# Medicine's Role in Creating a National Culture of Health

Presented by Risa Lavizzo-Mourey, MD, MBA

RWJF President and CEO

Robert Wood Johnson Foundation

Risa Lavizzo-Mourey, MD, MBA

## LIFE, LIBERTY, PURSUIT OF HAPPINESS – AND GOOD HEALTH: MEDICINE'S ROLE IN CREATING A NATIONAL CULTURE OF HEALTH

Johns Hopkins University School of Medicine 10th Annual Miller Lecture
Baltimore, Md.
April 23, 2013

Thank you, David, for your kind introduction. And good afternoon everyone. Dean Rothman. President Peterson. My good friends, Leslie Anne Miller and Rich Worley. And my very special thanks to the Miller-Coulson family for making today's Grand Rounds possible.

Students and interns. Physicians and professors. Providers and administrators. To everyone here, it is a privilege to present this year's Miller lecture. Since these are Grand Rounds, I intend to share a few teachable moments with you in the time we have together. We'll build some bridges, cross some bridges, and question the status quo. And if all goes well, we'll end up sharing a vision of the future that calls on each of us to play a part in building a new national culture of health.

So – yes, I am excited to be here – and eager to have at it. Right up front, let me share something I spotted in JAMA last month. Some of you may have seen it. It's a brief commentary by Stephen Shortell at U-Cal Berkeley's School of Public Health. It's about "Bridging the Divide Between Health and Health Care." It speaks directly to what we're talking about today. Professor Shortell writes (and I quote). ..
"The US health care system can do a better job of providing patient care while moderating the rate of increase in cost – but it can do little about improving overall population health. This is because health care delivery accounts for only 10 percent of preventable deaths – with the remainder attributable to personal behaviors, social and environmental determinants, and genetic redisposition. As currently constituted, the health care delivery system has little direct control over these other factors."

So, then, the big question is: Who *is* in control?

Most of my predecessors at this lectern have been physicians and medical educators. I am a physician, too. But I am a hybrid. I come loaded with the attitude of an MBA – and a philanthropist's perspective from 30,000-feet. I've been around long enough to know first-hand that medicine and health care can be just about the most demanding, frustrating, exciting, fulfilling – and noble – of all human endeavors – bar none. But, as it does with most of us, this awareness came slowly - one patient at a time. It wasn't until I was fully immersed in the real world, where real people hurt and heal, live and die, that I fully comprehended what this glorious and generous profession is really all about.

My awakening began with a single female patient. I trained at Brigham and Women's hospital, but we rotated through the West Roxbury VA just outside Boston. There I met the patient who in my memories is indelibly the "VA Lady." She appeared at the admitting station late on a winter night. She was homeless and helpless and she brought the cold in with her. Her feet were swollen; she wore flimsy house shoes. Raw leg ulcers made walking painful.

These were the days of paper records and her medical chart was thick; she'd been to the VA many times before. We did for her what they always did . . . A few hours in a warm bed, some antibiotics, a decent meal. The next morning we had to let her go. We needed the bed for patients with more acute problems. Sure, she was a military veteran with health coverage. But we were bit players in a system that was not equipped to protect our patient from the harshness of her life outside the hospital – a harshness that was destroying her health and shortening her life. She limped back into the same problems she had before – no home or job, lousy food, cast-off clothing, no social network to come to her aid, no one of her own who cared for her. And we went back to our same old business as usual.

The frustration of that day carries a powerful lesson that I've never forgotten. We were up against social, economic, and environmental conditions controlling a patient's health – and they were winning…
The truth is these forces will always win. Our care began – and ended – at the front door of the hospital. At Morning Report no one taught us that how and where we live, learn, work, and play have more to do with our health and patients' health than the treatments we were diligently learning to apply. We thought exactly as we were taught.

Before long I left Boston, and with my young family came down I-95 to Philadelphia to teach at Temple University's School of Medicine. Temple was an academic oasis – surrounded by some of the worst urban blight in America. This was a neighborhood of about 20,000 chronically disadvantaged poor people – mostly African Americans and Latinos. Unemployment and high school drop-out rates were each around 30 percent. Housing was old and decaying. Some families didn't have indoor plumbing.

This was 1982. Now, I know some of you are thinking – I wasn't even born then. But the old-timers like me know how remarkable this statement is. You couldn't find a decent grocery store or supermarket for miles around. No place for families to buy healthy foods, fresh fruits and vegetables, at a reasonable price.
I recall a young girl who didn't hold a real banana in her hand until she was in third grade. So picture it: Just a few miles from the Liberty Bell and Independence Hall it was a veritable food desert. Fast food and takeout, bodegas and high-priced corner stores, they all were stocked with everything that's bad for you – cigarettes and junk food - and almost nothing that's good for you. The neighborhood was a self-contained incubator for childhood obesity.

Researchers at The Children's Hospital of Philadelphia estimated that nearly 60 percent of children and teenagers in the area were obese – or close to it. They noted that almost one-third of school-age kids had diet-related health problems – obesity, hypertension, asthma, diabetes. The damage could make them physiologically middle aged by the time they reached puberty.

So here I was, in the birthplace of the American republic, on the faculty of a great medical school, about to enter medical practice for the first time, and a horrific medical, community, and human health crisis was unfolding in real time and in plain view. The causes and effects were tangled together in the same social thicket. It was the VA Lady syndrome writ large. But I didn't see it that way. Not yet, anyway. Like so many freshly minted MDs, I still thought I had what it takes – including all the answers. The simple act of driving down Philadelphia's North Broad Street blew all my arrogance out the window.

No one ever suggested that society is just as much our patient as that solitary person waiting for us in the examining room or the hospital room. A few short weeks ago I had a reunion dinner with my internship cohort and I can tell you we didn't have a clue what to do – or any incentive to go find out. After all – we were medical doctors, not social engineers. And one has nothing to do with the other. Right?

### The Power of Positive Deviance

This is where the story turns into a tutorial on how to turn around the health of a community and the health of the people who live in it. Against all odds, North Philadelphia – and the rest of the city – is changing for the better. Pockets of better health are popping up and pushing back the desert. On Broad Street, there is now a Pathmark and a Fresh Grocer – just blocks apart. Corner stores stock fresh produce up in the front where customers can see it right away.

City-wide, two hundred twenty thousand low-income residents now have access to healthy foods. School Wellness Councils are bringing more physical activity and less junk food to more than 100,000 kids in 171 schools. Sugary drinks, high-calorie snacks, and whole milk are out. Fruit, whole grain, and one-percent

milk are in. School cafeterias didn't just unplug their deep-fat fryers. They stopped buying the oil for them. Ten new neighborhood farmers markets…thirty miles of new bicycle paths.

And guess what? Childhood obesity rates are down 5 percent city-wide. Among African-American males, and among female Latina students, they're dropping for the first time. The indicators suggest that change for the better is a real trend. Mayor Michael Nutter calls it "Philadelphia Freedom." I call it a sign of hope for what people can do for their city and neighborhoods by thinking and acting in new and different ways.

Philadelphia is improving the health of its residents and its neighborhoods by applying principles of what's called "Positive Deviance" – or, simply, "PD." Of course, Johns Hopkins has its own PD hero right here in Peter Pronovost. He pioneered the use of PD techniques to reduce hospital-based MRSA infections. PD's organizing hypothesis is straightforward. It says if a common behavior produces negative outcomes, then deviating from the common behavior should produce more positive outcomes.

PD's prototype case teaches us some terrific lessons. It goes back to a remote Vietnamese village where 70 percent of the children were malnourished. This was the norm. But what about the 30 percent who were not malnourished? They lived in the same village. Had the same socioeconomic status. Shared the same risks. But they were OK. They deviated from the norm.

A husband-wife team from the organization Save the Children set out to learn "Why?"

First, they found the answer hiding in plain sight. Families with the healthier kids paid closer attention to sanitation, water quality, and diet. Second, they recruited mothers of the well-nourished kids – the village's "positive deviants" – to persuade mothers of the malnourished 70 percent to change their behavior – boil the water and add more and different sources of protein to the rice. Not an easy thing to do. Third, they helped villagers improve the health of their families using resources already on hand.

Within two years, the malnutrition rate dropped 65 to 85 percent in every village the team visited. Eventually, the "30 percent solution" was introduced to more than 2 million people in 265 villages. Children's health improved all across Southeast Asia. Jerry Sternin was the lead investigator. He said, "It's so exquisitely simple," you "amplify" what's going "right," rather than just "fixing" what's going wrong.

There's a grand lesson here. Positive Deviance puts medicine and health care inside the human experience, and right at the intersection of science and culture. When people take responsibility for modifying their own behavior and modifying or supporting the modification of the environments in which they live, learn, work, and play - they can alter the health trajectory of an entire society. Think of quitting smoking and taking smoking outside. Or buckling our seat belts and supporting strong seat belt laws. Or persuading your kids to spend more time being physically active and less time sitting in front of a screen. And at the same time ensuring that every school has high quality PE and recess. Or motivating an entire city to turn desert into oasis.

First, though, we have to start thinking in new and different ways. That takes new and different thought leaders and trailblazers.

Think about it. We all know atypical thinkers and doers. A few are with us right here, right now. They're the ones who thrive outside the box, who attack complex problems with strategies and methods that don't ordinarily occur to most of us. Their solutions are often better than anyone else's, even though their resources, risks, and obstacles are the same as everyone else's. Sort of like the positively deviant families in that Vietnamese village. They are inspired and smart. They learn from their failures. The connection between their heads and their hearts crackles with electricity. That is the sound of unorthodox, transformative change.

One of your own, David Olds, crackled from the word "Go." Way back in the mid-1960s, when he was a high school senior in a small Ohio town, David felt a powerful calling to somehow help people. That led to a scholarship to study international relations right here at Johns Hopkins. By sophomore year, though, he decided he'd rather help people closer to home. He switched his major from global to local, took up psychology and childhood development – and lost the scholarship. So, to pay tuition he got a city job cutting grass.

Eventually, that Hopkins student behind a lawn mower ended up as one of the most transformative forces in child development of the past half-century. David Olds invented the Nurse-Family Partnership, a new way to help poor teenage single mothers – often high school drop-outs – pivot to a better future for their babies and themselves.

First, he said, send a special kind of nurse into the home before the baby's even born. Help the young mother quit tobacco, alcohol, and drugs. Teach her to prepare and eat healthier foods. Show her how to feed and burp her baby. Introduce her to *Goodnight Moon*. Explain why singing to a crying baby is better than hitting. Push her to finish high school and get a job. Shape that child-mother into a good parent. And give that innocent newborn a chance at a healthy life.

Wouldn't you know – the old guard pooh-poohed the idea. They said a lot of things which basically came down to "It wouldn't work."

David didn't buy it. Nor did my predecessors at RWJF when he showed up at our foundation's front door with an offer we couldn't refuse. He convinced us to help prove the conventional wisdom wrong. The Robert Wood Johnson Foundation invested about $27 million to grow and replicate the program. Today the Nurse-Family Partnership is nationally-acclaimed. I hope you have heard of it. It's in 42 states. Locally – you'll find the partnership in the city health department offices over on Caroline Street.

The nurses assigned to the teenage mothers monitor and measure mother and baby up to age two. The evaluation takes note of these measurements. Then, they let time pass. The toddlers turn into teenagers. And the evaluator checks back and measures again. They've discovered these kids are happier and healthier than their peers. They score higher IQs, smoke less, drink less, have fewer sex partners, report less abuse and neglect. They don't run away as often, spend less time on public assistance, have fewer arrests, convictions, and parole violations.

The results are unerringly and consistently positive. The program is saving taxpayer dollars, too. By the time these kids reach age 12, local, state, and federal governments have saved about $28,000 per child in services they didn't have to provide. In this day and age, this is nothing less than spectacular. The Affordable Care Act provides $1.5 billion to expand this and similar programs that connect home visitation to childhood development and community health.

It's taken David Olds more than a generation, decades of study, all the metrics of solid evidence, the witness of 151,000 families –and now, finally, the Nurse-Family Partnership is getting what it needs to take the program to scale.

Philadelphia Freedom. The Nurse-Family Partnership. This is how the art of social change, the deft science of medicine, and the rapid pulse of population health can work together to elevate the health and well-being of all Americans, not just now but far into the future.

### Creating a National Culture of Health

What, then, are the lessons to be learned from the cases we've been discussing? VA Lady teaches that medicine must reach beyond old-time brick and mortar confines and deal with all the real-world factors that determine the health of our people and our communities. The Philadelphia Story introduces us to an emerging movement to improve health by reshaping and revitalizing where and how we live. David Olds inspires us to think and act our way into healthier lives.

You're seeing new ways of acting that inspire new ways of thinking. New ways that lead to better, healthier, more fulfilling lives. At the Robert Wood Johnson Foundation our belief is that good health and good care are the lifeblood of a healthy society. Most Americans, however, are so worried about jobs and the economy that health care barely registers as a matter of concern. We plan to change that and I hope you will join us.

Let's start with some basic realities:

- How we finance and deliver health care is not working.
- We can't afford what it costs.
- Spending more doesn't translate into better health and quality care.
- Acute care trumps preventive care in the struggle for resources.
- Both the public and private sectors are struggling to find a way to make meaningful change.
- Tinkering at the margins is not a solution.

Our long-standing behavior continues to produce negative outcomes. That's a given. But it is also an invitation to deviate from the old normal, and replace it with a "new normal,"… more positive outcomes. In other words, a whole new era of health is quite literally ours for the making.

Professor Shortell speaks with a prophet's insight when he says: "It is now the responsibility of clinicians and health care delivery organizations to help maintain the health of the community – and the responsibility of the community to help maintain the health of the individual."

Think about it. He's talking about the future – your future – one that's very different from the dissatisfactions and disappointments we all have with the present. In this future your professional purpose is redefined from the treatment of illness and injury to the production of "health" itself. The line will blur between patient-centered care and population-centered care. You'll influence decisions made by schools, by zoning boards, by urban planners, and budget-makers. Where you deliver care will shift from doctor's office and health clinic or hospital bed – to the home, workplace, school – wherever people live their lives.

Let me tell you, this is not a far-fetched fantasy. In fact, right now our foundation is realigning strategies, structures, and resources in anticipation of exactly this kind of future. What we foresee is a vibrant American culture of health:

- Where good health flourishes across geographic, demographic, and social sectors.
- Where being healthy and staying healthy is an esteemed social value.
- Where people live healthier and more fulfilling lives.

- And everyone has access to affordable, quality health care.

In this national culture of health…

- Individuals, businesses, government, and organizations will foster healthy communities and lifestyles.
- The economy will be less burdened by excessive and unwarranted health care spending.
- Individuals will be proactive in making choices that lead to a healthy lifestyle.
- And efficient and equitable health care will deliver optimal patient outcomes.

It will be a given that…

- The health of the population guides public and private decision-making.
- And, Americans will hold public leaders and policy-makers accountable for the community's health.

Yes, we know this vision is expansive, ambitious, far-reaching, and course-changing. And we know that to get there, we'll need courage, knowledge, conviction, resources, and the will to stay a course that is likely to span decades. But when we do get there, we'll live in a society in which health is transformed into a core American value – right along with life, liberty, and the pursuit of happiness. Which brings us back to the heart and soul of the Miller lectures; the humanism that animates the art of medicine and forms the bond that physicians and patients have shared since antiquity.

Picture Hippocrates himself, twenty-five hundred years ago. This big, bald, bearded family doctor on the Aegean Isle of Kos making house calls just like his father and grandfather before him. Even then, his one-liners were legendary.

He'd tell patients: "Health is the greatest of human blessings." He'd tell parents: "Prevention is better than the cure." He'd tell students: "It is more important to know what sort of person has a disease than to know what sort of disease a person has." If he were giving this lecture, he'd tell us: "Wherever the art of medicine is loved, there also is the love of humanity."

The phrase comes from the ancient Greek word – *phil-an-thro-pos* – literally, "loving mankind." It's the same word that gives us "philanthropy." *Phil-an-thro-pos* – it's like treating all of humanity.

It's the wellspring of fundamental truths:

- That the very best medicine has as much soul as science.
- That the very best physician has as much wisdom as knowledge.
- And that the very best practitioner discerns the human condition as skillfully as the medical condition.

These truths are so universal they are self-evident. They are the gateway to the art of medicine. To how we value the uniqueness of each patient's experience. How we place ourselves inside the center of patient-centered care. How we leaven the chill of clinical care with the warmth of compassion.

It's been said that compassion is "the anti-toxin of the soul," that you "can't get it without grace."

The more matter-of-fact medical student, however, just wants to know: "How can I learn compassion?"

A year ago, a Hopkins fourth-year med student was shadowing Academy of Excellence physicians in their clinical settings. Her name is Helen Prevas. Some of you may actually know her. On your website she wrote in wonder of Academy physicians who were "adored and trusted" by their patients. She asked – how can a student ever "hope to reach that point?"

One of her attending physicians made it sound simple. She told Helen: "I learn them inside and out as a person. The medical part comes afterwards." Helen got it. Later, she wrote: *A doctor-patient relationship is ultimately a human connection based on listening, sharing, humor, the desire to know our patients as people, and above all, earned trust.* Today she's Doctor Prevas, an internist in practice right nearby, on North Wolfe Street. I bet VA Lady would love her.

Remember what I asked at the outset – "Who's in control?" I am sure you know the answer I was driving at. You are in control. And now it's time to make your first big decision. At crucial moments we each are called to make defining choices about the future: Ignore it. Prevent it. Or shape it. What is your decision?

Look around this room. You are the women and men and families of medicine. It's up to you to stand up for that "love of mankind" Hippocrates prescribed so long ago. But first – there's that decision to make. It's going to take guts to shape the future. It's going to take grit, staying power – and time – lots of time – if your children's children are to know in their time the future you choose here, today, in your time.

It's time to begin. The horizon beckons. I believe we are ready. I know it. I feel it. I trust it. For that I salute you. I thank you. And I pray that the *phil-anthro-pos* be with you.