost there's the very well-known flat pack approach that Ikea has pioneered. Secondly, the materials in the product itself, so it's a shelter, it's not a tent.

Margaret Flinter:

Jonathan Spampinato is the Head of Communications & Strategic Planning at the IKEA Foundation. They're working closely with United Nations organizations working on the ground trying to assist refugees in Somalia and other parts of the world.

Jonathan Spampinato:

We extended that to also include funding for an innovation unit within the UNHCR so they could think more long-term. So providing that funding allowed them to start the refugee housing shelter, looking at how to design a better shelter.

Margaret Flinter:

And since on average a person is likely to spend up to 12 years in a refugee camp these IKEA structures have some unique properties that could make the experience more bearable.

Jonathan Spampinato:

The walls and the roof are made out of a new fancy version of basically a plastic material that is much more durable but very, very lightweight, and still it is insulated.

Margaret Flinter:

The IKEA Foundation currently has prototypes being tested in various refugee camps and will scale up production once refinements are made. And true to IKRA, the price point is going to come in under a thousand dollars per structure. A deliverable, affordable, do-it-yourself dwelling that can provide some sense of dignity, privacy, and protection for families who are struggling as refugees, now that's a bright idea. This is Conversations on Health Care, I'm Margaret Flinter.

Mark Masselli:

And I'm Mark Masselli. Peace and health.

Voiceover:

Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University, streaming live at wesufm.org, and brought to you by the Community Health Center.