Highlights from Overcoming Obstacles to Health in 2013 and Beyond

What does the evidence tell us about America's unrealized health potential?

The evidence provides an unfortunate conclusion: as a nation, we are not achieving our health potential.

The U.S. ranks 27th out of 34 industrialized countries in life expectancy (see Figure 1), even though we're the third wealthiest country in the world. This relatively low life expectancy results from a number of disturbing trends: we lag behind far too many other industrialized countries in most health indicators.

- Worse health was observed among Americans in every age group under the age of 75 when compared to other countries.
- Mortality rates among people ages 50 years and younger were higher—including infant, maternal, and child mortality.

Americans are less healthy based on low birth weight and premature birth rates, disability rates, and the prevalence and mortality rates for:

- Heart disease
- Diabetes
- Respiratory disease
- Infectious diseases
- Intentional and unintentional injuries

Our current annual level of health spending—\$8,000 per capita, more than any other country—has not resulted in better health. Because no matter how much money we spend on the symptoms, we are not addressing the underlying conditions.

In other words, our dollars spent are not delivering on health. In addition to the loss of life and suffering that poor health causes, the state of health in the U.S. also places us at a serious economic disadvantage—medical care costs are crippling businesses, governments, and families; and our workforce cannot be as productive as other nations if it draws from a less healthy population.

The U.S. ranks 27th on life expectancy and 31st on infant mortality when compared to other industrialized countries, even though we're the third wealthiest country in the world.



Why are Americans not as healthy as they could be?

HEALTH, INCOME AND EDUCATION ARE INEXTRICABLY LINKED

In thinking about health disparities, we often think first about differences by race and ethnicity. Health, however, does not fit this pattern. Researchers have found repeatedly that income and education are the essential drivers of health status.

The differences in health by income are especially clear. Wealthier parents, for example, have healthier and less obese children than lower income parents as well as middle-income parents (Figure 2 and 3).

In fact, this gap between the middle-income and higher-income families has provided researchers with new insights. In the past, the most striking gaps were typically found between the poor and everyone else. But more recent research, including new analyses presented in this report, shows that income is such a critical driver of health and well-being that gaps are found between the wealthy and the middle class as well. And this helps explain why the U.S. lags behind other industrial countries. If only our wealthy are healthy, we're in trouble. Given current economic trends—a shrinking and struggling middle class and a growing number of people in poverty—good health lies increasingly out of reach for too many Americans.

Education, a key driver of income and wealth because it determines employment prospects, is also a key driver of health. The more education, the longer you will live and the better your own health will be—including lower risks of diabetes and heart disease—and this applies to your children as well.

On average, a 25-year-old college graduate has a life expectancy that is eight to nine years longer than others at the same age who have not graduated from high school. And, the 25-year-old college graduate can expect to live two to four years longer than those at the same age who attended college but did not graduate. Even a few additional years of education can make a difference for health.

HEALTH BEGINS IN CHILDHOOD

The research clearly shows that health begins in early childhood, which sets children on a course toward or away from a healthy life. Young children who have good nutrition, physical activity, and safe and stimulating environments grow up to be healthier. Brain development suffers when children's home lives are wracked by the stress of making ends meet; this stress has lifelong effects that impair personal health in too many ways. Because income is a key driver of health, child poverty rates are often considered an important indicator of child health and well-being. And in this too, the U.S. lags far behind other industrialized countries. The U.S. child poverty rate is 21.6 percent,

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slightly higher than Bulgaria's and more than five times the rate of Denmark, which has the lowest rate.

For the first time in our history, the United States is raising a generation of children who may live sicker and shorter lives than their parents. Reversing this trend will depend on healthy decisions by each of us—but not everyone in America has the same opportunities to make healthy choices.

YOUR HEALTH ALSO DEPENDS ON WHERE YOU LIVE

While medical researchers pore over the human genetic code for clues to well-being, social researchers increasingly insist that your zip code will tell a far more informative story about your likely health outcomes. There are tragic differences in health for communities located just a few miles apart, where lifespans differ because of factors such as pollution, traffic, unsafe housing, crime rates, and the availability of healthy food.

Access to affordable, high-quality medical care is essential to good health. But where we live, learn, work, and play can have a greater impact than medical care on how healthy we are and how long we live, largely by determining whether we get sick in the first place.

A map of the Washington, D.C., metropolitan area provides a very graphic example of this geographic trend (see Figure 4). Residents of the affluent suburbs in Maryland's Montgomery County, at the northern end of the region's subway system, have a life expectancy almost seven years longer than residents of the District of Columbia. The suburbs of Prince George's County, to the east in Maryland, is decidedly more middle class than Montgomery County and its residents' life expectancy is only half a year more than D.C. residents. And the more affluent Virginia communities, to the west and south, fare almost as well as Montgomery County.

The comparisons become even more dramatic in other locations. In New Orleans, for example, two neighboring communities have an average lifespan difference of more than 20 years.

Where you live can also influence your health and that of your children's by affecting access to jobs, transportation, medical care, high-quality schools and other services. Where you live determines the quality of the air you breathe, the water you drink, and how safe you are in your home or neighborhood.

Researchers have found repeatedly that income and education are the essential drivers of health status.



What do we know about how we can help all Americans reach their full health potential?

PROVIDING EVERY AMERICAN WITH THE SAME OPPORTUNITY TO BE HEALTHY

There is a large body of research and experience to draw from in looking for solutions. Good health requires individuals to make responsible personal choices, yet sometimes barriers to healthier decisions are too high. Addressing the obstacles to health requires broadening our focus to include the social and economic factors that so powerfully influence behaviors and determine who becomes sick in the first place.

Strategies to improve health need to move beyond a focus on medical care and informing people about healthy and unhealthy behaviors. While medical care and personal behavior are central to individual health, external factors exert an enormous impact. Living and working conditions largely determine how we live, and our economic and social opportunities shape those living and working conditions. Improving people's health, therefore, means addressing the broader environment that determines their opportunities to be healthy (see Figure 5).

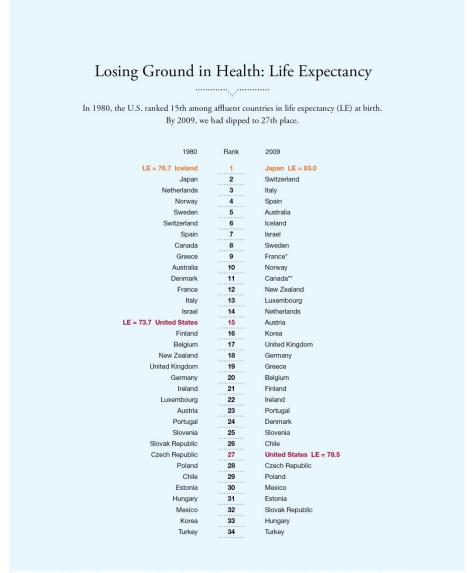
Research has also shown that a healthy childhood helps shape a healthy adult life. Children who have higher-quality child care and preschools, adequate housing in safe neighborhoods, a solid education, good nutrition, and other opportunities for health tend to become healthier adults — and this pattern continues across generations as adults who benefited from these advantages pass them along to their own children.

In the current body of health research, there is good news. Solutions are emerging and stakeholders are coming together around them. Leaders from all sectors of society—business, child care, education, community development, transportation, public health, and other areas—are collaborating on a culture of health that enables all of us to live healthy lives.

Four years after the Robert Wood Johnson Foundation (RWJF) Commission to Build a Healthier America issued a set of influential recommendations to improve the health of all Americans, the Commission is reconvening to provide new guidance in two key areas: early childhood and healthy communities. Additional information, including the Commission's 2009 report and recommendations, may be found at: www.rwjf.org/goto/commission.

The more education, the longer you will live and the better your own health will be—including lower risks of diabetes and heart disease—and this applies to your children as well.

Figure 1



Sources: 1980 data for Chile and Slovenia are from United Nations Development Programme UNDESA (2011). 2010 Revision of World Population Prospects, http://divistats.undp.org/en/indicators/69206.html. Accessed May 21, 2013.
All other data are from OECD (2012). OECD Stat. (database), http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT. Accessed May 21, 2013.
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^{**}Latest year available for Canada is 2008

Note: Small differences in rank order may not be meaningful because a number of countries are tied at the same value; tied countries are ranked alphabetically.

Figures 2 and 3

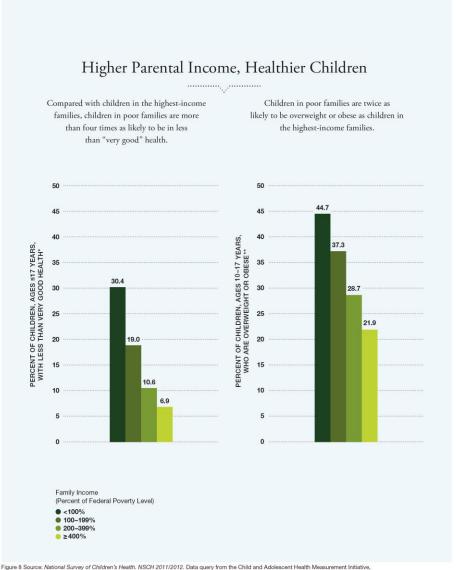
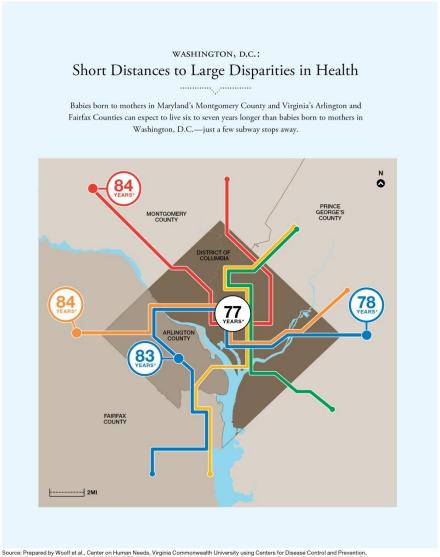


Figure 8 Source: National Survey of Children's Health. NSCH 2011/2012. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website, http://www.childrealthdata.org/browse/survey/results?q=2458a=78g=458. Accessed May 10, 2013. *Based on parental assessment and measured as poor, fair, good, very good or excellent. Health reported as less then very good was considered to be less than optimal. Figure 9 Source: National Survey of Children's Health. NSCH 2011/2012. Data query from the Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health website. www.childrealthdata.org/browses/urvey/results?q=24158=78g=458. Accessed May 10, 2013. **Weight Status of children age 10–17 years only based on Body Mass Index for age (BMI-for-age). Overweight or obese is a BMI in the 85th percentile or above.

Figure 4



Source: Prepared by Woolf et al., Center on Human Needs, Virginia Commonwealth University using Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html.

*Life expectancy at birth

Figure 5

