

# Strong Medicine for a Healthier America

## Introduction

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There is more to health than health care. Where we live, work, learn, and play can affect our health more than what happens in the physician's office. Yet, ask our national leaders "What determines health?" and you'll hear about access to health care. As vital as health care and healthcare reform are, they are just part of the answer. Over the past few years, more and more attention has focused on the social factors that are important determinants of how healthy we are. Examining these factors—the relationships between how we live our lives and the economic, social, and physical environments that surround us—reveals just how connected our health is with how we live, where we live, and the world into which we were born.

While medical care is vital to treat disease once diagnosed, it turns out that prevention requires a much broader approach than the medical model suggests. Some factors that affect health are within our control, but many are not. Behaviors such as tobacco use, lack of exercise, and unhealthy diet can result in poor health, and we each have a responsibility to take care of our own health. However, some of us face much greater barriers to healthy behaviors than others, barriers that sometimes are too high to overcome even when the motivation is great. What if there is no drug store where a smoker can attain cessation therapy? No grocery store, so no fresh, healthy food, and no sidewalks or parks to enable being physically active?

Where you live can predict your life expectancy. The Red Line between Union Station in Washington DC and Shady Grove in Montgomery County, Maryland, spans 17 stops, 30 miles, and an estimated 9-year difference in life expectancy. Lifespan disparities are seen in conjunction with differences in income, education, and environment. The

differences are even more dramatic—sometimes double—if you also compare black and white residents.

The mission of the Robert Wood Johnson Foundation (RWJF) is to improve the health and health care of all Americans. Our goal is clear: to help Americans lead healthier lives and get the care they need. For more than a generation the RWJF has pioneered research and knowledge that brings us understanding. What we need now are a pathway forward, viable solutions, the motivation to act, and the relationships that will produce progress.

Recognizing that the challenge was too great and the need too critical for business as usual, the RWJF established the Commission to Build a Healthier America as a bridge to the future. We recognized that improving America's health would require concerted efforts across multiple domains. Commissioners included leaders from many sectors—not only medical care but also business, government, media, education, and academia. The charge to commissioners was to identify threats to health and practical solutions **outside** of the healthcare sector; timely strategies to produce positive change in years, not decades; partners to mobilize; and actions to take now that would alter the trajectory of the health and well-being of our nation. This is no less than a vision and blueprint for a healthier America.

Commissioners were asked to explore answers to these questions: *Why are some Americans so much healthier than others, and why aren't Americans the healthiest people in the world? Why do we rank near or at the bottom among industrialized nations on key measures such as infant mortality and life expectancy? What nonclinical strategies have been found effective, and how might they be scaled up or replicated more widely?*

The commissioners investigated what is happening in states, communities, and neighborhoods—promising approaches to move forward. The commission produced new research (much of it discussed in the articles in this supplement to the *American Journal of Preventive Medicine*<sup>1–6</sup>), held field hearings around the country, and connected with policy leaders and program innovators to look outside of the traditional boundaries of medicine and public health to seek broader strategies that address social contributors to good or poor health.

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After more than a year of investigation and deliberation, the commissioners completed a blueprint, including ten recommendations, for moving to a healthier America:

1. Ensure that all children have high-quality early childhood developmental support (child care, education, and other services).
2. Fund and design Special Supplemental Nutrition Programs for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Programs (SNAP) to meet the needs of hungry families for nutritious food.
3. Create public–private partnerships to open and sustain full-service grocery stores in communities without access to healthful foods.
4. Feed children only healthy foods in schools.
5. Require all schools (K–12) to include time for all children to be physically active every day.
6. Become a smoke-free nation.
7. Create healthy community demonstrations to evaluate the effects of a full complement of health-promoting policies and programs.
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.
9. Integrate safety and wellness into every aspect of community life.
10. Ensure that decision makers in all sectors have the evidence they need to build health into public and private policies and practices.

Providing a context for their recommendations, the commissioners said that they were heartened to find pockets of success in communities across the country that could lead the way. However, many of these existed in isolation. Commissioners envisioned creating a national culture of health that would support integrating health into all policies and building bridges across geography and across sectors to allow successes to spread. They said that making America healthier will require action at all levels of society: individuals, communities, health care, businesses and unions, philanthropies, and local state and federal government must work together to improve our nation's health.

The commissioners also stressed that government funding should be tied to demonstrating an impact on measures of population health, or on short-term intermediate results, such as educational achievement, that are strongly related to population health. Greater attention to evidence and results would make it easier to direct scarce public resources to the programs that have the most potential for improving health—not solely to public health,

but to education, and workplace and community programs as well.

Following on the commission's recommendations, the RWJF is exploring new partnerships and innovations to address social determinants of health. For example, with the Pew Charitable Trusts, the RWJF is promoting the use of health impact assessments to consider potential health effects of policies or projects in sectors that do not traditionally focus on health outcomes. The first set of reports to rank the overall health of every county in all 50 states was released in early 2010 through the University of Wisconsin's Population Health Institute. These rankings help public health and community leaders, policymakers, consumers, and others to see how healthy their county is, compare it with others within their state, and identify ways to improve the health of their community. Rankings include key factors that affect health such as: smoking, obesity, binge drinking, access to primary care providers, rates of high school graduation, rates of violent crime, air pollution levels, liquor store density, unemployment rates, and number of children living in poverty.

At the same time, the RWJF is working to help ensure that the commission's learnings are widely understood and become the basis for action. To that end, the articles in this supplement, authored by university-based staff and consultants to the commission, present and expand on the analyses undertaken and policies explored with the commission. In the first article, "Broadening the Focus," Braveman and colleagues<sup>1</sup> describe the current state of health in the U.S., our health deficits, and what needs to be changed. Within the U.S., most of us could be healthier, but there are large gaps between the healthiest and least healthy. Factors including educational attainment, income, neighborhood, and community, when combined, contribute to health status. These factors in people's lives affect rates of preventable disease, loss of life, and our economic productivity as a nation. We must broaden our focus to become a healthier America.

In "Healthy Starts for All: Policy Prescriptions," Miller and co-authors<sup>2</sup> review the factors that place young children at high risk for living less healthy lives, and the options for policy and other changes to implement the commission's first and highest priority recommendation. It should be noted that the commissioners felt so strongly about how vital it is to ensure that all children have the foundation to help ensure healthy, productive, fulfilled lives that they called for "... committing substantial additional resources to meet the early developmental needs particularly of children in low-income families."<sup>7</sup>

Six of the ten commission recommendations relate to improving community environments in order to support healthier living. "Citizen-centered health promotion: building collaborations to facilitate healthy living" by

Woolf et al.<sup>3</sup> reviews the effectiveness of health promotion programs and policies in schools and workplaces, and why and how these programs, which reach people where they spend most of their time, could be linked to clinical practices.

In “Healthy Homes and Communities: Putting the Pieces Together,” the links between the built environment and health are explored.<sup>4</sup> The evidence supporting several of the commission’s recommendations in this area is presented, along with descriptions of pilot programs that engage residents in identifying policy and other priorities.

“When Do We Know Enough to Recommend Action on the Social Determinants of Health?” reviews the evidence gathered for commissioners and the methodological limitations that arise when looking at research across disciplines with diverse methods and outcome measures, and similarly varied standards for study design and analysis.<sup>6</sup> Rallying support for policy change requires strong, unambiguous evidence and agreement about need and effect. But how evidence is assessed often differs when looking at cross-sectoral research findings.

Finally, in “The Economic Value of Improving the Health of Disadvantaged Americans,” Schoeni and colleagues<sup>7</sup> report projections developed for the commission’s consideration, a “what if” analysis that estimates the potential dollar-value payoff that would accrue from improving the health of those least well off—disadvantaged American adults. This article provides an economic argument for investing in improved health and how it would benefit the nation.

The articles in this supplement, together with the commentaries<sup>1–6,8–12</sup> that offer insights from several key perspectives, explore the rationale for the commission’s ten-recommendation blueprint and the evidence that supports both the needs identified and changes recommended. In many cases, these articles go beyond the commission’s work to explore how changes might be accomplished and report on progress to date.

This supplement provides a fundamental understanding of how social determinants of health can so greatly influence the health of our nation. That is the foundation, but what to do about it must be addressed. How do we make the case for which are the pivotal policies? And how does a nation already under economic duress tackle the very infrastructure of our life—our communities—when there are competing complex societal problems?

Societal change is neither easy nor simple. But as we contemplate how to address this complicated issue, America’s health suffers. The optimal time to create change has passed. We now find ourselves needing to act with urgency to create a society that supports and pro-

motes health. Business, government, philanthropy, their partners, and the American people are looking for ways to reduce healthcare costs, increase productivity, and live more secure, healthier lives. It has always been the right thing to help all of us to be as healthy as possible. But it is increasingly clear that not only does the health of our country depend on the health of all Americans, but our future economic competitiveness and prosperity does as well. We need to act now.

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