Seven Lessons I’ve Learned About Improving Health in America

2017 ANNUAL MESSAGE
Risa Lavizzo-Mourey, MD, MBA
President and Chief Executive Officer
“Over the past 14 years, as president of the Robert Wood Johnson Foundation, I have had the great privilege of helping to seed, support, and grow many of these efforts and hundreds of others. And the wisdom I have gleaned from the work we’ve done together has taught me seven important lessons about improving health in America...”

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President and Chief Executive Officer
A few months ago, not long after I announced that 2017 would be the year I would step down as president and CEO of this remarkable organization, I experienced a deeply moving and defining moment.

It happened during our annual Culture of Health Prize celebration, when the Foundation honors the men and women of communities across the nation who are working to make their towns, their tribes, their cities, and their neighborhoods as healthy as they can be. These are people who are passionate about making a difference. They are mayors, teachers, bankers, architects, and religious leaders. They are mothers, fathers, and irrepressible teens. They work in housing, transportation, education, private industry, community development, criminal justice, and yes, health care. And every one of them knows that meaningful change—the kind that morphs hope into possibility—doesn’t come from the top down. It is built from the ground up by the very people who crave it.

One of these folks is James W. McGee, the mayor of Vinita Park, Mo., population 1,881. And the moment that touched my heart happened as I listened to him tell his story. Mayor McGee is part of a unique community collaboration that calls itself 24:1. The name refers to a group of 24 small municipalities, spread across 11 square miles of America’s heartland.

In 2008, these towns realized they could do much more for their people together than by themselves, and they made the groundbreaking decision to unite their leadership and their resources. As 24:1 they brought a grocery store to the area—the first since the 1960s. They revitalized their struggling school district and built the area’s first movie theater.
They are providing every kindergartner with a college savings account. They are offering families free health, dental, and early childhood development services. And they are nurturing strong relationships between police and residents in a time when that is disappointingly rare. “We decided that if we wanted to move forward, we had to do it together,” Mayor McGee explained. “We had to make the best decisions for our residents, our employees, and our children. And to do that, we had to leave our egos at the door and start trusting each other.”

That was the moment that gave me chills, because Mayor McGee had boiled the recipe for change down to its two most essential ingredients: trust and teamwork. I was sitting in a room filled with people from all walks of life who are tenaciously putting those ingredients to work in their hometowns. These people recognize that, when it comes to our health, the choices we make often depend on the choices we have. They know that judging those who are struggling undermines progress, and they are devoted to building a Culture of Health that benefits everyone, no matter what it takes.

Over the past 14 years, I have had the great privilege of helping to seed, support, and grow many of these efforts and hundreds of others. And the wisdom I have gleaned from the work we’ve done together has taught me seven important lessons about improving health in America.

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LESSON 1  Health Is Everything
LESSON 2  Think Big and Commit
LESSON 3  Innovation Requires Risk
LESSON 4  Collaborate and Co-Create
LESSON 5  Pursue Unlikely Partnerships
LESSON 6  Tell Their Stories
LESSON 7  Empower Thinkers and Doers
Health Happens Where We Live, Learn, Work, and Play

About 10 years ago, two important studies captured national attention. One showed disparities on dozens of measures between the United States and multiple developed countries. The other reported that within the United States, some people could expect to live 35 years less than others depending on where they lived—and these differences could not be explained by income, race, or access to health care. This news meshed with lessons from RWJF’s work around childhood obesity. It was clear: Significant improvements in health required solutions both inside and outside of health care.

So we invited some of the nation’s leading experts—a professionally and ideologically diverse group—to explore the paradox of high health spending and worsening health. We charged them with identifying feasible and achievable interventions that could produce substantial health effects.

In 2008, the 16-member independent and nonpartisan Commission to Build a Healthier America embarked on a journey—visiting child-care centers, schools, farmers’ markets, workplaces, and more. Commissioners saw firsthand that health is dramatically influenced by the places where we live, learn, work, and play—and that solutions were in plain sight.

Commissioners issued recommendations in 2009 and again in 2014. Their guidance focused on prevention, early childhood education, and creating healthier communities by integrating health-promoting strategies into community development. They helped launch a national conversation on the many factors that affect health and reoriented practices and policies in communities all across the country.

Health is an essential part of everything we do. But for too long our nation has defined health as simply not being sick. We have confined our view of health to health care services, separate from the other aspects of our lives. Yet, health is the bedrock of personal fulfillment, the backbone of prosperity, and the foundation of a strong, competitive nation. Our ZIP codes should not predict how long or how well we live. Nor should they determine access to opportunities like good jobs, safe communities, clean air, and healthy environments. For 45 years, the Robert Wood Johnson Foundation (RWJF) has worked to improve health and health care in America. Today, that means working to build a comprehensive Culture of Health that gives individuals—no matter who they are, how much money they have, or where they live—the opportunity to pursue as healthy a life as possible.
Local Data Drives Local Action

Launched in 2010, the County Health Rankings & Roadmaps (the Rankings) grew out of the recommendations of the Commission to Build a Healthier America and have since become one of the most influential and widely respected sets of local health data. The brainchild of our partners at the University of Wisconsin Population Health Institute, the Rankings take an unprecedented county-by-county look at key indicators of well-being. They drive home how social, economic, and environmental factors have as much to do with health as health care. Mayors, governors, business leaders, the media, and community groups have taken notice of the Rankings and the urgent need for change. The Rankings serve as a reliable, sustainable source of local data that helps demystify what communities should focus on to improve health. They also point toward solutions and provide a way to tell the stories of challenges and achievements in communities across the country—from raising high school graduation rates to lowering diabetes rates; from building healthy housing to rebuilding relationships between law enforcement and the residents they serve. Since 2012, the Roadmaps to Health Action Center has provided resources such as What Works for Health, community coaches, and tools to spur action.

The far-reaching impact of the County Health Rankings & Roadmaps has not only spurred local action, but it also has sparked other data analysis efforts including the 500 Cities Project, a collaboration between RWJF, the Centers for Disease Control and Prevention (CDC), and the CDC Foundation. 500 Cities offers an even more granular look, down to the city and census tract level, at what is shaping health in America’s 500 largest cities.

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If we want to improve health for everyone in America, there’s no room for thinking small. The most wicked, seemingly insurmountable problems call for audacious solutions, and commitment so bold that it can’t be ignored. Philanthropy can be a transformative force in society, and one of our strongest assets is that we can stay the course in ways that other sectors can’t or won’t. But we cannot go it alone. Big change requires bringing diverse voices to the table, using research and evidence to set common goals, and propelling progress through shared accountability. And when you are in it for the long haul, it’s wise to spotlight and celebrate the successes of allies and partners along the way.

**Reversing Childhood Obesity**

During the 1990s, public health experts sounded the alarm about skyrocketing childhood obesity rates: The current generation of young people could be the first in American history to live sicker and die younger than their parents’ generation. There were many obstacles to healthy eating and physical activity in our schools, neighborhoods, and homes. We needed big changes, and fast.

RWJF started working on the problem in 2003, and in 2007 we established a goal of reversing the childhood obesity epidemic and committed $500 million to the cause. It was an aggressive goal—some called it overly ambitious—but we believed that thinking big and committing accordingly was the only way to motivate the kind of action needed.

We supported many partners working to make communities healthier, and found an incomparable ally in First Lady Michelle Obama. She encouraged young people to get active and led the charge to overhaul school meals, so 30 million children could receive more nutritious breakfasts and lunches. These efforts complemented our strategy to make schools healthier places to learn and to work.

We also collaborated with industry—something new for us—because business plays a key role in shaping American culture and scaling innovative ideas. We worked especially closely with the 16 major food and beverage corporations of the Healthy Weight Commitment Foundation that pledged to remove trillions of calories from the marketplace. The companies surpassed their original goal by 400 percent—ahead of schedule.

Today, obesity rates have stabilized and appear to be declining among our youngest children. But these early gains are fragile and aren’t being shared among low-income communities and communities of color. To accelerate progress, we announced a second $500 million pledge in 2015, along with a new ambitious goal: helping all children achieve a healthy weight.
Transforming Health and Health Care Systems

My colleagues never shy away from taking on the toughest challenges—for instance, figuring out how all of America’s health and health care systems can work better together. It’s no secret that America spends more on health care per person than any other advanced nation, yet consistently ranks near the bottom on key health and quality indicators. What many don’t realize, however, is that health outcomes are significantly influenced by nonmedical factors. In order to improve both health and health care, we need to rethink how we coordinate care to address these nonmedical influences. The idea of seeking comprehensive solutions is not new to us; its roots go back to our early support of Dr. Ed Wagner’s groundbreaking Chronic Care Model decades ago.

Certainly not every approach we’ve explored has worked. These issues are vexingly complex, and getting different sectors to work together takes endurance. But we are more convinced than ever that while hospitals, clinics, pharmacies, clinicians, and insurers are highly visible parts of every health care system, other systems play equally important roles in keeping people healthy. The public health system, for example, is critical for detecting and preventing disease and promoting health—including taking on crises like the Zika virus or the opioid epidemic. Social service providers meet important community-level needs for adequate housing, food security, education, access to behavioral health services, addiction treatment, and transportation.

RWJF grantee programs like Health Leads, the Nurse-Family Partnership, The Green House Project, and the Camden Coalition of Healthcare Providers have shown enormous potential for meeting patient needs that have traditionally been dubbed nonmedical. By connecting the dots, we can create health systems that couple care with compassion, reward value over volume, and place health at the center of every aspect of life.

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Innovation Requires Risk

As the challenges of improving health become more complicated, it’s more important than ever to double down on innovation, embrace risk, and welcome the possibility of failure as an important part of moving forward. At RWJF, we’ve intentionally broadened our network of collaborators to include disruptive thinkers. One of the first things I did as president and CEO in 2003 was to expand our Pioneer portfolio from solely a health care initiative to a Foundation-wide innovation unit, designed to encourage exploration beyond our usual field of vision. Pioneer has seeded novel ways of doing research, delivering care, and helping Americans live healthier lives. These cutting-edge projects—from video games to improve health, to research informed by behavioral economics—have energized our work as a whole. We’ve learned that being innovative means allowing strategy to evolve, staying nimble enough to pivot when needed, and having the courage to explore new frontiers.

Project ECHO

When RWJF discovered Project ECHO (Extension for Community Healthcare Outcomes) in New Mexico, we knew it had the potential to fundamentally change how health care is accessed and delivered. The ECHO model™ harnesses technology to break down the walls between front-line primary care clinicians in local communities and specialist care teams at university medical centers. The specialists serve as ongoing mentors and colleagues, sharing their expertise with local practitioners to help treat patients with chronic conditions that require complex care.

Project ECHO is enabling thousands of people in remote and medically underserved communities to access cost-effective, high-quality care that was either not available nor easily accessible before. Instead of traveling hundreds of miles to see a specialist, patients get the care they need, when they need it, where they live, from providers they know and trust. Project ECHO connects 3,000 rural health providers to more than 100 academic hubs via teleECHO™ clinics. This virtual community reduces professional isolation and increases job satisfaction.

Dr. Sanjeev Arora, a liver disease specialist and social entrepreneur at the University of New Mexico, Albuquerque, created Project ECHO in 2003 as a way to expand access to hepatitis C treatment. We’ve been proud to help the ECHO model spread rapidly. Today, there are ECHO projects in 30-plus states and 21 countries, addressing more than 50 complex medical conditions. Another 200 ECHO projects are in the pipeline.

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Ever wonder what your doctor is writing in your file during your visit? What if patients routinely had access to those notes? Could it help make patients and medical professionals true partners in decisions about care?

In 2009, we tested that theory by funding a year-long study at Boston’s Beth Israel Deaconess Medical Center and Harvard Medical School. The results, released in 2012, were impressive. Patients benefitted from seeing their notes, took advantage of reading them, reported feeling more in control of their care, and were more likely to take medications as prescribed. For doctors—some of whom were initially apprehensive—the sky didn’t fall; they were not unduly burdened by the practice, and patients arrived better prepared to discuss their conditions and medications. After the study ended, not one doctor elected to stop sharing visit notes with patients.

OpenNotes has been adopted by more than 50 medical systems nationally, including safety-net providers and health systems serving veterans. It has helped doctors, nurses, and other clinicians share notes with some 12 million patients. Encouraged by the results, in 2015 RWJF joined with the Cambia Health Foundation, the Gordon and Betty Moore Foundation, and the Peterson Center on Healthcare to invest $10 million to bring OpenNotes to as many as 50 million patients nationally. We’re also hoping to further evaluate whether sharing medical notes can improve patient outcomes and reduce health costs. It’s exciting to consider how increasing transparency can empower patients and advance the standard of care.
We had the sense that the long-standing approach to scientific and medical discovery was too focused on the molecular intricacies of specific diseases and was missing a larger picture—that it’s a whole series of factors playing out over a long period of time which determine how healthy we will be, whether we will become ill, and how severe an illness will be.

Through our Pioneer work, we invested in efforts to “re-invent discovery,” including support for Sage Bionetworks, an organization focused on identifying new approaches to discovery efforts in health research. Under the grant, Sage worked on finding ways people could share data from their mobile devices. They became involved with Apple’s ResearchKit, a platform that enables people to donate their health data so researchers can use it to discover predictors of disease. This contributed to the development of a novel, interactive approach to informed consent.

ResearchKit is a software framework designed by Apple Inc. for medical research that helps doctors and scientists gather data more frequently and more accurately from participants using apps on the iPhone®. People who consent to join a study can complete tasks or submit surveys right from a study app.

World-class research institutions have developed apps using ResearchKit for studies on asthma, autism, cardiovascular disease, diabetes, epilepsy, melanoma, and Parkinson’s disease. ResearchKit makes it easier to recruit participants for large-scale studies, accessing a broad cross-section of the population. Today, over 100,000 people have shared their data with researchers through phone apps, helping us discover more, faster.
Forging Alliances to Achieve Better Care

Few challenges are as vexing or contentious as figuring out how to best control costs and improve the value of U.S. health care. Exploring these issues was a goal of Aligning Forces for Quality (Aligning Forces), a program based on the understanding that health care is delivered through local markets. And to attain lasting solutions, we must convene the people who give, get, and pay for care locally.

For eight years, we forged or strengthened 16 community coalitions to develop efforts to increase transparency of cost and quality information, improve care, enhance equity, and spark consumer engagement. We learned that fostering a shared vision among diverse health system players, and sustaining enough trust to achieve it, was both essential and tough. Maintaining participation also proved challenging, especially amidst a tsunami of federal policy changes. As the program evolved, we learned to listen more carefully about what it really means to co-create, so communities could decide for themselves where and how to focus their energy. We learned that there is no one-size-fits-all approach to improving health care locally.

Ultimately, at least half of the community alliances we supported have continued their work beyond the grant. And the program continues to inform our thinking. The premise of Aligning Forces was that no individual, group, or profession engaged in a local health care system could improve it without the support of others. The Culture of Health vision builds on this, positing that no one sector can improve health and health care singlehandedly.
Building a Healthier Nation Through Nursing

From its very inception, RWJF has focused on advancing the nursing profession and empowering nurses to have a greater say in patient care. As trusted health professionals who spend the most time with patients, families, and communities, nurses are well-positioned to spearhead change in a rapidly evolving health care system. But we knew change couldn’t happen without rigorous evidence and a blueprint for action.

In 2008, we turned to the authoritative Institute of Medicine (IOM)—whose research activities are now known as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine—to conduct an independent study of how nurses could transform health care. Two years later, the IOM released *The Future of Nursing: Leading Change, Advancing Health*, a landmark report focusing on nurses as central to efforts to improve America’s health care system and provide better access to care.

The IOM recommendations catapulted us to join forces with AARP to form the Future of Nursing™ Campaign for Action. AARP is one of the world’s most powerful consumer organizations, serving millions of people. Through the Campaign for Action, we have worked collaboratively to mobilize nurses, health providers, consumers, educators, and businesses. Together, we are strengthening the vital role of nursing in the health of our communities.
A Shared Vision of Community Health

With more than 2,700 branches serving 22 million people across the United States, the YMCA of the USA (the Y) has long been an important partner for RWJF. For years, we had a traditional foundation-grantee relationship. RWJF identified a challenge and provided resources to help the Y address it. Our work was successful, but each of us believed we could do more.

In 2014, we began a year-long process that fundamentally changed our relationship. Instead of focusing on new program areas, we explored core values, and organizational strengths and weaknesses. We discovered we were kindred spirits. RWJF shared the vision for building a Culture of Health throughout the United States, and the Y shared its goal of catalyzing community, systems, and policy change. Together, we resolved to co-create new ways for YMCAs to become Culture of Health leaders in their communities. It was a novel way of working together, for both our organizations.

Today, YMCAs are bringing our shared vision to life. With RWJF support, they are expanding their community-integrated health model. It links the Y’s chronic disease prevention programs with the health care system, including insurers and employer groups. The Ys are also increasing their focus on equity in early childhood development to nurture the potential of all youth. We support each other as partners and co-creators, confident that this new way of working will strengthen both of our missions.
Working Across Sectors on Community Development

About five years ago, I contributed an essay to a groundbreaking book called *Investing in What Works for America’s Communities*, produced by the Federal Reserve Bank of San Francisco and the Low Income Investment Fund. I wrote about the critical need for the financial and community development sectors to start working hand-in-hand with the health sector to accelerate change. I envisioned a future when we’d look back and wonder why community development and health were ever separate industries. Today, I’m happy to say that I see that future dawning.

There is a rapidly growing field of research showing how investing in community development can improve individual health. More people are beginning to recognize how health is connected to issues like education, housing, transportation, and job opportunities. In communities large and small, people from different walks of life are working together to put better health within everyone’s reach. And these powerful partnerships are creating local policies, investments, and services that encourage healthy living, and are helping residents to thrive.

Inspired by the Commission to Build a Healthier America, and fueled by our partnerships with organizations such as the Federal Reserve and the Urban Land Institute, we have helped launch cross-sector projects focused on community development. Initiatives such as the Build Healthy Places Network, Invest Health, and SPARCC (Strong, Prosperous, And Resilient Communities Challenge) are building bridges between bankers, health officials, developers, and others. Together, these leaders are providing people with not just the promise of upward mobility, but with practical pathways to achieve it.
Working Together to Expand Coverage

For more than four decades, RWJF has worked to expand health insurance access and affordability. Along the way, we learned the importance of engaging unlikely and diverse partners.

In the 2000s, our Covering Kids & Families® initiative had two goals: get as many eligible, uninsured children as possible enrolled in Medicaid and in the Children’s Health Insurance Program (CHIP); and demonstrate demand for these programs to our nation’s leaders. In addition to supporting nationwide outreach and enrollment efforts, we regularly engaged elected officials on both sides of the aisle, providing them with opportunities to show their colleagues that these programs were a lifeline for America’s kids. This work contributed to the bipartisan re-authorization of CHIP, and I hope it will continue to serve as a model for those working to protect and expand coverage in America.

We also learned the power of uniting strange bedfellows through Cover the Uninsured Week, an effort led by national organizations ranging from the U.S. Chamber of Commerce to the AFL-CIO. While these groups didn’t always agree on solutions, their readiness to come together on such an intractable issue was revolutionary at the time, and paved the way for further constructive engagement on health reform.

It is this willingness to find common ground and work together that is needed now more than ever if we are to reach our goal of affordable, quality health coverage across the United States.

Senators Orrin Hatch (R-UT), and Edward Kennedy (D-MA), were honored for their leadership in creating CHIP during the program’s 5th Anniversary ceremony in 2002.
The Power of Personal Narratives

No matter what the medium, well-told, personal stories awaken people. They touch deep wells of emotion, and stir action. Change happens when stories inspire and paint a picture of how others are getting things done. Suddenly, aspirations of achieving better health are not so hazy. People can imagine the ways a Culture of Health can become real and tangible. They start to more clearly envision a path to make it happen in their community, because others have done it in theirs.

With an increased emphasis on digital communications, RWJF has expanded our storytelling to include documentary-style personal narratives highlighted on our website, in our presentations and speeches, and shared with our staff and Trustees. We call these narratives Promise Stories, because they give us hope that together—with our grantees and partners—we can transform neighborhoods, parks, schools, and businesses so that good health flourishes everywhere.

Tell Their Stories

“Tell me the facts and I’ll learn. Tell me the truth and I’ll believe. But tell me a story and it will live in my heart forever.” —Native American proverb

Big change rises from the accumulation of single acts, and the stories of those uplifting efforts speak volumes. They chronicle the heart and the hard work of many. And remind us there is still much work to be done. RWJF is known for supporting health-focused data, research, and evidence. But to inspire change, authentic storytelling is just as valuable. Sharing the work of our grantees through personal narratives, and documenting the progress of communities across the nation, has helped put a human face on every aspect of our work: from why health care coverage is important, to how violence and neglect are devastating to children, to the impact each one of us can have in building a Culture of Health.
A vision of hope, progress, and unity toward building a Culture of Health can appear on an idyllic American Indian reservation in Washington, or thousands of miles away in a multicultural mecca like Florida’s Miami-Dade County. It can happen in a border town like Brownsville, Texas, or a Midwestern community like Kansas City, Mo.

The Culture of Health Prize, now entering its fifth year, has honored and elevated more than two dozen communities across the United States that are trailblazing the way to better health for all. And by telling their stories, these prize winners help others see how to make their own hometowns healthier. They serve as models of what can be accomplished when residents, organizations, and leaders across the public and private sectors work together toward a common goal of well-being.

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Leadership for Better Health

Since its founding, the Foundation has been dedicated to supporting leaders in health and health care. Over the years, our leadership development programs have produced individuals who have made an enormous impact on the field—including a number of RWJF leaders. I am a product of our first Clinical Scholars program, and it helped shape my passion and perspective.

Participants in our early programs were largely academics and health care providers; they conducted research and led visionary efforts to improve our nation’s health.

Over time, we began to realize that we needed to broaden our definition of leadership. We could not—as Albert Einstein once noted—solve problems by using the same kind of thinking we used when we created them. We need leaders from many fields—from urban planners to psychologists to environmental engineers—committed to taking action. And these individuals should reflect the diversity of our population, and work with each other across many settings and sectors.

With this in mind, we made the difficult decision to phase out some of our longstanding leadership programs and evolve others. In February 2016, we launched four new programs designed to engage sectors beyond health and health care, promote collaboration, and increase equity. We have also introduced three new pillars of research focused on the intersection of health and other fields of study. I’m convinced that connecting these diverse leaders from across disciplines will generate creative, coordinated solutions to the nation’s most pressing health issues.

Empower Thinkers and Doers

To improve health in America we have to connect, nurture, and empower thinkers and doers. We need to build an active network of leaders who reflect the diversity of our nation and represent the many sectors that influence well-being. RWJF is committed to propelling these agents of change—and that goes beyond financial investment. It’s about creating the conditions that allow people to turn their ideas into action. It starts with our staff, and radiates outward through generations of RWJF scholars, researchers, grantees, and partners.

LESSON 7

2017 Annual Message
A Roadmap to Improved Health, Well-Being, and Equity

In late 2015, RWJF unveiled the Culture of Health Action Framework to spur cross-sector efforts to improve health and measure progress. The Framework was rigorously developed by RWJF in collaboration with the RAND Corporation, and with key input from more than 1,000 experts, partners, global leaders, and others. Grounded in the legacy of those who have worked to advance health for years, the Framework invites new participants by helping them see the transformative roles they can play—or may already be playing—to improve health, well-being, and equity.

The Framework’s Action Areas and Drivers were designed to show that health is the sum of many factors. And they suggest long-term priorities that individuals and organizations can focus on in our communities and across the nation. The Framework also includes a set of evidence-based Measures, deliberately selected to encourage engagement, track progress, and foster a broader view of well-being.

The Action Framework is helping to guide RWJF’s initiatives and investments. And we feel encouraged that other prominent institutions, including the U.S. Department of Defense, as well as the states of Maine, Hawaii, and Georgia, have begun to use it to help amplify and accelerate their efforts to improve health.
The Work Continues

Recently, I had the honor of meeting a young man named Derrick Stephens, who is part of RWJF’s new Clinical Scholars leadership development program. He introduced himself to me after I delivered a speech that included a story about a neighborhood in Atlanta called East Lake. I tell the East Lake story often, explaining that 20 years ago it was an unhealthy, dangerous place, with a crime rate 18 times higher than the national average.

But thanks to a unique collaboration between residents, businesses, philanthropists, and a visionary developer named Tom Cousins, East Lake was transformed. Violent crime dropped 95 percent. Employment of low-income adults increased from 13 percent to 75 percent. And today, residents live in beautiful mixed-income housing with wellness initiatives, a state-of-the-art YMCA, job training, and a charter school that ranks among the top in Georgia.

Derrick told me that as a kid he lived in East Lake, during its worst days. His family was plagued by drug abuse and violence. He was in and out of the foster care system. He got into fights at school. But he was good at sports, and that kept him going. As did a foster mom named Naomi Davis, who, Derrick said, “told me I was brilliant and that she refused to give up on me.” Thank goodness for Naomi, because today, Derrick is president and CEO of Phoenix Healthcare Consultants, and part of a Clinical Scholars team working on an integrated approach to improving the mental health of foster kids and families in Florida.

If there is one unifying thread that ties Derrick’s story and these seven lessons together, it is this: Every person in America should have the basics to be as healthy as possible. But we aren’t there yet. Big gaps in health equity persist—by income, education, race, ethnicity, geography, gender identity, physical abilities, and other factors. And as a nation, we are only now starting to acknowledge that the root causes of these inequities are intertwined in truly complex ways.

RWJF funded a recently released landmark report about health equity by the National Academies of Sciences, Engineering, and Medicine. It stresses that these inequities will never be solved by doctors and patients alone. It’s going to take collaboration across sectors that is both deliberate and disruptive. Fortunately, those collaborations are starting to happen in neighborhoods, towns, cities, and regions from coast to coast, fueled by committed individuals, communities, and organizations.

It has been a privilege to be part of the great RWJF legacy, and to work with so many inspiring grantees, partners, and allies. I look forward to seeing how new President and CEO Dr. Richard Besser will build on our accomplishments and propel our vision into the future. I cannot leave, however, without thanking the entire Foundation staff for their incredible dedication, the Board of Trustees for their unwavering support, and, most of all, my family, for their belief in me. These past 14 years have been the best of my professional career, and I leave with a profound sense of optimism, gratitude, and pride.

RISA LAVIZZO-MOUREY, MD, MBA
President and Chief Executive Officer