Robert Wood Johnson Foundation

MOVING FORWARD TOGETHER

AN UPDATE ON BUILDING AND MEASURING A CULTURE OF HEALTH

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CONTENTS

BUILDING A CULTURE OF HEALTH TOGETHER: LISTENING, LEARNING, AND REFINING OUR APPROACH

It's encouraging to see people from all walks of life joining forces to improve the health and well-being of their communities.

Allen County, Kansas, is one of those places, where over the past few years residents volunteered to build bike and walking trails, went door to door to raise money for a new hospital, and held candid conversations with neighbors to tackle poverty, hunger, and unemployment. Allen County is among eight winners of the 2017 Culture of Health Prize, and one of many American communities working hard to give everyone a chance to thrive.

Volunteering and community dialogue are key components of a Culture of Health—as the Robert Wood Johnson Foundation (RWJF) first noted two years ago in our report *From Vision to Action*. In that publication, we shared an Action Framework and a set of measures, designed to gauge and accelerate our nation's progress in health, well-being, and equity. We asked for your feedback, and you provided it. This report reflects what we learned from you.

On the following pages, we've aimed to clarify important points and questions about building a Culture of Health. We've updated and consolidated the set of national measures that may indicate improvement.

As before, the Framework emphasizes the importance of health equity, so everyone can have a fair and just opportunity for health and well-being. It highlights the need for cross-sector partnerships, to address the many factors influencing well-being that are beyond the traditional health sector. And it is meant to spark innovation and ingenuity, with multiple entry points for engagement.

At RWJF, we remain firmly committed to our vision of working alongside others to make health a national priority. We are heartened that so many individuals, communities, and organizations are already embracing this vision, and are making extraordinary strides in this journey. We hope this report inspires even more to do so.

RICH BESSER, MD
PRESIDENT AND CEO

ALONZO PLOUGH, PHD, MPH
VICE PRESIDENT, RESEARCH-EVALUATION-LEARNING, AND CHIEF SCIENCE OFFICER

A FIRM COMMITMENT TO THE CULTURE OF HEALTH VISION

CULTURE OF HEALTH VISION

We, as a nation, will strive together to build a Culture of Health enabling all in our diverse society to lead healthier lives, now and for generations to come.

In 2014, the Robert Wood Johnson Foundation (RWJF) announced a vision that would guide our course for years to come. *The vision calls for us, as a nation, to strive together to build a* ***Culture of Health****, enabling all in our diverse society to lead healthier lives, now and for generations to come.* Today, we at RWJF remain resolute in our commitment to this bold, broad vision. We are dedicated to ensuring that everyone in America has a fair and just opportunity for health and well-being.

As the nation's largest philanthropy dedicated solely to health, RWJF has throughout its history taken on extraordinary challenges, such as reducing the use of tobacco and reversing the rise in childhood obesity in America. Building a Culture of Health is a unique challenge. It requires unprecedented alliances between sectors. It asks people to consider their fundamental values and views about health, and to raise their voices for change. And it invites us to rethink how we act and measure progress.

RWJF is committed to building a Culture of Health in collaboration with many others who together will catalyze national action which can be assessed using the Action Framework. This update introduces a refined set of National Measures to monitor related trends.

The Culture of Health vision has inspired RWJF to become more adaptable, action-oriented, and collaborative. We've started to work differently, both internally and externally—intentionally expanding our network and helping others make new connections. We are convinced that the vision must be championed not only by those in the health arena, but also by those who have not traditionally seen themselves as influencing health—sectors such as community development, law enforcement, business, and technology, as well as organizations focused on civic engagement and economic opportunity.

Building an inclusive national movement to improve health and well-being is *not* a short-term endeavor. It may take a generation or more to achieve. It will take patience, perseverance, and many hands working together. We at RWJF are all in. We are just getting started.

Clarifying the Culture of Health vision

There is no "right" way to envision or build a Culture of Health. It can look very different to different people. And, over the past four years, a Culture of Health has taken shape in unique ways in communities across the nation. That's how it should be. A national movement toward better health for all must reflect our diversity of beliefs, family customs, and community values.

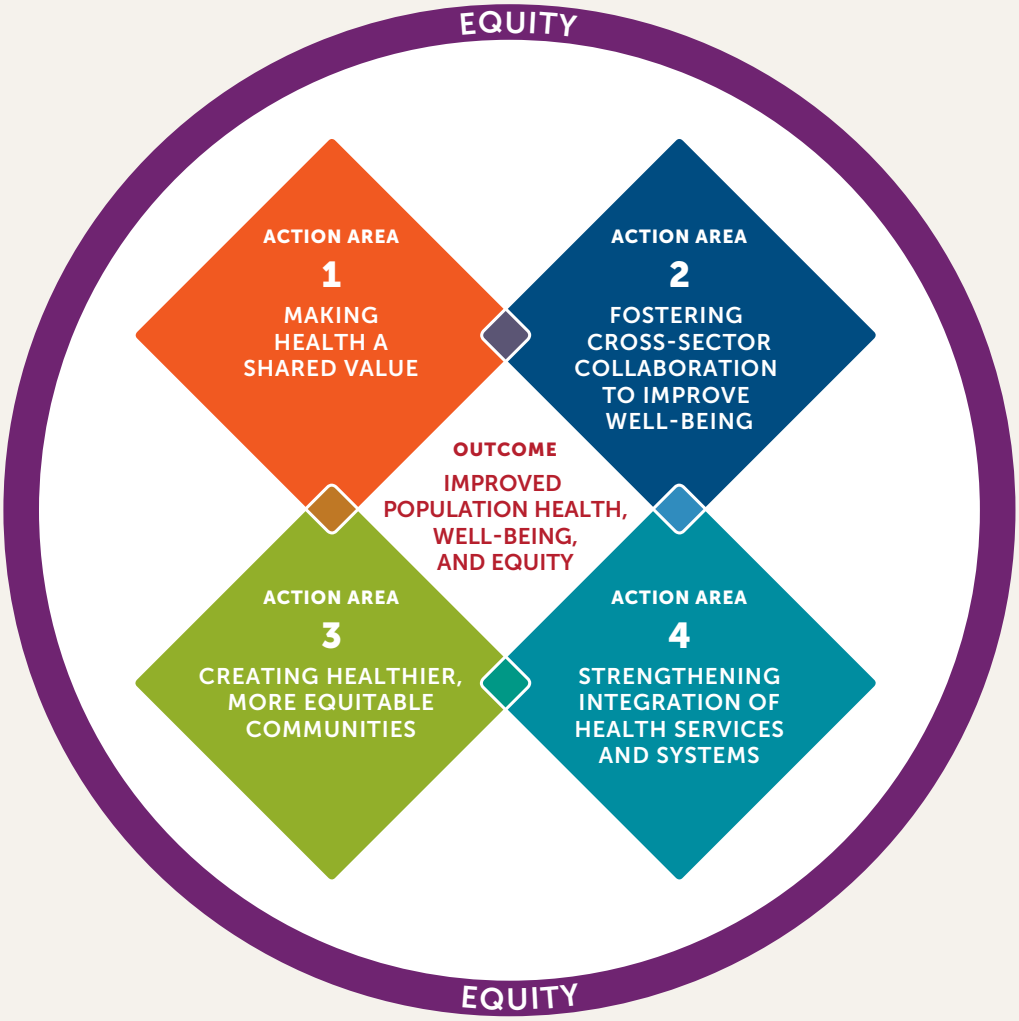
A Culture of Health exists when people recognize that health is essential to every aspect of life—linked, of course, to health care, yet also inextricably tied to where we live, learn, work, and play. It happens when individuals and organizations join forces, so the healthy choice becomes the easy choice for all. Personal responsibility plays a key role in health, but the choices we make depend on the opportunities we have available to us.

Health equity is critical to a Culture of Health. In an equitable society, everyone, in every community, has a fair and just opportunity for health and well-being. That may mean expanding access to high-quality, affordable care. It may mean creating safer neighborhoods so kids can walk to school and play outside. And it may mean ensuring that families have secure, stable housing, good schools, and job opportunities that provide a living wage.

Health is the bedrock of personal fulfillment and the backbone of a strong, competitive nation. At RWJF, our goal is to work with others to raise health in the United States to the level that a great nation deserves. The Culture of Health vision is not a funding initiative nor a program. Rather, it is an organizing principle for changing how America thinks about health.

ABOUT THE CULTURE OF HEALTH VISION AND ACTION FRAMEWORK

The Framework was developed in collaboration with the RAND Corporation to chart and measure the nation's progress in achieving improved population health, well-being, and equity. It serves two purposes: to catalyze a broad social movement by offering entry to diverse individuals, organizations, and sectors; and to guide RWJF's own role and place among many others in this movement.



The Framework condenses extensive research and practical community experience into four interconnected **Action Areas**. Each represents significant strategic opportunities to realize the vision of a Culture of Health at the national and community level. The **Outcome Areas** represent the improvements we expect to see as the nation makes progress across the four action areas.

Each action area has three **Drivers**, which are priority areas for attention and innovation needed to make the ongoing systemic, cultural, and social changes required for building a Culture of Health. In turn, each Driver has illustrative national **Measures** that, if improved over time, would signal positive change in the action area and indicate movement toward a Culture of Health. The Framework is intended to be fluid and inclusive. In other words, it is not a formulaic or rigidly prescriptive model that tells partners and communities exactly what to do. Instead, we have invited individuals, communities, and organizations to use and tailor the Framework in ways that are relevant to their unique needs and goals.

Building momentum with others

Over the past four years, individuals, communities, public- and private-sector leaders, and influential organizations have started to embrace the Culture of Health vision, and some are using it as a launch pad for their own goals. These early adopters extend beyond the health sector, and their "a-ha" moments are helping others connect health and well-being to the grander whole of work, family, and community life. Their insights and questions are also helping RWJF improve how we talk about, build, and measure a national Culture of Health.

Examples of organizations incorporating the Culture of Health vision into their work:

- The **Hawaii State Department of Health's** strategic plan for 2015–2018 is modeled on the Culture of Health Action Framework. The plan is entitled *"Create a Culture of Health Throughout Hawaii: Take Health to Where People Live, Work, Learn, and Play; Invest in Healthy Babies and Families."*
- **Target Corporation** has looked to the Culture of Health vision to support its Corporate Social Responsibility strategy around wellness.
- The **YMCA** has embarked on a strategic restructuring, with the goal of aligning its programmatic work with building a national Culture of Health. A collaboration with the **American Heart Association** is also allowing the YMCA to expand its health care service offerings. *(Note: This work was partially funded by the Robert Wood Johnson Foundation.)*
- **Sesame Workshop,** the nonprofit educational organization behind Sesame Street, has partnered with RWJF to launch its first-ever comprehensive initiative designed to help children cope with traumatic experiences. It is aimed at addressing the prevalence of Adverse Childhood Experiences (ACEs)—a key Culture of Health Measure. *(Note: This work was partially funded by the Robert Wood Johnson Foundation.)*
- **Memphis Business Group on Health** established the CEO Culture of Health Initiative to encourage and assist Memphis-area employers in creating Cultures of Health within their organizations. Part of the goal is to ensure that CEOs and organizations support the health of employees and their families.
- **The Health Foundation** of the United Kingdom credits the Culture of Health Action Framework for inspiring it to expand its traditional work in quality improvement research and evaluation, by including more upstream factors of health along with issues of well-being.

Additionally, 35 rural, suburban, urban, and tribal communities from across the nation have been selected to date as RWJF Culture of Health Prize winners. More than 200 applications were received for the 2017 competition, which elevates and celebrates communities on the leading edge of building a Culture of Health.

RWJF's vision of a Culture of Health guides every aspect of our work. However, we knew from the get-go that we couldn't possibly build a Culture of Health alone—nor should we.

RWJF's role in the movement

Building this movement requires a multipronged approach, inviting us to think big and take bold steps with others. It involves engagement and collaboration among a wide range of partners, committed to the common cause of advancing health and well-being for everyone in America. With this mind, RWJF intends to engage with others to inspire a shift in mindsets and expectations about the meaning of health. We will help identify and activate leaders in this cause, and we will help elevate evidence and best practices that promote health and well-being.

Additionally, we recognize that there are specific areas of focus where RWJF can provide the strongest impact. Those areas are creating healthier communities, helping children and families be healthy, and cultivating stronger bonds between America's public health and health care systems—and that is where we will focus our funding and programming for the foreseeable future.

REFINING HOW WE MEASURE PROGRESS

Following the release of the Action Framework and its associated Measures, we investigated how the Measures were received, understood, and applied by diverse constituents.

In RWJF's 2015 report, *From Vision to Action,* we released an Action Framework with a set of 41 national, evidence-based **Culture of Health Measures**. The Framework was designed to help others envision how they can contribute to building a Culture of Health. It is meant to spark conversations about the many factors that influence health and well-being. It encourages cross-sector collaboration aimed at making health an essential building block of vibrant communities, and better coordinated health and health care systems. It also highlights the central importance of health equity, so everyone has a fair and just opportunity to be healthier.

Rigorously developed in collaboration with the RAND Corporation, and with significant input from many partners and experts, the Action Framework and Measures indicate how our nation needs to improve in order to build a Culture of Health for all. The Framework encourages a comprehensive view of health that incorporates well-being, in the spirit of the World Health Organization's definition: *"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."*

Listening, learning, and refining

Complementing the *From Vision to Action* report, this update reflects a national conversation to strengthen and improve the Culture of Health Measures. Over the past three years, we at RWJF have begun investigating how the Measures are understood and utilized. We streamlined the initial set accordingly, ultimately cutting eight Measures and significantly revising seven. We added two Measures that emerged from our national dialogue: Walkability and Incarceration. We also updated source data where available.

Catalytic measurement

Building and measuring a Culture of Health is an emerging, unfolding process, requiring RWJF to become more nimble, flexible, and responsive. In the past, we have typically reviewed the impact of our work retrospectively. But now, as we work to advance a Culture of Health with others over the long haul, we are continually assessing our progress in real time and making adjustments as we go.

Just as the Culture of Health vision has transformed the way we operate at RWJF, it has also encouraged new ways of thinking about measurement itself. Initiatives such as the County Health Rankings & Roadmaps demonstrate the power of public measures to spur transformative improvements in health and well-being.

Building a Culture of Health means addressing complex challenges with many partners—making it harder to pinpoint who is accountable, establish clear targets, and determine incentives that drive success. As RWJF develops its approach to gauge progress toward a Culture of Health, we have begun thinking in terms of "catalytic measurement."[1] This approach focuses on catalyzing creative, collaborative action within and across sectors, rather than holding actors accountable for specific goals. As we continue to fine-tune the Measures set, we will seek measures that are catalytic in triggering conversations, drawing diverse people and sectors together, and driving large-scale, systemic change.

Clarifying the Culture of Health Measures

The Culture of Health Measures are uniquely and intentionally broad in scope. While some focus explicitly on health care, many point to underlying social, economic, or policy issues that can influence health and well-being in America.

We at RWJF recognize the importance of these issues, but we can't possibly address them all in our work. While the Action Framework and Measures are intended to inspire our staff and partners, they were designed with an even broader purpose: to catalyze individuals, communities, and organizations from many sectors to join forces and improve health and well-being for all.

To that end, we encourage individuals and organizations from different sectors and with different views to embrace the Culture of Health Action Framework and Measures as entry points for assessment, engagement, and collaboration. The Measures serve as illustrative examples and useful surrogates for tracking the components of a Culture of Health. If improved, they signal progress in the national movement toward better health for all.

[1] Christopher Nelson, Anita Chandra and Carolyn Miller, "Can Measures Change the World?" *Stanford Social Innovation Review,* Winter 2018, pp. 42–47.

INTRODUCING THE UPDATED CULTURE OF HEALTH MEASURES

There are many ways that the Framework can be used to catalyze and guide specific individual, organizational, or community action.

This section provides an overview of the updated Culture of Health Measures set, reflecting RWJF's initial phase of refinement. The Measures serve as important indicators of health, well-being, and equity that, if improved, illustrate progress in advancing a national Culture of Health.

The 35 Measures are organized under the four **Action Areas of the Culture of Health Framework** that focus efforts; they are further grouped by **Drivers** highlighting key areas for accelerating change. The Action Areas and Drivers serve as consistent, long-term priorities crucial to building a Culture of Health that benefits all. The Measures are expected to evolve over time. They draw from both widely used and new data sets, and paint a broad picture of the many factors influencing health and well-being in America. We at RWJF will continue to review and revise the Measures to reflect changing conditions and national priorities over time. However, for monitoring purposes, this set will not change for three years.

We included measures that have a good distribution across Action Areas and Drivers, include key sectors that influence health and address health equity. In arriving at this streamlined set of 35 Measures, we wanted fewer Measures with more strategic value and greater communication power. The Measures had to have high-signal value for catalyzing dialogue, motivating cross-sector collaboration, and advancing change in upstream drivers of health and well-being. Ultimately, we dropped eight Measures and significantly refined seven Measures. For this entire process, we engaged with a range of stakeholders to review whether a measure still met our inclusion criteria. We dropped measures that were not strong enough in terms of validity or data collection quality and/or we received feedback that the Measure did not resonate for the Driver and/or Action Area and did not motivate or inspire engagement or action.

CULTURE OF HEALTH NATIONAL MEASURES

ACTION AREAS	DRIVERS	MEASURES
1 MAKING HEALTH A SHARED VALUE	MINDSET AND EXPECTATIONS	Recognized influence of physical and social factors on health
		Internet searches for health-promoting information
	SENSE OF COMMUNITY	Community connection
		Valued investment in community health
	CIVIC ENGAGEMENT	Voter participation
		Volunteer participation
2 FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING	NUMBER AND QUALITY OF PARTNERSHIPS	Hospital partnerships
		Youth exposure to advertising for unhealthy foods
	INVESTMENT IN CROSS-SECTOR COLLABORATION	Business leadership in health
		Federal investment in Health in All Policies
	POLICIES THAT SUPPORT COLLABORATION	Support for working families (FMLA)
		Collaboration among communities and law enforcement
3 CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES	BUILT ENVIRONMENT AND PHYSICAL CONDITIONS	New Measure: Walkability
		Public libraries
		Youth safety
	SOCIAL AND ECONOMIC ENVIRONMENT	Housing affordability
		Residential segregation
		Enrollment in early childhood education
	POLICY AND GOVERNANCE	Climate adaptation and mitigation
		Air quality
4 STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS	ACCESS TO CARE	Access to comprehensive public health services
		Health insurance coverage
		Access to alcohol, substance use, or mental health treatment
		Routine dental care
	CONSUMER EXPERIENCE	Consumer experience with care
		Population-based alternative payment models
	BALANCE AND INTEGRATION	Electronic medical record linkages
		Full scope of practice for nurse practitioners

OUTCOME	OUTCOME AREAS	MEASURES
IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY	ENHANCED INDIVIDUAL AND COMMUNITY WELL-BEING	Individual well-being
		New Measure: Incarceration
	MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS	Adverse childhood experiences
		Disability-adjusted life years related to chronic disease
	REDUCED HEALTH CARE COSTS	End-of-life care expenditures
		Preventable hospitalizations
		Family health care costs


IT TAKES

1

ACTION AREA 1:

MAKING HEALTH A SHARED VALUE

When it comes to building a Culture of Health, we're all in it together. Just as every individual values their own health, we must make health a shared value by recognizing that each of us has a stake in the health and well-being of the larger community. If people value and prioritize health in their personal decision-making and in public policies, health can flourish both locally and nationwide.

ACTION AREA 1: MAKING HEALTH A SHARED VALUE

DRIVER	MEASURE	WHY INCLUDED	WHAT WE KNOW	WHAT CHANGE WILL MEAN
MINDSETS AND EXPECTATIONS	**Recognized influence of physical and social factors on health**	Awareness of how our individual health can be influenced by people and conditions in our community is key to making health a shared value.	*RWJF's 2015 National Survey of Health Attitudes* found that only 34% of adults believe that there is an impact of the surroundings (both other people's behaviors and community conditions) on a person's health and well-being.	To build shared values around health and well-being, health needs to be viewed as a collective concern. An increase in the percentage of adults who recognize the influence of their surroundings on their own health and the health of their communities would signal that there is greater understanding that health is interconnected, a step toward health as a shared experience.
	Internet searches for health-promoting information	Information-seeking behavior suggests interest in, and prioritization of, health promotion and well-being. In a Culture of Health, people will seek information about health, particularly all aspects of health promotion. This Measure demonstrates the extent to which people are seeking out information about health and well-being.	Based on a set of commonly used keywords about health promotion, Google searches were overwhelmingly fitness related (55%), compared to 40% on the general topic of being healthy or wellness but less attention to topics like public health (4%); healthy eating (1%); or health equity (1%).	Increase in volume of Google searches on a range of health and well-being topics means that people are not simply discussing health promotion but increasingly actively seeking out information on health promotion, including important social factors that drive health. This would reflect the first stage of changing mindsets and attitudes about health, demonstrating general interest in health and well-being has increased.
SENSE OF COMMUNITY	**Community connection**	Individuals who feel a sense of security, belonging, and trust in their community have better health.	*RWJF's 2015 National Survey of Health Attitudes* included a Sense of Community Index, which asked about, among other things, participants' trust and recognition of their neighbor. For example, 49% of adults reported a strong or moderate sense of membership in their communities; 64% reported a strong or moderate emotional connection to their communities.	Research shows that if people improve their feelings of belonging, trust, and security, they are likely to be healthier than those who feel isolated or marginalized. When people feel a greater connection, they are then more inclined to act to improve their own health and the health of others.
	Valued investment in community health	A key sign of community well-being is the value people place on, and how highly they would prioritize, investments in health and well-being. Examples would be investments in parks or making the environment friendly to those with limited mobility.	*The RWJF 2015 National Survey of Health Attitudes* found that 31% of adults do not prioritize any investments in five key areas of community health and well-being (support for equal opportunities, healthy food, decent housing, alternative transportation options, and safe places for physical activity).	An increase in the number of Americans who value more investment in actions that promote well-being would support greater investments across sectors to address the social and environmental factors that drive health and well-being.

DRIVER	MEASURE	WHY INCLUDED	WHAT WE KNOW	WHAT CHANGE WILL MEAN
CIVIC ENGAGEMENT	Voter participation	To improve health and well-being, people need to feel they are part of and supported by a community, but are also engaged in the democratic process. Strong turnouts on voting day and increased participation in elections are indications that individuals feel empowered to act and want to influence change. Policies that restrict eligible voter participation erode civic engagement.	According to the *Atlas of U.S. Presidential Elections*, 55% of the voting-age population voted in the 2016 presidential election.	Increased voter participation is one signal of increased civic engagement overall, which can mean that the community is also ready for action on a host of health and well-being matters.
	Volunteer participation	Volunteering is a key contributor to civic engagement and community well-being. Organizations that have engaged volunteers are better prepared to respond and recover when emergencies strike. At the same time, volunteers benefit from the sense of social connection and participating in something greater than themselves.	In 2015, the *U.S. Current Population Survey's Volunteer and Civic Engagement Supplement*, as analyzed by the Corporation for National & Community Service, found that 25% of adults and teenagers (at least 16 years old) reported volunteering at any point during the past 12 months.	An increase in volunteer engagement would be considered an indication of improved community strength and greater civic engagement, both of which are key to making health a shared value and the creation of social cohesion.

2

ACTION AREA 2:

FOSTERING CROSS-SECTOR COLLABORATION

Improving health, well-being, and equity requires creative solutions driven by collaboration across sectors. Building a Culture of Health encourages people to see the connection to improving health and well-being within their work—whether in education, transportation, community development, law enforcement, business, or other fields not traditionally considered part of the health arena.

ACTION AREA 2: FOSTERING CROSS-SECTOR COLLABORATION

DRIVER	MEASURE	WHY INCLUDED	WHAT WE KNOW	WHAT CHANGE WILL MEAN
NUMBER AND QUALITY OF PARTNERSHIPS	Hospital partnerships	Hospitals don't just make sick people better; they play an increasingly vital role in the overall health of their communities. Hospitals that forge partnerships with local organizations are better positioned to reach vulnerable and at-risk populations and improve the health of their communities.	The 2016 *American Hospital Association Annual Survey* found that 34% of hospitals had a formal alliance with health care or insurance organizations; 19% with a state or local government organization; and 26% with a community organization.	Increases in this Measure would indicate that more hospitals are seeing the value of evolving their roles and responsibilities in population health and as care providers in their communities.
	Youth exposure to advertising for unhealthy foods	Exposure of children to advertising by the corporate food and beverage sector is associated with children asking parents to buy specific food items (e.g., as seen on television) and obesity-related outcomes. In 2006, the Children's Food and Beverage Advertising Initiative (CFBAI) was created as a partnership of companies from the food and beverage industry to self-regulate nutrition standards. It is therefore important to track CFBAI's progress in prioritizing children's health and well-being in the marketing of food products and their advertising decisions, particularly since minority and low-income children are disproportionately exposed to unhealthy food advertising.	In 2015, data analyzed from Nielsen Media Research indicated that young children viewed daily an average of 2.5 ads featuring food products during children's programming, but nearly 80% of those products failed to meet federal guidelines for nutrition standards.	Decreases in this Measure would indicate that the corporate food and beverage sector is either making food products that are better for children's health or reducing the TV advertising of unhealthy food products to children, which may ultimately improve equity in healthy weight outcomes for minority and low-income children.
INVESTMENT IN COLLABORATION	Business leadership in health	Business is a critical partner in cross-sector collaborations needed to drive a Culture of Health. One way the business sector can do that is through corporate giving. Corporations contribute a significant amount of philanthropic support to a range of sectors that are drivers of health, such as education and community development. These investments into such sectors can potentially foster improvements in health.	According to the Committee Encouraging Corporate Philanthropy, in 2015, the median corporate contribution from a set of the world's largest companies in their support of K-12 and higher education programs was $1.02 and $0.62 million, respectively and community and economic development programs was $0.9 million.	Increases in corporate contributions would indicate increased opportunities with private funding to expand or develop new programs in key sectors (e.g., education and economic development) that drive health.

DRIVER	MEASURE	WHY INCLUDED	WHAT WE KNOW	WHAT CHANGE WILL MEAN
INVESTMENT IN COLLABORATION	Federal investment in Health in All Policies	Health in All Policies is an approach to policymaking in which public health experts and organizations work with policymakers across nonhealth sectors to create policies and practices that address social determinants of health and promote community health and well-being. This Measure captures the extent to which a Health in All Policies approach is present in federal assistance strategies.	Based on a comprehensive review by RAND and RWJF, in 2016, nonhealth sector (not HHS) federal executive agencies that influence upstream drivers of health like education, housing, and transportation spent an average of 43% of their 2016 budgets on programs explicitly intended to impact population health and/or well-being.	Higher average percentages in future years (e.g., increases above 43%) even with constant overall federal spending would suggest that federal agencies are more frequently considering population health and well-being impact when developing and funding programs.
POLICIES THAT SUPPORT COLLABORATION	Support for working families (FMLA)	The ability of workers to take leave to support their own or a family member's health and still keep their jobs while away is a significant policy achievement; however, FMLA leave is unpaid. This means that low-income workers in particular, may be prevented from taking family medical leave for reasons of financial hardship. This Measure reflects a federal government policy effort to work with employers and shape policies that influence the health and well-being of workers and their families.	An analysis of the *Current Population Survey's Annual Social and Economic Supplement* in conjunction with the Massachusetts Institute of Technology's Living Wage Calculator showed that in 2015, only 52% of families with working adults in the United States were eligible for FMLA and could afford to take it. Families can be single adults with or without children and couples with or without children.	An increase in the number of people who can take FMLA would suggest that more people are earning a living wage—covering expenses and still saving money—and can afford to take unpaid medical leave when needed for themselves or family members.
	Collaboration among communities and law enforcement	Community policing fosters positive relationships between the public and law enforcement. Based on 2015 Presidential Task Force findings on policing, there is an expectation that law enforcement agencies should not only infuse community policing into their culture and organizational structure, but also specify community policing activities on which agencies and sworn officers are evaluated, such as engaging communities in identifying priority issues and problem solving. Although we are early in the process of supporting law enforcement agencies to evaluate community policing, a community policing index of activities is a benchmark measure of overall agency performance on community policing across agency types, sizes, and U.S. region.	According to the *Bureau of Justice Statistics' Law Enforcement Management and Administrative Statistics* (LEMAS) survey, in 2013, local police departments had the highest average score on an index of community policing activities (50.8) compared to primary state law enforcement agencies (48.2) and sheriff's offices (47.6). We consider a national benchmark of very good achievement in the eight measures in the LEMAS survey an average score of 75 which means that the nation has much room for improvement.	Increased average scores on the index would suggest an increase in the number of community policing activities conducted at law enforcement agencies—and each of these activities are another opportunity to positively engage the public. These results help different agency types benchmark themselves against national average scores by agency type.

3

ACTION AREA 3:

CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES

The places where we live, learn, work, and play all contribute to our ability to become and stay healthy. A Culture of Health means communities have the will and resources to provide the basic conditions for health and well-being—like access to good schools and jobs, decent and affordable housing, and safe places outdoors to exercise and play.

ACTION AREA 3: CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES

DRIVER	MEASURE	WHY INCLUDED	WHAT WE KNOW	WHAT CHANGE WILL MEAN
BUILT ENVIRONMENT AND PHYSICAL CONDITIONS	Walkability	Walkability contributes to health and well-being, by improving the ability to move around a community safely and easily and thereby potentially increasing physical activity and opportunities for social connection.	The national Median Walkability Index value (defined as a composite of various factors that affect mobility, including the ability to walk with ease by connected streets; how close houses are to each other; how often residents have to use their car to travel; how far to a public transit stop; and the mix of jobs requiring more or less mobility) for the nation is 20.0 on a scale of 0 to 100. Thus, 50% of the U.S. population lives in areas above this median score.	Increase in the national Median Walkability Index value would mean that communities are improving opportunities for residents to be more mobile safely, to improve some access to services without reliance on transportation, and to increase the chances of social interaction—all critical for health and well-being.
	Public libraries	Libraries provide free health-related and other information, safe spaces for social interaction, child and adult learning programs, and places of refuge during heat waves, storms, and disasters. They are critical amenities in a community that promotes health and well-being, and can ensure equitable access to important health information and other resources.	According to the 2015 biennial survey conducted by the Institute of Museum and Library Services, there were 5.3 libraries for every 100,000 people in the U.S.	Increases in the number of libraries would indicate increased access to free resources to help residents participate fully in communities and social service programs, including those that are health-promoting.
	Youth safety	Feeling safe outside of the home promotes trust, school attendance, and physical activity. The degree to which young people feel safe getting to and from school is especially important to their ability to stay healthy, exercise and to complete an education.	In the 2016 *Monitoring the Future Survey*, more black and Hispanic youth felt unsafe at least some days walking to or from school (14% and 14% respectively) compared to white youth (9%).	Decreases in the percentage of students across all racial/ethnic groups feeling unsafe may represent improvements in access to school, outdoor activity, and other benefits to health and well-being, as well as improved community safety.
SOCIAL AND ECONOMIC ENVIRONMENTS	Housing affordability	Quality, affordable housing is essential to health. Expenditures on housing can affect the ability to make healthy choices. Households that are overburdened with housing costs often have difficulty affording other necessities—such as food, clothing, transportation, and medical care—which are central to leading healthy lives.	According to the *American Community Survey*, in 2015, nearly 13% of Americans spent 50% or more of their household income on housing, but by race/ethnicity there are important differences. For example, 10% of whites spend 50% or more on housing but all other minority groups spend comparatively more as a percentage of income, including 20% of Blacks, 18% of Hispanics, and 14% of Asians.	While spending 30% or more of one's income on housing costs is considered a housing-cost burden, 50% or more is a **severe** housing-cost burden. Improving the proportions of the population, and especially the disproportionate number of racial/ethnic minorities who have severe housing-cost burdens, is a priority for improving health and well-being.

DRIVER	MEASURE	WHY INCLUDED	WHAT WE KNOW	WHAT CHANGE WILL MEAN
SOCIAL AND ECONOMIC ENVIRONMENT	Residential segregation	Racial residential segregation, or the geographic separation of racial/ethnic groups, often places people into different neighborhoods that have unequal economic or educational opportunities and access to services. Greater residential segregation is related to more negative economic and health outcomes for individuals.	Data from the 2015 *American Community Survey* showed that, on average, across the United States, people tended to live in neighborhoods that were largely segregated by race/ethnicity. However, this was most true for non-Hispanic white Americans, who live in neighborhoods that are, on average, 76% non-Hispanic white. Black Americans live in neighborhoods that are 44% Black, Hispanics live in neighborhoods that are 45% Hispanic.	When there are improvements in racial/ethnic residential integration, populations can access more educational and economic opportunities that promote health and well-being. Racially/ethnically integrated neighborhoods also encourage positive social outcomes.
	Enrollment in early childhood education	The lifelong benefits of early childhood programming and learning(from birth) range from better health and higher earnings to a lower likelihood of being on public assistance or committing a crime.	According to the 2016 *American Community Survey*, (the best available national measure) 46% of three- and four-year-olds in the United States were enrolled in preschool. Among Head Start programs, only 24% of states and the District of Columbia met all thresholds for quality (instructional, emotional, and organizational).	A larger percentage of three- and four-year-olds enrolled in preschool and more states meeting quality metrics for Head Start and state pre-K would suggest an improvement in the availability and quality of early childhood education, a pillar of creating healthier, more equitable communities across the country.
POLICY AND GOVERNANCE	Climate adaptation and mitigation	Climate change has a significant impact on health, worsening chronic diseases (e.g., respiratory ailments) and affecting mental health. Climate Action Plans (CAPs) outline a set of strategies within specific environmental policy proposals and programmatic initiatives across agencies. By establishing standards for air quality, targets for emissions, or requirements for housing development, CAPs indicate that states are engaging in cross-sector collaborations that benefit health.	As of 2015 according to an inventory done by the Center for Climate and Energy Solutions, 34 states and the District of Columbia had a CAP in place.	An increase in the number of states adopting CAPs would indicate increasing priorities for states to address their own climate issues, as well as increased willingness among states to engage multiple sectors, which is an integral part of CAP development.
	Air quality	Good air quality reduces the rates of lung cancer and asthma complication. Indoor air laws are key policies that can improve this environment. While smoking is not the only contributor to air quality, it is one that's been proven to be dangerous to workers, patrons, or anyone exposed to secondhand smoke on a continual basis.	As of October 2016, 17 states had smoke-free air laws that covered workplaces, restaurants, bars, and gambling establishments.	As the proportion of states with comprehensive smoke-free air laws increases, more people will have the opportunity for respiratory health.

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ACTION AREA 4:

STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

In a Culture of Health, clinical care is integrated with prevention-oriented public health and community-based social services. When high-quality, efficient, and affordable care is a key part of a larger network of services, health professionals can better address the complexities of patients' lives—working with families, caregivers, and community partners to improve health while driving down costs.

ACTION AREA 4: STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

DRIVER	MEASURE	WHY INCLUDED	WHAT WE KNOW	WHAT CHANGE WILL MEAN
ACCESS TO CARE	Access to comprehensive public health services	Access to a comprehensive public health system stresses the importance of public health as a core resource. Examples include prevention services, response to infectious disease outbreaks, environmental health, and nurse home visiting at the local level. Some public health departments are more comprehensive and better funded than others.	According to the *National Longitudinal Survey of Public Health Systems*, in 2015, 51% of the U.S. population was served by a comprehensive public health system.	An increase in the amount of the U.S. population served by a comprehensive public health system signals either a strengthening of the number of public health departments, an expansion in geographic reach of comprehensive public health departments, or a strengthening of shared services and collaboration among the governmental and nongovernmental organizations that contribute to the delivery of public health services.
	Health insurance coverage	Health insurance is very important for health care access. Uninsured people receive less preventive services, screening, medical care and less timely care, have worse health outcomes, and lack of insurance is a fiscal burden for them and their families.	In 2016, the *National Health Interview Survey* found that 84% of the nonelderly adult population (ages 18–64) had continuous health insurance, protecting them from health-related financial shocks.	An increase in the number of Americans covered by health insurance would mean more people have a key component of access to health care.
	Access to treatment for alcohol, substance use, or mental health issues	Overall health and well-being require access and utilization of needed alcohol, substance use, and mental health treatment. This Measure is particularly timely given the impact of the current opioid epidemic and the number of people in this country who need to access treatment.	According to the 2016 *National Survey on Drug Use and Health*, 40% of U.S. adults with a mental or substance use disorder reported receiving treatment in the past year.	An improvement in the percentage of people with mental illness or substance abuse receiving treatment would likely indicate that more people are able to lead healthier lives. A decrease in this Measure could signal either a decrease in the availability of and access to services or an increase in the number of people needing treatment.
	Routine dental care	Regular dental visits can identify oral health problems early. Only half of adults covered by Medicaid also have dental coverage, while all children covered by Medicaid or SCHIP have dental coverage.	According to the 2015 *Medical Expenditures Panel Survey,* only 39% of the U.S. population had a general dental visit in the last calendar year. Utilization is greater among children and among those with private dental insurance, while utilization among those with Medicaid or SCHIP is similar to those without any insurance at all.	An improvement in the number of people who access routine dental care is likely to indicate an improvement in oral health.

DRIVER	MEASURE	WHY INCLUDED	WHAT WE KNOW	WHAT CHANGE WILL MEAN
CONSUMER EXPERIENCE	**Consumer experience with care**	Improving the consumer's experience within and across health systems is an essential component to health care quality.	Using data from the ambulatory, hospital, and home health care surveys within the 2014 Consumer *Assessment of Healthcare Providers and Systems* surveys, only six states have earned five stars, the highest consumer experience rating.	An increase in the number of states with five stars signals that health care settings and systems are placing more emphasis on addressing the non-clinical needs of patients and consumers (e.g., ease of navigation, transparency, communication), resulting in a better overall consumer experience.
	Population-based alternative payment models	Expansion of new payment and health care delivery models are intended to provide better care at lower cost and result in better health (e.g., higher value delivery models). In population-based alternative payment models, a provider organization is paid a certain amount and is financially responsible for the care of a beneficiary for a set period (e.g., one year) while maintaining quality standards.	Analysis by Leavitt Partners found that as of April 2017, 10% of the population had their health care costs covered under a population-based payment program.	An increase in the number of people covered by a population-based alternative payment model may mean that more people have the potential for better care at lower costs.
BALANCE AND INTEGRATION	**Electronic medical record linkages**	Physicians sharing data with various agencies and organizations for the benefit of the patient demonstrates the extent to which there is integration within and across health settings and systems.	According to the *National Electronic Health Records Survey*, in 2015, 50% of physicians whose patients see providers in other outpatient practices share data with those providers and hospitals, including outside of their organizations.	More physicians sharing data would demonstrate that providers are communicating better with each other across health settings and systems, helping to facilitate the flow of information for more coordinated and patient-centered care.
	Full scope of practice for nurse practitioners	Removing scope-of-practice barriers increases access and helps provide primary, preventive, and routine medical care in a wider range of settings.	According to the American Association of Nurse Practitioners, as of March 2017, 22 states, and the District of Columbia, had ful practice laws for nurse practitioners, meaning these providers can evaluate and diagnose patients, order and interpret diagnostic tests, and initiate and manage treatments.	An increase in the number of states allowing nurse practitioners to work at the top of their license would demonstrate expanded health care availability and would link to cost reduction in health care services, especially for underserved populations.

OUTCOME:

IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY

When the nation makes progress in the four Action Areas—Making Health a Shared Value; Fostering Cross-Sector Collaboration; Creating Healthier, More Equitable Communities; and Strengthening Integration of Health Services and Systems—we expect health and well-being in our nation to improve significantly for everyone, illustrated by the following outcomes.

OUTCOME AREA: IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY

DRIVER	MEASURE	WHY INCLUDED	WHAT WE KNOW	WHAT CHANGE WILL MEAN
INDIVIDUAL AND COMMUNITY WELL-BEING	Individual well-being	Many factors identified in the four Culture of Health Action Areas contribute to how people view their health and overall well-being. Addressing life satisfaction and other components of individual well-being is associated with better health-related quality of life.	Analysis of data from the OECD Better Life Index showed that, on a scale of 1–10, with 10 being the highest life satisfaction, U.S. adults report an average of 6.9 in 2015.	Higher scores on life satisfaction would indicate that people perceive their overall well-being to be better and is an indicator of better health.
	Incarceration	Incarceration negatively impacts the health of prisoners, their families, and broader communities. Prisoners are in poorer health than the U.S. population, and ex-prisoners returning to communities often bring a host of unmet health needs. In addition to the direct health consequences, incarceration has a major impact on many of the social determinants of health. It's harder to get a good, well-paying job or housing and you may be banned from participating fully in civil society (unable to vote). Reducing incarceration also has strong implications for improving equity, as black and Latino residents are disproportionately likely to be arrested, convicted, and then to face harsher sentences.	According to the Bureau of Justice Statistics, at the end of 2015, there were an estimated 1,526,792 prisoners under the jurisdiction of state and federal correctional authorities. This prison population corresponds to an imprisonment rate of 0.46% of the total U.S. population in prison, the largest prison population in the world. Racial and ethnic minorities are disproportionately represented among sentenced prisons, 57% of whom are black or Hispanic. The jail incarceration rate is 230 inmates per every 100,000 U.S. residents.	A reduction in the number of people incarcerated would lead to better health outcomes for a vulnerable population. A decrease in incarceration rates could also reflect improvements in upstream conditions that can reduce the risk of incarceration, such as poverty reduction, access to health services, and fair educational opportunities.
MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS	Adverse childhood experiences	Children who experience trauma, such as neglect or physical, verbal, or sexual abuse, witnessing domestic violence, or an incarcerated household member, suffer health and social consequences long into adulthood. Adverse childhood experiences (ACEs) are linked to mental illness, chronic health conditions, and premature death. The physical, social, and economic environment in which children live and the shared societal values on health and well-being can contribute to whether or not children are exposed to these negative events.	The *National Survey of Children's Health* data showed that in 2016, 21% of parents reported that their child had experienced two or more ACEs such as family divorce, domestic violence, or substance or alcohol use problems in the household.	A decrease in the percentage of parents reporting two or more ACEs may indicate a reduction in the number of children experiencing these events, which may stem from improved life conditions and household environments of both children and their families.
	Disability-adjusted life years related to chronic disease	A large and growing number of people in America suffer from one or more chronic diseases. Measuring the impact and burden of chronic disease, and keeping an eye on the disparities that exist, supports the capture of Americans' abilities to live their best life, despite having chronic disease.	Using data from the 2015 *Global Burden of Disease* study, the total disability-adjusted life years (years lost due to poor health, disability, or early death) for the top 10 chronic conditions in the U.S. was estimated to be 28,634,122 years.	In a Culture of Health many chronic diseases will be prevented or risk of them will be reduced. A decrease in the number of disability-adjusted life years would signal that more people are managing their chronic conditions better or possibly living longer and potentially free from disability.

DRIVER	MEASURE	WHY INCLUDED	WHAT WE KNOW	WHAT CHANGE WILL MEAN
REDUCED HEALTH CARE COSTS	End-of-life care expenditures	This Measure monitors progress regarding the medical choices made by and for people in their last year of life—with an eye toward time spent in clinical settings versus at home. End-of-life care expenditures also reflect costs associated with the burden of chronic disease, as well as the higher costs associated with acute care facilities.	According to an analysis of Medicare beneficiaries' expenditure data, in 2014, the average total health expenditures in the last year of life among Medicare beneficiaries was $59,567.	Decreases in the average total health expenditures in last year of life would suggest increased decision-making toward and use of more cost-effective community or household-based services, such as hospice or home care.
	Preventable hospitalizations	Having access to a routine source of high-quality care throughout life is a necessary component to good health and well-being and can reduce the occurrence of preventable hospitalizations. Engaging in prevention and health promotion activities, as well as seeking appropriate care, can help reduce health care costs.	An analysis of Health Care Cost and Utilization Project data indicated that in 2015, there were 1,520 preventable hospitalizations per 100,000 people.	A decrease in the number of preventable hospitalizations would indicate that more people are managing their health better, which includes involvement of appropriate primary care, to avoid the need for higher cost interventions.
	Family health care costs	The United States spends more than $3 trillion on health care each year. Ultimately families bear the burden of these high costs not only through insurance premium and out-of-pocket costs, but also through taxes to support health care. Improving the health and well-being of individuals and communities and strengthening our health system to provide higher-value care may reduce these costs for families. Not only would this alleviate financial strain, but the cost savings may be used to pay for other family needs or services that may contribute to health or well-being.	According to *National Health Expenditures Accounts* and the *Survey of Income and Program Participation,* in 2015, American households paid on average 19% of their income toward health care costs. But the costs and benefits were not spread evenly, with low-income households bearing a relatively disproportionate burden. The lowest income quintile spends 55% of income toward health care costs compared to 14% for the highest income quintile.	A decrease in the share of income paid towards health care would represent a decrease in the total costs of health care, but also a decrease in the burden that this cost imposes on households.

MOVING FORWARD: AN UPDATE OF CULTURE OF HEALTH MEASURES

AUTHORS

ROBERT WOOD JOHNSON FOUNDATION

Alonzo Plough
Carolyn Miller
Margaret Tait

RAND CORPORATION

Anita Chandra
Joie Acosta
Katherine Carman
Tamara Dubowitz
Laurie Martin
Christopher Nelson
Vivian Towe
Douglas Yeung

Design: Ideas On Purpose, New York

www.rwjf.org

Robert Wood Johnson
Foundation