

## Bagels, Pasta, and Pajamas: Importing Ideas to Build a Culture of Health

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The United States has benefited from great ideas from other countries for years: democracy and the separation of powers, bagels, pasta, pajamas, *The Office*, and *House of Cards*—the list goes on.

At the Robert Wood Johnson Foundation (RWJF), we are acknowledging the strength of our global diversity by exploring and learning from promising approaches from other countries.<sup>1</sup> Our goal is to determine if and how these approaches could be adapted to achieve our mission in the United States. We are not expanding our scope by trying to improve outcomes in other countries; we are simply adding tools to our toolbox.

Last year, we announced the pursuit of a vision to help build a Culture of Health in the United States.<sup>2</sup> Informed by the work we have done over four decades, we understand we will never achieve our mission of improving the health and health care of **all** Americans if we do not engage in a more integrated and comprehensive approach that focuses on what happens **beyond** the clinical setting—in communities, workplaces, and schools. While we will continue to improve access to and the value of health care, we know that the social determinants of health will continue to impede our progress if we do not address them head on.

From its inception, we knew that building a Culture of Health was not something we should—or could—do alone. In addition to working side-by-side with our allies in health and with partners from other sectors, we knew we needed to make a conscious effort to **learn**—from best practices in communities across this country, from great ideas from other fields, and from the accomplishments of those building a Culture of Health around the world.

### CLEARING THE PATH AHEAD OF US

The MASS Design Group, an RWJF grantee, is investigating innovative and effective health care facility architectural design in Rwanda and other Sub-Saharan African countries to learn how to adapt the approach to improve facilities in the United States.

MASS Design, which believes that “architecture is more than a building,” originated from a partnership between Partners in Health and the Rwandan Ministry of Health and a goal to design a hospital that could reduce the transmission of airborne disease. What MASS Design created reflects their further belief that society should expect more from the buildings in which they live, work, learn, and receive care: a positive impact on life, dignity, and physical and mental well-being—a Culture of Health. The hospital was constructed with local materials, using labor-intensive practices that helped stimulate the economy. Wards were designed so that patients can face outward, looking out their own window versus at a room of sick people. As John Cary and Courtney E. Martin wrote in a 2012 *New York Times* op-ed, “The project marks a literal reclamation: an area that was once a site of genocidal violence is now a center for state-of-the-art medical care.”

While most—if not all—of us who work in health are well aware of the ingenuity of the Cuban health care system, we chose to invest in taking a closer look. RWJF staff traveled with leaders from four medically underserved communities in the United States to Cuba at the end of last year with MEDICC, a grantee of the foundation, to identify promising interventions that these leaders could adapt to work in their communities. On the trip, it was clear that many of the goals we had set for ourselves in the United States—making health a shared value, cross-sector collaboration, healthier and more equitable communities, and the integration of health services and systems—had already been achieved in Cuba.

As our colleagues Maryjoan Ladden and Susan Mende (2015) shared:

Staying healthy is considered a national responsibility. The resources for maintaining health are free, universal, and available in every community. The central government views education, housing, and public through a health lens. Local doctors and nurses understand the social situation of

<sup>1</sup> [http://www.ssireview.org/blog/entry/looking\\_beyond\\_our\\_borders\\_for\\_better\\_results](http://www.ssireview.org/blog/entry/looking_beyond_our_borders_for_better_results)

<sup>2</sup> <http://www.rwjf.org/en/library/annual-reports/presidents-message-2015.html>

their patients—what their homes are like, their education level, and any particular challenges they face. This kind of continuous, cradle-to-grave medical and social care goes a long way toward helping people stay healthy. Having leaders from South Los Angeles, Oakland, Albuquerque, and the Bronx join us on the trip and see what a Culture of Health looks like firsthand has meant that changes are already underway in these communities.

## OVERCOMING THE CHALLENGES

Without a doubt, there are challenges associated with trying to learn from and adapt promising approaches from other countries. RWJF has not traditionally made grants to non-U.S. organizations so we decided to establish a donor-advised fund held by Charities Aid Foundation of America (CAF America), a U.S. public charity with international grantmaking expertise. With this arrangement, we are able to accept and evaluate proposals from foreign entities. However, when we find promising proposals, we make a recommendation to CAF America. CAF America reviews the recommendations and, if a recommended grant meets its grantmaking criteria, it will award the grant from the RWJF donor-advised fund.

Culturally, we have to get past our own inherent biases and, as a foundation, embrace the opportunity of mutual learning across borders. We need to build an even stronger learning community within our own walls and among our grantees and become more comfortable with adopting reflective practices and failing fast.

Our network does not yet include many people and organizations that work in other countries. As a result, we now need to focus energy on identifying and building relationships that we can access and hear from those doing the most innovative—and effective—work around the world.

And if we are going to be successful, we need to overcome the challenge of understanding the art and science of adaptation. Due to significant differences in health care systems and social and cultural contexts between the United States and other countries, we cannot expect to import ideas entirely intact. We need to look beyond the program model and focus instead on the program attributes that are core to achieving its outcomes.

## WORKING WITH YOU

Actively learning from other countries is a strategy that has been utilized by others before us. Through its U.S. College Ready education program, the Bill and Melinda Gates Foundation looked to other countries to learn about innovative strategies for teaching disadvantaged students and adapting to 21<sup>st</sup> century competencies. As part of the International Sentencing and Corrections Exchange, the Vera Institute of Justice and John Jay College of Criminal Justice bring American policymakers, philanthropists, researchers, and prosecutors to Germany to tour “kinder, gentler” prisons

and bring home what they learned to enact change (Chammah 2015).

We are confident that someone reading this article can be included in this list of global learners and could share with us what they have discovered. We want to hear from you.

We also want to hear from other grantmakers who are actively learning from models and approaches in other countries to guide their work and who are thinking through how best to adapt promising models to thrive in new settings and contexts. If you are funding promising models in other countries and would like to partner with us to evaluate them and share that learning, we want to hear from you as well.

While Mayor of New York, Michael Bloomberg—through Bloomberg Philanthropies—chose to support a group of mayors from around the world who recognized the impact they could have on reducing global carbon emissions if they committed to sharing and learning from each other. Beginning with the creation of tens of thousands of miles of bike lanes in cities from New York to Rio de Janeiro, the group has been able to institute thousands of actions that are making a real difference (Kania et al. 2014).

We too have the ability to coordinate our efforts and pool our knowledge to create a learning community of grantmakers who are investing in improving health in this country by importing the best ideas from outside this country: bagels, pasta, pajamas, and a Culture of Health.

We are hopeful you will join us.

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To share your global learning experiences, email [globallearning@rwjf.org](mailto:globallearning@rwjf.org).

## SOURCES

Cary, John, and Courtney Martin. “Dignifying Design.” *The New York Times*. October 6, 2012. <http://www.nytimes.com/2012/10/07/opinion/sunday/dignifying-design.htm>.

Chammah, Maurice. “How Germany Does Prison.” June 16, 2015. <https://www.themarshallproject.org/2015/06/16/how-germany-does-prison>.

Kania, John, Mark Kramer, and Patty Russell. “Strategic Philanthropy for a Complex World.” *Stanford Social Innovation Review*. Summer 2014. [http://www.ssireview.org/up\\_for\\_debate/article/strategic\\_philanthropy](http://www.ssireview.org/up_for_debate/article/strategic_philanthropy).

Ladden, Maryjoan, and Susan Mende. “Field Notes: What Cuba Can Teach Us about Building a Culture of Health.” January 29, 2015. [http://www.rwjf.org/en/culture-of-health/2015/01/field\\_notes\\_whatcu.html](http://www.rwjf.org/en/culture-of-health/2015/01/field_notes_whatcu.html).

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