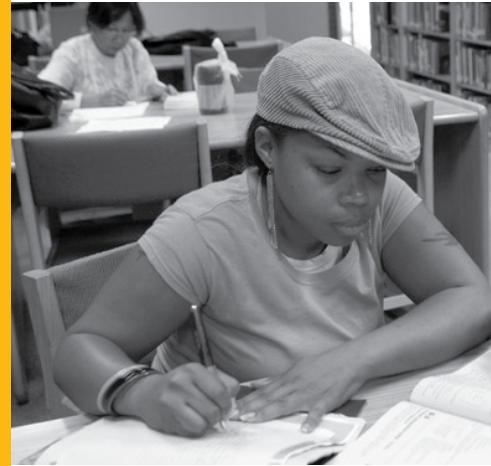




Executive Summary

Beyond Health Care: New Directions to a Healthier America

Recommendations From the
Robert Wood Johnson Foundation
Commission to Build a Healthier America



Statement From the Commissioners

Making America healthier will require action at all levels of society. Individuals, communities, health care, businesses and unions, philanthropies, and local, state and the federal government must work together to improve our nation's health. Although medical care is important, our reviews of research and the hearings we've held have led us to conclude that building a healthier America will hinge largely on what we do beyond the health care system. It means changing policies that influence economic opportunity, early childhood development, schools, housing, the workplace, community design and nutrition, so that all Americans can live, work, play and learn in environments that protect and actively promote health. And it means encouraging and enabling people to make healthy choices for themselves and their families.

Mark B. McClellan

Director, Engelberg Center for Health Care Reform, Senior Fellow, Economic Studies and Leonard D. Schaeffer Director's Chair in Health Policy, Brookings Institution

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Executive Vice President of Benefits and Risk Management, Wal-Mart Stores, Inc.

As our rather daunting task began, we decided to focus on a limited number of actionable steps to reduce inequalities in health and improve the health of *all* Americans. We call upon policy-makers, philanthropists, business and community leaders, educators, health care leadership and professionals in relevant fields to take immediate action on our recommendations. Our recommendations can be implemented if leaders in all sectors come to see their value and potential for significant return in health improvements. They are right for our current time and economic context, and for our children's and our nation's future. We endorse these recommendations whole-heartedly, and commit ourselves to enlisting the support of the American people in making them a reality.

Senator Bill Frist

University Distinguished Professor, Vanderbilt University

Allan Golston

U.S. Program President, The Bill & Melinda Gates Foundation

Kati Haycock

President, The Education Trust

Hugh Panero

Co-Founder and Former President and Chief Executive Officer, XM Satellite Radio, Venture Partner, New Enterprise Associates

Dennis Rivera

Chair, SEIU Healthcare

Carole Simpson

Leader-in-Residence, Emerson College School of Communication and Former Anchor, *ABC News*

Jim Towey

President, Saint Vincent College

Gail L. Warden

Professor, University of Michigan School of Public Health and President Emeritus, Henry Ford Health System

A Message From the Co-Chairs



Shortfalls in health take years off the lives of Americans and subject us to often-avoidable suffering. As co-chairs of the *Robert Wood Johnson Foundation Commission to Build a Healthier America*, we have been charged to identify knowledge-based actions—both short- and long-term that are outside the medical care system—for reducing and, ultimately, eliminating those shortfalls.

That is an urgent charge, one that each of us on this Commission has taken with utmost seriousness.

The Commission is a national, independent and nonpartisan body comprising innovators and leaders who, together, represent a rich diversity of experience and tremendous depth of knowledge. As a group, we have sought to go beyond traditional definitions of health to identify promising and important policies and programs that can help each person and each family live a healthier life. Supporting us in this endeavor have been our research partners at the Center on Social Disparities in Health at the University of California, San Francisco, the Commission staff at The George Washington University School of Public Health and Health Services and Commission Staff Director David R. Williams, Harvard School of Public Health.

This past year, we have explored and shed misconceptions about the state of our nation's health and taken a broader look at how health is shaped by how and where we live our lives. Our journey has led us to many places and discoveries across America—from North Carolina to Philadelphia to Denver to Tennessee, from school playgrounds to farmers' markets to workplaces.

Despite the economic challenges we face as a nation, across America, we have found good news: solutions are in plain sight and stakeholders are coming together to improve health and remove the obstacles that prevent people in particularly stressed circumstances and communities from making healthy choices. These pockets of success provide evidence that improving health and reducing disparities are within our reach. They energize us and give us hope, but they also show us how far we have to go. The scattered examples tell us we are far from incorporating health into all aspects of our society and our communities. This is something we must do, and do together, because the stakes for our nation and especially for our children are too high not to act. It will take all of us working together to create and nurture a culture of health, where we each take responsibility for improving our own health and building the kind of society that supports and enables all of us to live healthy lives.

Because Americans can't afford to wait, we hope that the findings and recommendations offered here spark a national conversation about committing to health and wellness for everyone—and then move us to collaborative action. The health of our nation depends on improving the health of every American.

A handwritten signature in dark ink, appearing to read 'Mark McClellan'.

Mark McClellan, M.D., Ph.D.
Co-Chair

A handwritten signature in dark ink, appearing to read 'Alice M. Rivlin'.

Alice M. Rivlin, Ph.D.
Co-Chair



Recommendations From the Robert Wood Johnson Foundation Commission to Build a Healthier America

Given the seriousness of our nation's economic condition, we chose our recommendations with particular care, focusing on those with the strongest potential to leverage limited resources and optimize the impact of federal investments. Commissioners studied and debated several options and crafted recommendations that:

- address the Commission's charge to identify interventions beyond the health care system that can produce substantial health effects;
- are likely to achieve a significant positive impact on Americans' health;
- address the needs of those who are most at risk or most vulnerable;
- are feasible and achievable in the current economic environment; and
- are supported by a strong knowledge base.

We found the strongest evidence for interventions that can have a lasting effect on the quality of health and life in programs that promote early childhood development and that support children and families. Therefore, many of our recommendations aim to ensure that our children have the best start in life and health. Along with social advantage and disadvantage, health is often passed across generations. Strategies for giving children a healthy start will help ensure future generations of healthy adults. This is indeed a wise long-term investment of scarce resources.

Recommendations From the Robert Wood Johnson Foundation Commission to Build a Healthier America

- 1** **Ensure that *all* children have high-quality early developmental support (child care, education and other services). This will require committing substantial additional resources to meet the early developmental needs particularly of children in low-income families.**

Children who do not receive high-quality care, services and education begin life with a distinct disadvantage and a higher risk of becoming less healthy adults, and evidence is overwhelming that too many children are facing a lifetime of poorer health as a result. Helping every child reach full health potential requires strong support from parents and communities, and must be a top priority for the nation. New resources must be directed to this goal, even at the expense of other national priorities, and must be tied to greater measurement and accountability for impact of new and existing early childhood programs.
- 2** **Fund and design WIC and SNAP (Food Stamps) programs to meet the needs of hungry families for *nutritious* food.**

These federal programs must have adequate support to meet the nutritional requirements of all American families in need. More than one in every 10 American households do not have reliable access to enough food, and the foods many families can afford may not add up to a nutritious diet. Nutritious food is a basic need to start and support an active, healthy and productive life.
- 3** **Create public-private partnerships to open and sustain full-service grocery stores in communities without access to healthful foods.**

Many inner city and rural families have no access to healthful foods: for example, Detroit, a city of 139 square miles has just five grocery stores. Maintaining a nutritious diet is impossible if healthy foods are not available, and it is not realistic to expect food retailers to address the problem without community support and investment. Communities should act now to assess needs to improve access to healthy foods and develop action plans to address deficiencies identified in their assessments.
- 4** **Feed children only healthy foods in schools.**

Federal funds should be used exclusively for healthy meals. Schools should eliminate the sale of “junk food” and federal school breakfast and lunch funds should be linked to demonstrated improvements in children’s school diets.
- 5** **Require all schools (K-12) to include time for all children to be physically active every day.**

One in five children will be obese by 2010. Children should be active at least one hour each day; only one-third of high-school students currently meet this goal. Schools can help meet this physical activity goal, through physical education programs, active recess, after-school and other recreational activities. Education funding should be linked to all children achieving at least half of their daily recommended physical activity at school, and over time should be linked to reductions in childhood obesity rates.

6 **Become a smoke-free nation.**
Eliminating smoking remains one of the most important contributions to longer, healthier lives.

Progress on many fronts—smoke-free workplaces, clean indoor air ordinances, tobacco tax increases, and effective, affordable quit assistance—demonstrates that this goal is achievable with broad public and private sector support.

7 **Create “healthy community” demonstrations to evaluate the effects of a full complement of health-promoting policies and programs.**

Demonstrations should integrate and develop successful models that can be widely implemented and that include multiple program approaches and sources of financial support. Each “healthy community” demonstration must bring together leaders and stakeholders from business, government, health care and nonprofit sectors to work together to plan, implement and show the impact of the project on the health of the community.

8 **Develop a “health impact” rating for housing and infrastructure projects that reflects the projected effects on community health and provides incentives for projects that earn the rating.**

All homes, workplaces and neighborhoods should be safe and free from health hazards. Communities should mobilize to correct severe physical deficiencies in housing, and health should be built into all efforts to improve housing, particularly in low-income neighborhoods. New federal housing investments should be held accountable to demonstrate health impact.

9 **Integrate safety and wellness into every aspect of community life.**

While much remains to be done to create safe and health-promoting environments, many schools, workplaces and communities have shown the way, with education and incentives for individuals, employers and institutions and by fostering support for safety and health in schools, workplaces and neighborhoods. Funding should go only to organizations and communities that implement successful approaches and are willing to be held accountable for achieving measurable improvements in health.

10 **Ensure that decision-makers in all sectors have the evidence they need to build health into public and private policies and practices.**

Decision-makers at national, state and local levels must have reliable data on health status, disparities and the effects of social determinants of health. Approaches to monitor these data at the local level must be developed by, for example, adapting ongoing tracking systems. Funding must be available to promote research to understand these health effects and to promote the application of findings to decision-makers.



Executive Summary

For the first time in our history, the United States is raising a generation of children who may live sicker, shorter lives than their parents. We must act now to reverse this trend.

Why aren't Americans among the healthiest people in the world? Why are some Americans so much healthier than others? What can be done to create opportunities for all Americans to live long and healthy lives?

These questions prompted the Robert Wood Johnson Foundation in 2008 to establish the Commission to Build a Healthier America, enlisting national leaders in business, labor, education, community development, health care services, philanthropy, media and research and public policy to find solutions *outside* of the medical care system for advancing the nation's health. This Executive Summary describes the context for the Commission's work and recommendations for moving forward to improve America's health, for harnessing forces across many sectors and for prompting action.

Americans Are Not as Healthy as We Could and Should Be

Despite spending more on medical care than any other nation

A nation's health is its most precious asset. Yet there are tremendous gaps between how healthy Americans are and how healthy we could be. At every income and education level, Americans should be healthier. Many people with middle-class incomes and education die prematurely from preventable health problems. And for those with more limited incomes and education, health outcomes are far worse. Diabetes is twice as common and heart disease rates are 50 percent higher among poor adults when compared with those in the highest income group. An obesity epidemic threatens our children's future health and the number of uninsured and underinsured Americans continues to climb.

Despite breakthroughs in medical science and a \$1 trillion increase in annual health care spending over the past decade, America is losing ground relative to other countries when it comes to health. Astronomical medical bills strain family and government budgets and threaten America's global competitiveness. Health care spending consumes about 16 percent of the U.S. gross domestic product (GDP), much more than in any other industrialized nation, and is expected to climb to over 20 percent of GDP by 2018. The costs of medical care and insurance are now out of reach for many American households, pushing some families into bankruptcy, draining businesses, reducing employment and severely straining public budgets.

More health care spending will not solve our health problems. Even with technologically advanced care for conditions such as preterm births, diabetic complications and heart disease, we cannot expect this care to close the global health gap. Infant mortality and life expectancy rates in the United States lag behind most of Europe, Japan, Canada and Australia and in the last two decades, U.S. rankings have fallen lower on the scale relative to other nations, despite our rapid increases in spending. In 1980, the United States ranked 18th in infant mortality rates among industrialized nations. By 2002, 24 industrialized nations—including Korea, Hungary, the Czech Republic and Greece—had lower infant mortality rates than the United States. Meanwhile, the United States slipped from 14th among industrialized countries in life expectancy at birth in 1980 to 23rd by 2004. We need to look beyond medical care to other factors that can improve America's health.

Health is More Than Health Care

And some Americans face much poorer prospects for good health and long life than others

Although medical care is essential for relieving suffering and curing illness, only an estimated 10 to 15 percent of preventable mortality has been attributed to medical care. A person's health and likelihood of becoming sick and dying prematurely are greatly influenced by powerful social factors such as education and income and the quality of neighborhood environments. These *social determinants* of health can have profound effects. For example:

- American college graduates can expect to live at least five years longer than Americans who have not completed high school.
- Poor Americans are more than three times as likely as Americans with upper middle-class incomes to suffer physical limitations from a chronic illness.
- Upper middle-class Americans can expect to live more than six years longer than poor Americans.
- People with middle incomes are less healthy and can expect to live shorter lives than those with higher incomes—even when they are insured.

This shouldn't be the case in a nation whose highest ideals and values are based on fairness and equality of opportunity.

Where people live, learn, work and play affects how long and how well they live—to a greater extent than most of us realize. What constitutes health includes the effects of our daily lives—how our children grow up, the food we eat, how physically active we are, the extent to which we engage in risky behaviors like smoking and our exposure to physical risks and harmful substances—as well as the neighborhoods and environments in which we live. We must identify where people can make improvements in their own health and where society needs to lend a helping hand.

Our Neighborhood Affects Our Health

Unhealthy Community		Healthy Community
Unsafe even in daylight	...VS...	Safe neighborhoods, safe schools, safe walking routes
Exposure to toxic air, hazardous waste	...VS...	Clean air and environment
No parks/areas for physical exercise	...VS...	Well-equipped parks and open spaces/ organized community recreation
Limited affordable housing is run-down; linked to crime-ridden neighborhoods	...VS...	High-quality mixed-income housing, both owned and rental
Convenience/liquor stores, cigarette and liquor billboards, no grocery store	...VS...	Well-stocked grocery stores offering nutritious foods
Streets and sidewalks in disrepair	...VS...	Clean streets that are easy to navigate
Burned-out homes, littered streets	...VS...	Well-kept homes and tree-lined streets
No culturally-sensitive community centers, social services or opportunities to engage with neighbors in community life	...VS...	Organized multicultural community programs, social services, neighborhood councils or other opportunities for participation in community life
No local health care services	...VS...	Primary care through physicians' offices or health center; school-based health programs
Lack of public transportation, walking or biking paths	...VS...	Accessible, safe public transportation, walking and bike paths

Good Health Requires Personal Responsibility

Good health depends on personal choice and responsibility. No government or private program can take the place of people making healthy choices for themselves or their families. To build a healthier nation each of us must make a commitment to:

- eat a healthy diet;
- include physical activity as a part of daily life;
- avoid risky behaviors including smoking, excessive drinking, misusing medications and abusing illegal substances;
- avoid health and safety hazards at home and at work; and
- provide safe, nurturing and stimulating environments for infants and children.

We Must Overcome Obstacles and Improve Opportunities For All Americans to Make Healthy Choices

Assuming responsibility for one's health may appear straightforward. But our society's institutions, from government to business to not-for-profits, must provide support to bring healthy choices within everyone's reach. Our society's leaders and major institutions can create incentives and lower barriers so that individuals and families can take steps to achieve better health. These are not necessarily easy steps for everyone to take. For many Americans, they may be quite difficult.

Many people live and work in circumstances and places that make healthy living nearly impossible. Many children do not get the quality of care and support they need and grow up to be less healthy as a result; many Americans do not have access to grocery stores that sell nutritious food; still others live in communities that are unsafe or in disrepair, making it difficult or risky to exercise. While individuals must make a commitment to their own health, our society must improve the opportunities to choose healthful behaviors, especially for those who face the greatest obstacles.

For example, members of disadvantaged racial and ethnic groups are more likely to live in poor neighborhoods. The characteristics of such neighborhoods—factors like limited access to nutritious food; living near toxic wastes, abandoned or deteriorating factories, freeway noise and fumes; and exposure to crime and violence and other hazards—increase the chances of serious health problems. All of these factors that increase illness or risk of injury are more common in the daily lives of our nation's poor and minority families.

Living in health-damaging situations often means that individuals and families don't have healthy choices they can afford to make. Protecting and preserving good health will mean focusing on communities and people, how and where they work, where their children learn; fixing what impairs our health and strengthening what improves it. The road to a healthier nation requires us all to understand that this is about everyone, rich and poor, minority and majority, rural and urban. We cannot improve our health as a nation if we continue to leave so many far behind.

The Charge to the Commission

The Robert Wood Johnson Foundation asked the Commission to Build a Healthier America to identify practical, feasible ways to reduce barriers to good health and promote and facilitate healthy choices by individuals, for themselves and their families. The Foundation charged the Commission with three tasks:

- Raise awareness among policy-makers and the public about the substantial shortfalls in health experienced by many Americans.
- Identify interventions beyond clinical services that demonstrate promise for improving overall health and reducing disparities.
- Recommend to the Foundation and the nation's leaders key actions outside medical care that communities, businesses, unions, philanthropies, faith-based organizations, civic groups, local governments, the states and the federal government can take to create greater opportunities for long and healthy lives for all Americans.

Commissioners solicited advice and information from experts, innovators, stakeholders and the public through activities including field hearings, public testimony, roundtable discussions, experts' meetings and fact-finding site visits. Commissioners and staff met and consulted

We need to cultivate a national culture infused with health and wellness—among individuals and families and in communities, schools and workplaces.

with elected and executive agency officials, representatives of business, advocacy, professional and policy organizations and the public. Through a portal on its Web site at commissiononhealth.org, the Commission solicited information about successful interventions.

The Commission reached consensus on findings and recommendations through a series of meetings, monthly teleconferences and one-on-one discussions among Commissioners and with senior Commission and Foundation staff.

What We Learned

Although accessible, high-quality medical care is crucial, a healthy America cannot be achieved solely through the health care system. The solutions to our health problems lie not principally in hospitals and doctors' offices but in our homes, our schools, our workplaces, our playgrounds and parks, our grocery stores, sidewalks and streets, in the air we breathe and the water we drink.

Ultimately, the responsibility for healthy behaviors rests with each of us. Too many Americans, however, face daunting obstacles to healthy choices. Achieving a healthy America for everyone, therefore, will require *both* personal responsibility and policies and programs that break down barriers to good health, particularly for those who face the greatest obstacles.

The Commission identified a range of successful ways to improve health at the local, state and federal levels—practical, feasible and effective solutions often hiding in plain sight. But too often, they exist in isolation—too scattered to have a broad effect on the health of a community at large. To be fully effective, these programs need greater scale and geographic spread.

Still, these promising programs, policies and initiatives—and their successes—provide both hope and direction. Across populations and geographic regions, the Commission saw more similarities than differences. Commonalities among programs that work include collaboration, flexibility, leadership and continuity in funding. Repeatedly, we heard testimony that continuity of funding is a chronic problem. Too often, while start-up funds are provided to establish programs, funders move on to other issues once programs are underway. The value of collaboration to create a broader base of support is a key theme of this report and a necessity if successful programs are to expand across sectors and across the nation.

We recognize that a one-size-fits-all approach will not work to improve the health of all Americans. Rather, removing barriers to health and creating opportunities to promote more healthful behaviors must involve pursuing multiple strategies and adopting promising approaches across diverse settings. Federal intervention is not sufficient to produce and sustain the changes that need to be made in our society; national leadership and public/private collaboration are needed at the local, state and national levels. We must also develop standards of accountability for programs aimed at improving health and measure progress toward our goals. As a nation we simply cannot afford to invest in programs that do not perform well and do not meet standards that should be demanded by taxpayers, funders and beneficiaries.

We were particularly impressed by the strong evidence and testimony across cities and regions about the need—and many opportunities—for intervening on behalf of our children in the first stages of life, when the foundation for health is being established. We found promising ways to build that foundation that cut across multiple sectors. Many of our recommendations address how to improve children's health—and thus their future health as adults.

Finally, we recognize that *income* and *education* are two of the most critical factors for enabling improvements in health and reducing health disparities. Given the short tenure of the Commission and our charge to issue recommendations that can have a direct, positive effect on health in years, not decades, we do not make specific recommendations to address persistent poverty and lack of education in our nation. But until we reduce poverty, particularly child poverty, and improve overall educational attainment and quality, America cannot and will not be as healthy as it should be.

Creating a National Culture of Health

Achieving better health requires action both by individuals and by society. If society supports and enables healthier choices—and individuals make them—we can achieve large improvements in our nation's health. Too often, we focus on how medical care can make us healthier, but health care alone isn't sufficient. We need to cultivate a national culture infused with health and wellness—among individuals and families and in communities, schools and workplaces. Just as America has "greened" in response to global warming, we can and must integrate healthier decisions in all we do.

A Call For Collaboration

Building a healthier nation will require substantial collaboration among leaders across all sectors, including some—for example, leaders in child care, education, housing, urban planning and transportation—who may not fully comprehend the importance of their roles in improving health. This Commission challenges individuals, communities, employers and unions, the business community, media, faith leaders and congregants, philanthropy and government officials at all levels to work together on promising strategies and solutions:

Community-based groups can adopt a “health lens” to view their communities by:

- establishing farmers’ markets and advocating for local supermarkets where none exist;
- ensuring streets are pedestrian- and bike-safe, and advocating for cross walks, bike paths, sidewalks and security lighting; and
- assessing and remediating hazardous conditions in housing.

Schools can provide a quality education to give students the best opportunity to achieve good health throughout life; promote healthy personal choices by students; and provide a safe and healthy physical and social environment by:

- ensuring all school lunch and breakfast offerings meet the most current U.S. dietary guidelines; removing all junk food from cafeterias, vending machines and canteens; and
- making daily physical activity one of the *highest priorities*.

Businesses and employers can exercise local leadership and promote employee health by:

- making a visible commitment to increase physical activity at work;
- selecting health plans that include wellness benefits; and
- implementing a comprehensive smoke-free workplace policy and offering proven tobacco-use treatment to smokers.

Health care providers, particularly those whose patients have lower incomes or live in disadvantaged communities, can help connect patients with community services and resources.

Governments at all levels can provide incentives; seed assessments and plans; fund research and evaluations to identify effective approaches to improving health; and provide the foundation for collaborative efforts.

Local and state governments can lead by:

- making early child development services a *highest priority*;
- offering financial incentives for grocery stores to locate in underserved neighborhoods;
- incorporating health-conscious designs into building codes and zoning;
- adopting state-wide smoke-free workplace and public spaces laws.

The federal government can lead by:

- ensuring that the early developmental needs of children in low-income families are met;
- fully funding WIC and SNAP and ensuring that these programs are designed to support the needs of hungry families with nutritious food; and
- funding research and evaluation of effective non-medical and community-based interventions in all sectors that influence health; holding programs that receive federal support accountable for achieving results.

Philanthropies can lead by:

- supporting initiatives in disadvantaged communities that create opportunities for healthy living and healthy choices; and
- identifying, supporting and championing innovative models of community building and design; joining with federal and state agencies and businesses as partners in supporting and rigorously evaluating place-based, multisector demonstrations.

We strongly support a realignment of existing and new private and public resources to support improved health for all Americans. This will require a concerted focus on achieving the most rapid progress among those who are farthest behind on the road to optimal health. Together, we can and must achieve a healthy America for all.



ROBERT WOOD JOHNSON FOUNDATION
Commission to Build a Healthier America

The *Robert Wood Johnson Foundation Commission to Build a Healthier America* is a national, independent, non-partisan group of leaders tasked with seeking ways to improve the health of all Americans. Launched in February 2008, the Commission was charged with investigating how factors outside the health care system—such as income, education and environment—shape and affect opportunities to live healthy lives. For the full report and more information about the Commission and its activities, please visit:

www.commissiononhealth.org

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