

AGENDA

April 2, 2009 9:30 a.m. – 11:40 a.m.

Union Station, Columbus Club
Washington, DC

Wireless Log In (singledigits)

Username: rwjf4health

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9:30 a.m.

Beyond Health Care: New Directions to a Healthier America

Video Introduction

Narrated by Carole Simpson, Commissioner, Former ABC News Anchor and Leader in Residence, Emerson College School of Communication

Welcome & Introduction to Recommendations

- **Mark McClellan**, Commission Co-Chair and Director, Engleberg Center for Health Care Reform and Senior Fellow, Economic Studies and Leonard D. Schaeffer Director's Chair in Health Policy, The Brookings Institution
- **Alice M. Rivlin**, Commission Co-Chair and Senior Fellow, Economic Studies Program, The Brookings Institution and Director, Greater Washington Research Program, The Brookings Institution and Visiting Professor at The Georgetown Public Policy Institute

A Word from the Robert Wood Johnson Foundation

Risa Lavizzo-Mourey, Robert Wood Johnson Foundation President and CEO

9:50 a.m.

Commissioner Panel I – Starting Early

Moderated by Angela Glover Blackwell, Founder and CEO, PolicyLink

- **Allan Golston**, U.S. Program President, Gates Foundation
- **Kati Haycock**, President, The Education Trust

10:05 a.m.

Commissioner Panel II – Accessing Healthy Food

Moderated by Sheila Burke, Faculty Research Fellow and Adjunct Lecturer in Public Policy, Malcolm Wiener Center for Social Policy, Kennedy School of Government at Harvard University

- **Katherine Baicker**, Professor of Health Economics, Department of Health Policy and Management, Harvard University
- **Hugh Panero**, Co-Founder and Former President and CEO, XM Satellite Radio and Venture Partner, New Enterprise Associates

10:20 a.m.

Commissioner Panel III – Creating Healthy Communities

Moderated by Senator Bill Frist, University Distinguished Professor, Vanderbilt University

- **Linda M. Dillman**, Executive Vice President of Risk Management, Benefits and Sustainability, Wal-Mart Stores, Inc.
- **Dennis Rivera**, Chair, SEIU Healthcare
- **Gail L. Warden**, President Emeritus, Henry Ford Health System

OVER

- 10:35 a.m.** **Question & Answer Session**
Moderated by David Williams, Commission staff director and Norman Professor of Public Health at the Harvard School of Public Health and a Professor of African and African American Studies and of Sociology at Harvard University
- 11:35 a.m.** **Call to Action**
Mark McClellan, Commission Co-Chair
- 11:40 a.m.** **Adjourn**

FOR IMMEDIATE RELEASE

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**ROBERT WOOD JOHNSON FOUNDATION COMMISSION SAYS HEALTH CARE REFORM
WON'T SOLVE NATION'S HEALTH PROBLEMS –
REFORMS TO SUPPORT HEALTHIER CHOICES URGENTLY NEEDED**

Children Face Grim Prospect of Sicker, Shorter Lives than their Parents

*Commission Calls for: All Sectors of Society to Join in Eliminating Obstacles to Good Health;
Banning Junk Food and Requiring Physical Activity in Schools; Significant Support for Early
Education*

Washington, DC, April 2, 2009 – Essential as health care reform is, it will not be enough to close most of the gap between how healthy Americans are and how healthy they could be. Without urgent action to take proven steps that can make a big difference in health, America's children could have sicker, shorter lives than their parents, according to a prominent national commission.

The Robert Wood Johnson Foundation's Commission to Build a Healthier America today urged all Americans to make healthier choices and society to help remove the obstacles so many people face in making those choices, issuing 10 cross-cutting recommendations for improving the nation's health. According to the Commission, how long and how well Americans live depend more on where we live, learn, work and play than on medical care, which accounts for only an estimated 10 to 15 percent of preventable early deaths. Building a healthier nation requires a broader view of health, the Commission said.

The Commission paid particular attention to crafting effective measures for meeting the needs of children and families. "To build a healthier America, it's essential to put improving health front and center on the national agenda outside of health care and health programs," said Commission Co-chair Mark McClellan, former head of the Food and Drug Administration and the Centers for Medicare & Medicaid Services. "Today's children are at greater risk for a lifetime of poor health, limiting their opportunities for productive and long lives. This is unacceptable, but the evidence is clear that it doesn't have to be that way."

According to the Commission, Americans are not nearly as healthy as they should be – regardless of where they live and their income, education and racial or ethnic group. Good health begins with personal responsibility, but the nation's health will not improve unless individuals do more to incorporate health into all aspects of everyday life, and unless leaders do more in their decision making to support healthier decisions – from education to child care to community planning to business practices, the Commission said. The Commission spent a year exploring the state of America's health and how health is shaped by where and how people live their lives.

“Everyone must be involved in the effort to improve health because health is everyone’s business,” said Co-chair Alice M. Rivlin, former head of the White House Office of Management and Budget and the first director of the Congressional Budget Office. “People should make healthy choices by eating better, getting enough physical activity and not smoking. Communities and employers should support those choices by creating healthy environments. And the federal government should make and enforce healthy policies, like ensuring that all subsidized food is healthy and junk food is eliminated from schools.”

The RWJF Commission is a national, independent and nonpartisan group comprising innovators and leaders with a rich diversity of experience and depth of knowledge. (*See attached list of Commission members.*) The Commission’s charge was to focus on factors beyond medical care to identify practical and innovative strategies for improving the nation’s health.

The Commission’s recommendations are rooted in the twin philosophy that good health requires individuals to make responsible personal choices and society to remove the obstacles blocking too many Americans from making healthier choices and leading healthier lives. Given the seriousness of the nation’s economic downturn, the Commission also focused on developing proven and feasible recommendations that offer the strongest potential to leverage limited resources. Among the Commission’s key recommendations are:

- **Give kids a healthy start.** Ensure that *all* children, especially very young children in low-income families, have high-quality education and child care. This means increasing federal government spending to support early childhood development for young children in low-income families. This recommendation is critical, because evidence is now very strong that early childhood has a tremendous impact on a person’s health across a lifetime.
- **Ban junk food from schools.** Feed children only nutritious foods in schools. Federal funds should be used exclusively for healthful meals.
- **Get kids moving.** All schools (K-12) should include at least 30 minutes every day for all children to be physically active. Although children should be active at least one hour each day, only one third of high school students currently meet this goal.
- **Help all families follow healthy diets.** More than one in every 10 American households lack reliable access to enough nutritious food. Federal supplemental nutrition programs should be fully funded and designed to meet the needs of hungry families with *nutritious* food.
- **Eliminate so-called nutrition deserts.** Create public-private partnerships to open grocery stores in communities without access to healthful foods. Many inner-city and rural families lack this access; for example, Detroit, a city of 139 square miles, has just five full-service grocery stores.

A full list of the Commission’s recommendations is attached.

“For too long we have focused on medical care as the solution to our health problems, when the evidence tells us the opposite,” said RWJF President and CEO Risa Lavizzo-Mourey, M.D., M.B.A. “We must make it possible for more people to make healthy decisions and avoid getting sick in the first place. The Commission has provided us with a principled, sensible and experience-driven blueprint. We cannot afford to wait to implement these recommendations.”

Social Factors Play a Dominant Role in Determining a Lifetime of Health

Some Americans can expect to die 20 years earlier than others just a few miles away because of differences in education, income, race or ethnicity and where and how they live. On average, Americans who graduate from college can expect to live five years longer than those who do not complete high school. And they can expect to be healthier, too. People who are poor are more than three times as likely as those who are affluent to suffer physical limitations from a chronic illness.

The Commission's report, *Beyond Health Care: New Directions to a Healthier America*, explains that many people live and work in circumstances and places that make good health difficult. Many very young children do not get the quality of care and support they need and grow up to be less healthy as a result; many Americans do not have access to grocery stores that sell nutritious food; still others live in communities that are unsafe or in disrepair, making it difficult or risky to be physically active.

"While each of us must make a commitment to our own health, society must improve opportunities for choosing health, especially for those of us facing the most challenging obstacles," said Rivlin. "We must acknowledge that some families and communities have a higher hill to climb than others. We cannot build a healthier America if we leave them behind."

Commission Recommendations Link to Economic Stimulus Package

Several of the RWJF Commission's recommendations reinforce elements of the economic stimulus package recently passed by Congress. For example, the new law provides additional funding for nutrition assistance to low-income families enrolled in the Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps. The law also provides an additional \$500 million to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The Commission believes that adequate funding of SNAP and WIC is essential to ensuring that the nutritional needs of all families are met.

In addition, the stimulus package offers opportunities for states and communities to act on the Commission's recommendations that health be incorporated into all facets of policy and decision making. For example, when stimulus funds are to be used to rebuild roads, communities should also build sidewalks and bike lanes to expand opportunities for physical activity.

For more information about the Commission and for a copy of the Commission's report, *Beyond Health Care: New Directions to a Healthier America*, go to www.commissiononhealth.org.

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**RECOMMENDATIONS FROM THE ROBERT WOOD JOHNSON FOUNDATION
COMMISSION TO BUILD A HEALTHIER AMERICA**

1. Ensure that *all* children have high-quality early developmental support (child care, education and other services). This will require committing substantial additional resources to meet the early developmental needs particularly of children in low-income families.
2. Fund and design WIC and SNAP (Food Stamps) programs 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. Eliminating smoking remains of the most important contributions to longer, healthier lives.
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.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION COMMISSION TO BUILD A HEALTHIER AMERICA

The Robert Wood Johnson Foundation Commission to Build a Healthier America was asked to identify practical, feasible ways to reduce barriers to good health and promote and facilitate healthy choices by individuals, for themselves and their families.

Commissioners solicited advice and information from experts, innovators, stakeholders and the public through activities including field hearings, public testimony, roundtable discussions, experts' meetings and fact-finding site visits. Commissioners and staff met and consulted with elected and executive agency officials, representatives of business, advocacy and professional and policy organizations and members of the public. The Commission also solicited information about successful interventions through its website (www.commissiononhealth.org).

The Commission reached consensus findings and recommendations through a series of internal meetings, monthly teleconferences and one-on-one discussions among Commissioners and with senior Commission and Foundation staff.

Mark B. McClellan

Director, Engleberg Center for Health Care Reform
Senior Fellow, Economic Studies and Leonard D. Schaeffer Director's Chair in Health Policy, Brookings Institution

Alice M. Rivlin

Senior Fellow, Economic Studies Program, and Director, Greater Washington Research Program, Brookings Institution
Visiting Professor at the Georgetown Public Policy Institute

Katherine Baicker

Professor of Health Economics, Department of Health Policy and Management, Harvard University

Angela Glover Blackwell

Founder and Chief Executive Officer, PolicyLink

Sheila P. Burke

Faculty Research Fellow and Adjunct Lecturer in Public Policy, Malcolm Weiner Center for Social Policy, Kennedy School of Government, Harvard University

Linda M. Dillman

Executive Vice President of Benefits and Risk Management, Wal-Mart Stores, Inc.

Senator Bill Frist

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Venture Partner, New Enterprise Associates

Dennis Rivera

Chair, SEIU Healthcare

Carole Simpson

Leader-in-Residence, Emerson College School of Communication
Former Anchor, *ABC News*

Jim Towey

President, Saint Vincent College

Gail L. Warden

Professor, University of Michigan School of Public Health
President Emeritus, Henry Ford Health System

ABOUT THE COMMISSION TO BUILD A HEALTHIER AMERICA

In February 2008, the Robert Wood Johnson Foundation launched the Commission to Build a Healthier America – a national, independent, non-partisan group of leaders – to investigate why Americans aren't as healthy as they could be and to look outside the health care system for ways to improve health for all.

After more than a year of study, conducting site visits and hearing testimony from experts, innovators, stakeholders and the public, the Commission issued 10 recommendations for actions to dramatically improve health for all Americans, and especially those who face the greatest barriers to good health.

Most notably, the Commission called for a major sustained increase in funding for high-quality early education and child care to lay the necessary foundation for lifelong good health among America's children and future generations. In addition, the recommendations call for banning junk food in schools, increasing access to healthier foods for millions of Americans, and making significant changes in federal nutrition policy. The recommendations also address ensuring physical activity in schools, creating healthy communities, eliminating smoking nationwide, and improving the accountability of programs affecting health by monitoring and measuring results.

The Commission found that, although much of America's debate on health reform has centered on access to and affordability of care, health has far more to do with how and where people live their lives than with access to medical care. Factors including education, income, race or ethnicity and environment can have an enormous influence on health. In fact, some experts have estimated that just 10 to 15 percent of preventable deaths are directly linked to medical care.

WHY ACT NOW?

- Some of us can expect to live an average of 20 years less than others, depending on our race and ethnicity and where we live.
- 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.
- While we spend more than \$2 trillion each year on health care – one sixth of GDP and more than any other country – our health continues to fall short. In life expectancy and infant mortality, the United States ranks near the bottom in comparison with other industrialized nations.
- Health care reform alone will not make the United States healthier. For too long, America has focused on treating disease. In order to be healthy we must prevent people from getting sick in the first place.
- Poor health limits the productivity of our citizens. Nearly one in three poor adults is limited by chronic illness. And when people are sick, they can't do as well at school, at home, or at work.
- On average, Americans who graduate from college can expect to live five years longer than those who do not complete high school.

Good health requires that individuals take responsibility for themselves and their families, but not everyone has the same opportunities to make healthy choices. The Commission's recommendations – which focus on how and where people live, learn, work and play – are a call for all Americans to take responsibility for their own health and for leadership across the nation to promote greater opportunities for every one of us to live healthy and productive lives.

Improving health in America will require substantial collaboration among leaders from all sectors – child care, education, nutrition, housing, community planning and transportation, government and philanthropy – including some who may not always take into account how important their roles are in improving health.

For more information about the Commission, including a list of Commissioners, the recommendations and full report, *Beyond Health Care: New Directions to a Healthier America*, please visit www.commissiononhealth.org.

COMMISSIONER BIOGRAPHIES

Mark B. McClellan, Co-Chair

Mark B. McClellan is the Director of the Engelberg Center for Health Care Reform at the Brookings Institution. The Center studies ways to provide practical solutions for access, quality and financing challenges facing the U.S. health care system. Additionally, McClellan is the Leonard D. Schaeffer Chair in Health Policy and a Senior Fellow of Economic Studies at the Brookings Institution.

McClellan was the former administrator for the Centers for Medicare and Medicaid Services (2004-2006) and the commissioner of the Food and Drug Administration (2002-2004). He served as a member of the President's Council of Economic Advisers and senior director for health care policy at the White House (2001–2002). He also served as the deputy assistant secretary for economic policy at the Treasury Department.

McClellan has also served as an associate professor in both economics and medicine at Stanford University where he directed Stanford's Program on Health Outcomes Research.

McClellan received a Master's Degree in Public Administration and Medical Degree from Harvard University and a Doctor of Philosophy in Economics from MIT.

Alice M. Rivlin, Co-Chair

Alice M. Rivlin is a Senior Fellow in the Economic Studies program at the Brookings Institution and a Visiting Professor at The Georgetown Public Policy Institute. She is also Director of the Greater Washington Research Project at Brookings. Before returning to Brookings, Rivlin served as Vice Chair of the Federal Reserve Board (1996-1999) and served as the Director of the White House Office of Management and Budget in the first Clinton Administration. She also chaired the District of Columbia Financial Management Assistance Authority (1998-2000).

Rivlin was the founding Director of the Congressional Budget Office (1975-83) and served as the Assistant Secretary for Planning and Evaluation at the Department of Health, Education and Welfare. She is also a former director of the Economic Studies Program at Brookings.

In addition to receiving a MacArthur Foundation Prize Fellowship, Rivlin has taught at Harvard University, George Mason University, and The New School Universities. She has also served as President of the American Economic Association and is currently a member of the Board of Directors of the New York Stock Exchange.

Rivlin received a Bachelor's Degree in Economics from Bryn Mawr College and a Doctor of Philosophy from Radcliffe College (Harvard University) in Economics.

Katherine Baicker

Katherine Baicker is a professor of health economics in the Department of Health Policy and Management at Harvard University. Her background is in health economics and health insurance financing, as well as public and labor economics. Baicker served as a Senate-confirmed member of the Council of Economic Advisers from 2005-2007, where she focused on health reforms but had a wide-ranging portfolio including issues such as immigration, tax policy, and the education and training of American workers. She received her Bachelor's Degree in economics from Yale University and a Doctor of Philosophy in Economics from Harvard University.

Angela Glover Blackwell

Angela Glover Blackwell is founder and chief executive officer of PolicyLink, a national research and action institute advancing economic and social equity by Lifting Up What Works. Based in Oakland, California, PolicyLink works with local and national partners to use policy solutions to address inequity. Before founding PolicyLink, Blackwell was senior vice president for The Rockefeller Foundation where she directed the foundation's domestic and cultural divisions and developed the Next Generation Leadership and Building Democracy programs, centered on issues of inclusion, race, and policy. She received a Bachelor's Degree from Howard University, and a Juris Doctor Degree from the University of California at Berkeley.

Sheila P. Burke

Sheila P. Burke is faculty research fellow and adjunct lecturer in public policy at the Malcolm Wiener Center for Social Policy, Kennedy School of Government at Harvard University. Previously, Burke served as the executive dean of the Kennedy School of Government. Burke also served as deputy secretary and chief operating officer of the Smithsonian Institution and was chief of staff to former Senate Majority Leader Bob Dole and deputy staff director of the Senate Committee on Finance. Burke holds a Bachelor's Degree in Nursing from the University of San Francisco and a Master's Degree in Public Administration from Harvard University.

Linda M. Dillman

Linda Dillman is executive vice president of benefits and risk management for Wal-Mart Stores, Inc., where she has been instrumental in making changes to the company's health care benefits, concentrating on providing associates and family members with affordable, accessible and high quality options for health coverage. She previously served as executive vice president and chief information officer at Wal-Mart. Linda has been named to Fortune Magazine's "50 Most Powerful Women in Business" list for the past five years. Linda joined Wal-Mart in 1991, and also worked for Hewlett-Packard Company. Her degree in Business Administration is from the University of Indianapolis.

Sen. Bill Frist

Sen. Bill Frist is a University Distinguished Professor at Vanderbilt University. He represented Tennessee in the U.S. Senate from 1995 until his retirement in 2007, serving as Majority Leader from 2003 to 2007. As a cardiothoracic transplant surgeon, Frist's primary legislative focus was health care. He co-chairs Save the Children's global campaign to reduce infant mortality (*Survive to 5*) and ONE Vote '08, a bipartisan effort that worked to make global health a priority in the presidential election. He was also the Schultz Visiting Professor of International Economic Policy at Princeton University's Woodrow Wilson School of Public and International Affairs. He received a Bachelor's Degree from Princeton University and Medical Degree from Harvard University.

Allan Golston

Allan Golston is the president of the U.S. Program of the Bill & Melinda Gates Foundation where he oversees the Foundation's Education, U.S. Libraries, and Pacific Northwest grant initiatives, as well as U.S. Program Advocacy and Special Initiatives. Golston, who joined the Foundation in 1999, most recently served as the chief financial and administrative officer. Golston's professional background is in business including consulting, public accounting, software development, finance and health care. He holds a Master's Degree in Business Administration from Seattle University and a Bachelor's of Science in Accounting from the University of Colorado.

Kati Haycock

Kati Haycock is one of the nation's leading child advocates in the field of education. She currently serves as president of The Education Trust, a Washington-based education organization that provides hands-on assistance to urban school districts and universities seeking to improve student achievement. Before joining The Education Trust, Haycock served as executive vice president of the Children's Defense Fund, the nation's largest child advocacy organization. She received a Bachelor's Degree in Political Science from the University of California, Santa Barbara and a Master's Degree in Education Policy from the University of California, Berkeley.

Hugh Panero

Hugh Panero is a Venture Partner at New Enterprise Associates. He is also the co-founder and former president and chief executive officer of XM Satellite Radio. A business leader and media entrepreneur, Panero was a pioneer in both the cable TV and pay-per-view businesses and is credited with launching the satellite radio industry. Panero has served as chairman of the D.C. Chamber of Commerce, which honored him with the D.C. Business Leader of the Year Award in 2000 and is a board member on a number of nonprofit boards including The Marrow Foundation and Hope For Henry. Mr. Panero received Bachelor's Degrees in Government and Sociology from Clark University and has a Master's Degree in Business Administration from Baruch College.

Dennis Rivera

Dennis Rivera chairs SEIU Healthcare, a union of over one million health care workers dedicated to health care reform. SEIU Healthcare was launched in June 2007 as the health care division of the two million-member Service Employees International Union, America's largest labor union. In addition to heading SEIU Healthcare, Rivera chairs the Partnership for Quality Care. He served as president of New York-based 1199 SEIU from 1989 to 2007. Born in Aibonito, Puerto Rico, Rivera attended the Colegio Universitario de Cayey.

Carole Simpson

Carole Simpson retired from ABC News in 2006 to become Leader in Residence at Emerson College's School of Communication in Boston, where she is a full-time faculty member teaching courses in public affairs reporting, political communication, and broadcast journalism. Simpson is also a commentator for National Public Radio's "News and Notes" program. At ABC News, Simpson was the anchor of the weekend editions of "World News Tonight" from 1988-2003 and a senior national correspondent. She was the first African American woman to anchor a major network evening news broadcast. Simpson received a Bachelor's Degree in Journalism from the University of Michigan.

Jim Towey

Jim Towey is president of St. Vincent College in Pennsylvania. Previously, he served as director of the White House Office of Faith-Based & Community Initiatives and reported to the President on matters pertaining to federal grants to religious and community-based charities, corporate and foundation grantmaking to social service agencies, tax incentives for enhanced charitable giving, and the implementation of individual choice in housing and other federal programs. He served for 12 years as legal counsel to Mother Teresa of Calcutta and lived for one year in her Washington, DC, home for people with AIDS. He is also former secretary of the Florida Department of Health and Rehabilitative Services. Towey earned a Bachelor's Degree from Florida State University and a Juris Doctor from the Florida State University College of Law.

Gail L. Warden

Gail L. Warden is a professor at the University of Michigan School of Public Health and president emeritus of the Henry Ford Health System in Detroit, Michigan, one of the nation's leading health care systems. Before joining Henry Ford Health System, Warden served as president and chief executive officer of Group Health Cooperative of Puget Sound in Seattle. In 1997, he was appointed to the Federal Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Since then he has worked on several boards and committees focusing on health care issues, including the RAND Health Board of Advisors. Warden received a Bachelor's Degree from Dartmouth College, a Master's Degree in Health Administration from University of Michigan, and an Honorary Doctorate in Public Administration from Central Michigan University.

SURPRISING TRUTHS ABOUT AMERICA'S HEALTH

Overall:

- In many ways, our health has more to do with where we live, learn, work and play than whether we have access to health care. Only an estimated 10-15 percent of preventable mortality is linked to medical care.
- Based on where they live and their racial or ethnic group, some Americans can expect to die 20 years earlier than others living just a few miles away—a gap in life expectancy that reflects underlying differences in the opportunities and resources they have to be healthy.

Disparities in Relation to Other Countries:

- The United States ranks below many countries on key health indicators like infant mortality and life expectancy. Our health standing in the world keeps slipping. On infant mortality the United States dropped from 18th in 1980 to 25th in 2002, ranking below Korea, the Czech Republic and Greece.
- On life expectancy measures, the U.S. slipped from 14th in 1980 to 23rd place by 2004.
- The United States spends more money per person on health than any other country, but our lives are shorter – by nearly four years – than projected based on health expenditures.
- Medical spending consumes more than 16 percent of the U.S. gross domestic product and is expected to climb to more than 20 percent by 2018. That means one in every five dollars earned will be spent on medical care.

Disparities within the United States:

- Higher income and educational attainment can both mean longer life. On average, poor adults can expect to die over six years earlier than adults with upper middle-class incomes. Adults who have not completed high school on average die at least five years earlier than those who are college graduates.
- Poor education can lead to a low-paying job and living in unsafe neighborhoods with low-quality housing, few places to exercise and limited access to healthy food.
- Nearly one in every three poor adults has their activity limited by a chronic illness, compared with fewer than one in 10 upper middle-class adults. Diabetes is twice as common and heart disease is one and a half times as common among poor adults as among upper middle-class adults.
- Compared with college graduates, adults who have not finished high school are more than four times as likely to be in poor or fair health.

Children's Health:

- 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.
- Today, more than 23 million children and teenagers are overweight or obese – that's one in three young people.
- A boy born in the US in 2000 has a 33% risk of being diagnosed with diabetes in his lifetime while a girl has a 39% risk. The numbers are highest for Hispanic children (males 45.4% and females 52.5%).
- Children in the poorest families typically experience the worst health, but even children in middle-class families are less healthy than those with greater advantages.

Nutrition:

- More than one in every 10 American households does not have reliable access to enough food for an adequate diet; the foods many families can afford may not add up to a nutritious diet. These "food insecure" US households numbered 13 million in 2007.
- Many inner city and rural families have virtually no access to healthful foods. For example, Detroit, a city of 139 square miles, has just 5 grocery stores.
- Nationally, 40 percent of students at schools consumed one or more competitive or "junk" foods – such as soda, candy or a salty snack – on a typical school day. Their consumption of "junk" food increased with grade level.
- Nationally, one or more sources of competitive or "junk" food are available at 73 percent of elementary schools, 97 percent of middle schools and 100 percent of high schools.

Physical Activity:

- Children should be active at least one hour per day, yet only one third of U.S. high school students meet this goal. An estimated one in five children will be obese by 2010.
- Just 2.1 percent of high schools, 7.9 percent of middle schools and 3.8 percent of elementary schools provide daily physical education or its equivalent to students in all grades during the entire school year.
- In 2005, poor adults were approximately twice as likely to be sedentary as adults with upper middle-class incomes.

Tobacco:

- Cigarette smoking is one of the top three leading preventable causes of death in the United States.
- In the United States, cigarette smoking and secondhand smoke are responsible for about one in five deaths annually, or about 443,000 deaths per year.
- An estimated 38,000 of these deaths are the result of secondhand smoke exposure.
- Progress has been made on many fronts regarding smoke-free workplaces and clean air ordinances, yet only half of blue collar workers are covered by smoke-free policies.

Early Childhood:

- Children who do not receive high-quality care, services and education begin life with a distinct disadvantage and a higher risk of becoming less healthy adults.
- Brain, cognitive and behavioral development early in life are strongly linked to an array of important health outcomes later in life, including cardiovascular disease and stroke, hypertension, diabetes, obesity, smoking, drug use and depression.
- Children who participate in early childhood development programs are more likely to be healthy and have higher earnings and less likely to commit crime and receive public assistance. These benefits translate into tremendous savings for society.

Workplace:

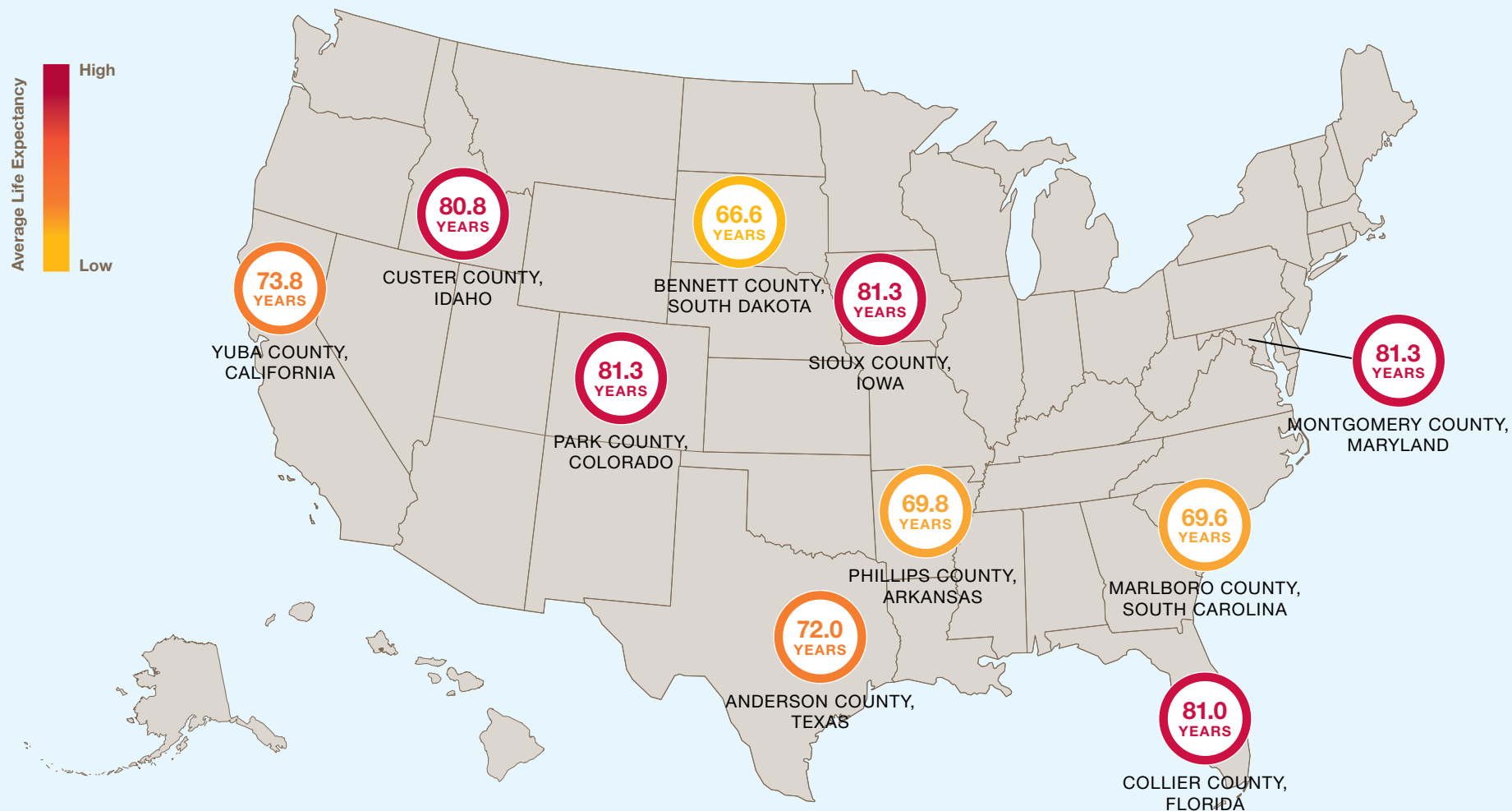
- Healthy workers and their families are likely to incur lower medical costs and be more productive, while those with chronic health conditions generate higher costs related to medical care use, absenteeism, disability and overall reduced productivity.
- In 2007, over 5,000 fatal and 4 million nonfatal work-related injuries and illnesses were reported in private industry workplaces; about half of the nonfatal injuries resulted in time away from work due to recuperation, job transfer or job restriction.
- In 2004, only seven percent of employers offered a comprehensive worksite health promotion program that incorporated five key elements defined in Healthy People 2010: health education, links to related employee services, supportive physical and social environments for health improvement, integration of health promotion into the organization's culture, and employee screenings with adequate follow-up.

Housing:

- Poor housing conditions such as water leaks, dirty carpets and poor ventilation can lead to an increase in mold, mites and other allergens associated with poor health.
- Indoor allergens and damp housing conditions can lead to and exacerbate respiratory conditions such as asthma, which currently affects over 20 million Americans.



ROBERT WOOD JOHNSON FOUNDATION
Commission to Build a Healthier America



Across America, Differences in How Long and How Well We Live

Where we live, work, learn and play dramatically affects our health—for better or for worse. The economic, social and physical environments that surround us are shaped by underlying differences in opportunities and resources and affect our ability to live healthier, longer lives.

The average life expectancy for people living in Bennett County, S.D., is 66.6 years. Just next door, people living in Sioux County, Iowa, can expect to live nearly 15 years longer.



Within States, Large Gaps in Life Expectancy

There are dramatic differences in life expectancy even within a single state, reflecting underlying differences in the opportunities and resources that people have to be healthy. This chart shows the highest and lowest life expectancy rates (based on county-level data) found in each state and the District of Columbia. For example, based on where they live, some people in the state of South Dakota can expect to live nearly 14 years longer than others.

States	Highest Life Expectancy	Lowest Life Expectancy	Difference in Life Expectancy
Alabama	76.8	71.7	5.1
Alaska	76.9*	76.9*	N/A
Arizona	80.9	73.9	7.0
Arkansas	78.0	69.8	8.2
California	80.8	73.8	7.0
Colorado	81.3	74.8	6.5
Connecticut	79.2	76.8	2.4
Delaware	76.5	75.8	0.7
District of Columbia	72.0	72.0	N/A
Florida	81.0	70.2	10.8
Georgia	78.9	72.2	6.7
Hawaii	80.5	77.3	3.2
Idaho	80.8	74.9	5.9
Illinois	79.6	74.3	5.3
Indiana	79.1	73.5	5.6
Iowa	81.3	76.1	5.2
Kansas	80.3	73.2	7.1
Kentucky	77.4	72.0	5.4
Louisiana	76.7	71.6	5.1
Maine	78.8	75.6	3.2
Maryland	81.3	68.6	12.7
Massachusetts	79.5	76.5	3.0
Michigan	80.2	73.4	6.8
Minnesota	81.1	76.2	4.9
Mississippi	76.1	70.1	6.0
Missouri	79.3	70.8	8.5

States	Highest Life Expectancy	Lowest Life Expectancy	Difference in Life Expectancy
Montana	79.3	72.8	6.5
Nebraska	80.1	76.4	3.7
Nevada	79.8	74.5	5.3
New Hampshire	78.7	76.2	2.5
New Jersey	79.9	74.7	5.2
New Mexico	79.6	74.2	5.4
New York	79.5	75.0	4.5
North Carolina	78.6	71.2	7.4
North Dakota	80.0	76.3	3.7
Ohio	79.7	73.4	6.3
Oklahoma	77.9	72.0	5.9
Oregon	80.9	75.5	5.4
Pennsylvania	79.4	72.3	7.1
Rhode Island	79.5	77.5	2.0
South Carolina	78.9	69.6	9.3
South Dakota	80.3	66.6	13.7
Tennessee	78.8	72.4	6.4
Texas	80.2	72.0	8.2
Utah	80.8	76.3	4.5
Vermont	79.0	76.9	2.1
Virginia	80.9	69.6	11.3
Washington	80.3	74.9	5.4
West Virginia	77.2	70.4	6.8
Wisconsin	80.1	75.7	4.4
Wyoming	78.2	73.9	4.3

*Due to multiple changes in county/census divisions, life expectancy for Alaska was estimated as a single figure, assigned to all counties in the state.

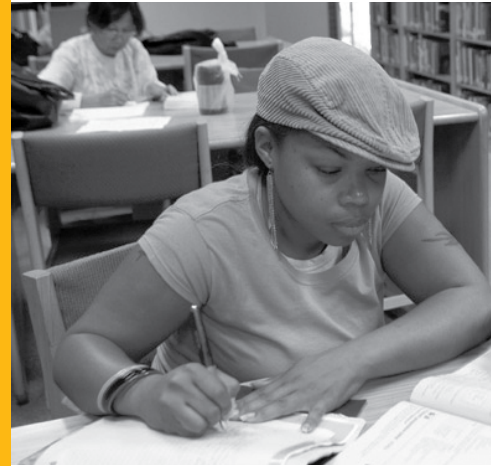
Source: Murray CJ, Kulkarni SC, Michaud C, et al. "Eight Americas: Investigating Mortality Disparities Across Races, Counties, and Race-Counties in the United States." Public Library of Science, 3(9): e260, 2006.



Executive Summary

Beyond Health Care: New Directions to a Healthier America

Recommendations From the
Robert Wood Johnson Foundation
Commission to Build a Healthier America



Statement From the Commissioners

Making America healthier will require action at all levels of society. Individuals, communities, health care, businesses and unions, philanthropies, and local, state and the federal government must work together to improve our nation's health. Although medical care is important, our reviews of research and the hearings we've held have led us to conclude that building a healthier America will hinge largely on what we do beyond the health care system. It means changing policies that influence economic opportunity, early childhood development, schools, housing, the workplace, community design and nutrition, so that all Americans can live, work, play and learn in environments that protect and actively promote health. And it means encouraging and enabling people to make healthy choices for themselves and their families.

Mark B. McClellan

Director, Engelberg Center for Health Care Reform, Senior Fellow, Economic Studies and Leonard D. Schaeffer Director's Chair in Health Policy, Brookings Institution

Alice M. Rivlin

Senior Fellow, Economic Studies Program, and Director, Greater Washington Research Program, Brookings Institution and Visiting Professor at The Georgetown Public Policy Institute

Katherine Baicker

Professor of Health Economics, Department of Health Policy and Management, Harvard University

Angela Glover Blackwell

Founder and Chief Executive Officer, PolicyLink

Sheila P. Burke

Faculty Research Fellow and Adjunct Lecturer in Public Policy, Malcolm Wiener Center for Social Policy, Kennedy School of Government, Harvard University

Linda M. Dillman

Executive Vice President of Benefits and Risk Management, Wal-Mart Stores, Inc.

As our rather daunting task began, we decided to focus on a limited number of actionable steps to reduce inequalities in health and improve the health of *all* Americans. We call upon policy-makers, philanthropists, business and community leaders, educators, health care leadership and professionals in relevant fields to take immediate action on our recommendations. Our recommendations can be implemented if leaders in all sectors come to see their value and potential for significant return in health improvements. They are right for our current time and economic context, and for our children's and our nation's future. We endorse these recommendations whole-heartedly, and commit ourselves to enlisting the support of the American people in making them a reality.

Senator Bill Frist

University Distinguished Professor, Vanderbilt University

Allan Golston

U.S. Program President, The Bill & Melinda Gates Foundation

Kati Haycock

President, The Education Trust

Hugh Panero

Co-Founder and Former President and Chief Executive Officer, XM Satellite Radio, Venture Partner, New Enterprise Associates

Dennis Rivera

Chair, SEIU Healthcare

Carole Simpson

Leader-in-Residence, Emerson College School of Communication and Former Anchor, *ABC News*

Jim Towey

President, Saint Vincent College

Gail L. Warden

Professor, University of Michigan School of Public Health and President Emeritus, Henry Ford Health System

A Message From the Co-Chairs



Shortfalls in health take years off the lives of Americans and subject us to often-avoidable suffering. As co-chairs of the *Robert Wood Johnson Foundation Commission to Build a Healthier America*, we have been charged to identify knowledge-based actions—both short- and long-term that are outside the medical care system—for reducing and, ultimately, eliminating those shortfalls.

That is an urgent charge, one that each of us on this Commission has taken with utmost seriousness.

The Commission is a national, independent and nonpartisan body comprising innovators and leaders who, together, represent a rich diversity of experience and tremendous depth of knowledge. As a group, we have sought to go beyond traditional definitions of health to identify promising and important policies and programs that can help each person and each family live a healthier life. Supporting us in this endeavor have been our research partners at the Center on Social Disparities in Health at the University of California, San Francisco, the Commission staff at The George Washington University School of Public Health and Health Services and Commission Staff Director David R. Williams, Harvard School of Public Health.

This past year, we have explored and shed misconceptions about the state of our nation's health and taken a broader look at how health is shaped by how and where we live our lives. Our journey has led us to many places and discoveries across America—from North Carolina to Philadelphia to Denver to Tennessee, from school playgrounds to farmers' markets to workplaces.

Despite the economic challenges we face as a nation, across America, we have found good news: solutions are in plain sight and stakeholders are coming together to improve health and remove the obstacles that prevent people in particularly stressed circumstances and communities from making healthy choices. These pockets of success provide evidence that improving health and reducing disparities are within our reach. They energize us and give us hope, but they also show us how far we have to go. The scattered examples tell us we are far from incorporating health into all aspects of our society and our communities. This is something we must do, and do together, because the stakes for our nation and especially for our children are too high not to act. It will take all of us working together to create and nurture a culture of health, where we each take responsibility for improving our own health and building the kind of society that supports and enables all of us to live healthy lives.

Because Americans can't afford to wait, we hope that the findings and recommendations offered here spark a national conversation about committing to health and wellness for everyone—and then move us to collaborative action. The health of our nation depends on improving the health of every American.

A handwritten signature in dark ink, appearing to read 'Mark McClellan'.

Mark McClellan, M.D., Ph.D.
Co-Chair

A handwritten signature in dark ink, appearing to read 'Alice M. Rivlin'.

Alice M. Rivlin, Ph.D.
Co-Chair



Recommendations From the Robert Wood Johnson Foundation Commission to Build a Healthier America

Given the seriousness of our nation's economic condition, we chose our recommendations with particular care, focusing on those with the strongest potential to leverage limited resources and optimize the impact of federal investments. Commissioners studied and debated several options and crafted recommendations that:

- address the Commission's charge to identify interventions beyond the health care system that can produce substantial health effects;
- are likely to achieve a significant positive impact on Americans' health;
- address the needs of those who are most at risk or most vulnerable;
- are feasible and achievable in the current economic environment; and
- are supported by a strong knowledge base.

We found the strongest evidence for interventions that can have a lasting effect on the quality of health and life in programs that promote early childhood development and that support children and families. Therefore, many of our recommendations aim to ensure that our children have the best start in life and health. Along with social advantage and disadvantage, health is often passed across generations. Strategies for giving children a healthy start will help ensure future generations of healthy adults. This is indeed a wise long-term investment of scarce resources.

Recommendations From the Robert Wood Johnson Foundation Commission to Build a Healthier America

- 1** **Ensure that *all* children have high-quality early developmental support (child care, education and other services). This will require committing substantial additional resources to meet the early developmental needs particularly of children in low-income families.**

Children who do not receive high-quality care, services and education begin life with a distinct disadvantage and a higher risk of becoming less healthy adults, and evidence is overwhelming that too many children are facing a lifetime of poorer health as a result. Helping every child reach full health potential requires strong support from parents and communities, and must be a top priority for the nation. New resources must be directed to this goal, even at the expense of other national priorities, and must be tied to greater measurement and accountability for impact of new and existing early childhood programs.
- 2** **Fund and design WIC and SNAP (Food Stamps) programs to meet the needs of hungry families for *nutritious* food.**

These federal programs must have adequate support to meet the nutritional requirements of all American families in need. More than one in every 10 American households do not have reliable access to enough food, and the foods many families can afford may not add up to a nutritious diet. Nutritious food is a basic need to start and support an active, healthy and productive life.
- 3** **Create public-private partnerships to open and sustain full-service grocery stores in communities without access to healthful foods.**

Many inner city and rural families have no access to healthful foods: for example, Detroit, a city of 139 square miles has just five grocery stores. Maintaining a nutritious diet is impossible if healthy foods are not available, and it is not realistic to expect food retailers to address the problem without community support and investment. Communities should act now to assess needs to improve access to healthy foods and develop action plans to address deficiencies identified in their assessments.
- 4** **Feed children only healthy foods in schools.**

Federal funds should be used exclusively for healthy meals. Schools should eliminate the sale of “junk food” and federal school breakfast and lunch funds should be linked to demonstrated improvements in children’s school diets.
- 5** **Require all schools (K-12) to include time for all children to be physically active every day.**

One in five children will be obese by 2010. Children should be active at least one hour each day; only one-third of high-school students currently meet this goal. Schools can help meet this physical activity goal, through physical education programs, active recess, after-school and other recreational activities. Education funding should be linked to all children achieving at least half of their daily recommended physical activity at school, and over time should be linked to reductions in childhood obesity rates.

6 **Become a smoke-free nation.**
Eliminating smoking remains one of the most important contributions to longer, healthier lives.

Progress on many fronts—smoke-free workplaces, clean indoor air ordinances, tobacco tax increases, and effective, affordable quit assistance—demonstrates that this goal is achievable with broad public and private sector support.

7 **Create “healthy community” demonstrations to evaluate the effects of a full complement of health-promoting policies and programs.**

Demonstrations should integrate and develop successful models that can be widely implemented and that include multiple program approaches and sources of financial support. Each “healthy community” demonstration must bring together leaders and stakeholders from business, government, health care and nonprofit sectors to work together to plan, implement and show the impact of the project on the health of the community.

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.**

All homes, workplaces and neighborhoods should be safe and free from health hazards. Communities should mobilize to correct severe physical deficiencies in housing, and health should be built into all efforts to improve housing, particularly in low-income neighborhoods. New federal housing investments should be held accountable to demonstrate health impact.

9 **Integrate safety and wellness into every aspect of community life.**

While much remains to be done to create safe and health-promoting environments, many schools, workplaces and communities have shown the way, with education and incentives for individuals, employers and institutions and by fostering support for safety and health in schools, workplaces and neighborhoods. Funding should go only to organizations and communities that implement successful approaches and are willing to be held accountable for achieving measurable improvements in health.

10 **Ensure that decision-makers in all sectors have the evidence they need to build health into public and private policies and practices.**

Decision-makers at national, state and local levels must have reliable data on health status, disparities and the effects of social determinants of health. Approaches to monitor these data at the local level must be developed by, for example, adapting ongoing tracking systems. Funding must be available to promote research to understand these health effects and to promote the application of findings to decision-makers.



Executive Summary

For the first time in our history, the United States is raising a generation of children who may live sicker, shorter lives than their parents. We must act now to reverse this trend.

Why aren't Americans among the healthiest people in the world? Why are some Americans so much healthier than others? What can be done to create opportunities for all Americans to live long and healthy lives?

These questions prompted the Robert Wood Johnson Foundation in 2008 to establish the Commission to Build a Healthier America, enlisting national leaders in business, labor, education, community development, health care services, philanthropy, media and research and public policy to find solutions *outside* of the medical care system for advancing the nation's health. This Executive Summary describes the context for the Commission's work and recommendations for moving forward to improve America's health, for harnessing forces across many sectors and for prompting action.

Americans Are Not as Healthy as We Could and Should Be

Despite spending more on medical care than any other nation

A nation's health is its most precious asset. Yet there are tremendous gaps between how healthy Americans are and how healthy we could be. At every income and education level, Americans should be healthier. Many people with middle-class incomes and education die prematurely from preventable health problems. And for those with more limited incomes and education, health outcomes are far worse. Diabetes is twice as common and heart disease rates are 50 percent higher among poor adults when compared with those in the highest income group. An obesity epidemic threatens our children's future health and the number of uninsured and underinsured Americans continues to climb.

Despite breakthroughs in medical science and a \$1 trillion increase in annual health care spending over the past decade, America is losing ground relative to other countries when it comes to health. Astronomical medical bills strain family and government budgets and threaten America's global competitiveness. Health care spending consumes about 16 percent of the U.S. gross domestic product (GDP), much more than in any other industrialized nation, and is expected to climb to over 20 percent of GDP by 2018. The costs of medical care and insurance are now out of reach for many American households, pushing some families into bankruptcy, draining businesses, reducing employment and severely straining public budgets.

More health care spending will not solve our health problems. Even with technologically advanced care for conditions such as preterm births, diabetic complications and heart disease, we cannot expect this care to close the global health gap. Infant mortality and life expectancy rates in the United States lag behind most of Europe, Japan, Canada and Australia and in the last two decades, U.S. rankings have fallen lower on the scale relative to other nations, despite our rapid increases in spending. In 1980, the United States ranked 18th in infant mortality rates among industrialized nations. By 2002, 24 industrialized nations—including Korea, Hungary, the Czech Republic and Greece—had lower infant mortality rates than the United States. Meanwhile, the United States slipped from 14th among industrialized countries in life expectancy at birth in 1980 to 23rd by 2004. We need to look beyond medical care to other factors that can improve America's health.

Health is More Than Health Care

And some Americans face much poorer prospects for good health and long life than others

Although medical care is essential for relieving suffering and curing illness, only an estimated 10 to 15 percent of preventable mortality has been attributed to medical care. A person's health and likelihood of becoming sick and dying prematurely are greatly influenced by powerful social factors such as education and income and the quality of neighborhood environments. These *social determinants* of health can have profound effects. For example:

- American college graduates can expect to live at least five years longer than Americans who have not completed high school.
- Poor Americans are more than three times as likely as Americans with upper middle-class incomes to suffer physical limitations from a chronic illness.
- Upper middle-class Americans can expect to live more than six years longer than poor Americans.
- People with middle incomes are less healthy and can expect to live shorter lives than those with higher incomes—even when they are insured.

This shouldn't be the case in a nation whose highest ideals and values are based on fairness and equality of opportunity.

Where people live, learn, work and play affects how long and how well they live—to a greater extent than most of us realize. What constitutes health includes the effects of our daily lives—how our children grow up, the food we eat, how physically active we are, the extent to which we engage in risky behaviors like smoking and our exposure to physical risks and harmful substances—as well as the neighborhoods and environments in which we live. We must identify where people can make improvements in their own health and where society needs to lend a helping hand.

Our Neighborhood Affects Our Health

Unhealthy Community		Healthy Community
Unsafe even in daylight	...VS...	Safe neighborhoods, safe schools, safe walking routes
Exposure to toxic air, hazardous waste	...VS...	Clean air and environment
No parks/areas for physical exercise	...VS...	Well-equipped parks and open spaces/ organized community recreation
Limited affordable housing is run-down; linked to crime-ridden neighborhoods	...VS...	High-quality mixed-income housing, both owned and rental
Convenience/liquor stores, cigarette and liquor billboards, no grocery store	...VS...	Well-stocked grocery stores offering nutritious foods
Streets and sidewalks in disrepair	...VS...	Clean streets that are easy to navigate
Burned-out homes, littered streets	...VS...	Well-kept homes and tree-lined streets
No culturally-sensitive community centers, social services or opportunities to engage with neighbors in community life	...VS...	Organized multicultural community programs, social services, neighborhood councils or other opportunities for participation in community life
No local health care services	...VS...	Primary care through physicians' offices or health center; school-based health programs
Lack of public transportation, walking or biking paths	...VS...	Accessible, safe public transportation, walking and bike paths

Good Health Requires Personal Responsibility

Good health depends on personal choice and responsibility. No government or private program can take the place of people making healthy choices for themselves or their families. To build a healthier nation each of us must make a commitment to:

- eat a healthy diet;
- include physical activity as a part of daily life;
- avoid risky behaviors including smoking, excessive drinking, misusing medications and abusing illegal substances;
- avoid health and safety hazards at home and at work; and
- provide safe, nurturing and stimulating environments for infants and children.

We Must Overcome Obstacles and Improve Opportunities For All Americans to Make Healthy Choices

Assuming responsibility for one's health may appear straightforward. But our society's institutions, from government to business to not-for-profits, must provide support to bring healthy choices within everyone's reach. Our society's leaders and major institutions can create incentives and lower barriers so that individuals and families can take steps to achieve better health. These are not necessarily easy steps for everyone to take. For many Americans, they may be quite difficult.

Many people live and work in circumstances and places that make healthy living nearly impossible. Many children do not get the quality of care and support they need and grow up to be less healthy as a result; many Americans do not have access to grocery stores that sell nutritious food; still others live in communities that are unsafe or in disrepair, making it difficult or risky to exercise. While individuals must make a commitment to their own health, our society must improve the opportunities to choose healthful behaviors, especially for those who face the greatest obstacles.

For example, members of disadvantaged racial and ethnic groups are more likely to live in poor neighborhoods. The characteristics of such neighborhoods—factors like limited access to nutritious food; living near toxic wastes, abandoned or deteriorating factories, freeway noise and fumes; and exposure to crime and violence and other hazards—increase the chances of serious health problems. All of these factors that increase illness or risk of injury are more common in the daily lives of our nation's poor and minority families.

Living in health-damaging situations often means that individuals and families don't have healthy choices they can afford to make. Protecting and preserving good health will mean focusing on communities and people, how and where they work, where their children learn; fixing what impairs our health and strengthening what improves it. The road to a healthier nation requires us all to understand that this is about everyone, rich and poor, minority and majority, rural and urban. We cannot improve our health as a nation if we continue to leave so many far behind.

The Charge to the Commission

The Robert Wood Johnson Foundation asked the Commission to Build a Healthier America to identify practical, feasible ways to reduce barriers to good health and promote and facilitate healthy choices by individuals, for themselves and their families. The Foundation charged the Commission with three tasks:

- Raise awareness among policy-makers and the public about the substantial shortfalls in health experienced by many Americans.
- Identify interventions beyond clinical services that demonstrate promise for improving overall health and reducing disparities.
- Recommend to the Foundation and the nation's leaders key actions outside medical care that communities, businesses, unions, philanthropies, faith-based organizations, civic groups, local governments, the states and the federal government can take to create greater opportunities for long and healthy lives for all Americans.

Commissioners solicited advice and information from experts, innovators, stakeholders and the public through activities including field hearings, public testimony, roundtable discussions, experts' meetings and fact-finding site visits. Commissioners and staff met and consulted

We need to cultivate a national culture infused with health and wellness—among individuals and families and in communities, schools and workplaces.

with elected and executive agency officials, representatives of business, advocacy, professional and policy organizations and the public. Through a portal on its Web site at commissiononhealth.org, the Commission solicited information about successful interventions.

The Commission reached consensus on findings and recommendations through a series of meetings, monthly teleconferences and one-on-one discussions among Commissioners and with senior Commission and Foundation staff.

What We Learned

Although accessible, high-quality medical care is crucial, a healthy America cannot be achieved solely through the health care system. The solutions to our health problems lie not principally in hospitals and doctors' offices but in our homes, our schools, our workplaces, our playgrounds and parks, our grocery stores, sidewalks and streets, in the air we breathe and the water we drink.

Ultimately, the responsibility for healthy behaviors rests with each of us. Too many Americans, however, face daunting obstacles to healthy choices. Achieving a healthy America for everyone, therefore, will require *both* personal responsibility and policies and programs that break down barriers to good health, particularly for those who face the greatest obstacles.

The Commission identified a range of successful ways to improve health at the local, state and federal levels—practical, feasible and effective solutions often hiding in plain sight. But too often, they exist in isolation—too scattered to have a broad effect on the health of a community at large. To be fully effective, these programs need greater scale and geographic spread.

Still, these promising programs, policies and initiatives—and their successes—provide both hope and direction. Across populations and geographic regions, the Commission saw more similarities than differences. Commonalities among programs that work include collaboration, flexibility, leadership and continuity in funding. Repeatedly, we heard testimony that continuity of funding is a chronic problem. Too often, while start-up funds are provided to establish programs, funders move on to other issues once programs are underway. The value of collaboration to create a broader base of support is a key theme of this report and a necessity if successful programs are to expand across sectors and across the nation.

We recognize that a one-size-fits-all approach will not work to improve the health of all Americans. Rather, removing barriers to health and creating opportunities to promote more healthful behaviors must involve pursuing multiple strategies and adopting promising approaches across diverse settings. Federal intervention is not sufficient to produce and sustain the changes that need to be made in our society; national leadership and public/private collaboration are needed at the local, state and national levels. We must also develop standards of accountability for programs aimed at improving health and measure progress toward our goals. As a nation we simply cannot afford to invest in programs that do not perform well and do not meet standards that should be demanded by taxpayers, funders and beneficiaries.

We were particularly impressed by the strong evidence and testimony across cities and regions about the need—and many opportunities—for intervening on behalf of our children in the first stages of life, when the foundation for health is being established. We found promising ways to build that foundation that cut across multiple sectors. Many of our recommendations address how to improve children's health—and thus their future health as adults.

Finally, we recognize that *income* and *education* are two of the most critical factors for enabling improvements in health and reducing health disparities. Given the short tenure of the Commission and our charge to issue recommendations that can have a direct, positive effect on health in years, not decades, we do not make specific recommendations to address persistent poverty and lack of education in our nation. But until we reduce poverty, particularly child poverty, and improve overall educational attainment and quality, America cannot and will not be as healthy as it should be.

Creating a National Culture of Health

Achieving better health requires action both by individuals and by society. If society supports and enables healthier choices—and individuals make them—we can achieve large improvements in our nation's health. Too often, we focus on how medical care can make us healthier, but health care alone isn't sufficient. We need to cultivate a national culture infused with health and wellness—among individuals and families and in communities, schools and workplaces. Just as America has "greened" in response to global warming, we can and must integrate healthier decisions in all we do.

A Call For Collaboration

Building a healthier nation will require substantial collaboration among leaders across all sectors, including some—for example, leaders in child care, education, housing, urban planning and transportation—who may not fully comprehend the importance of their roles in improving health. This Commission challenges individuals, communities, employers and unions, the business community, media, faith leaders and congregants, philanthropy and government officials at all levels to work together on promising strategies and solutions:

Community-based groups can adopt a “health lens” to view their communities by:

- establishing farmers’ markets and advocating for local supermarkets where none exist;
- ensuring streets are pedestrian- and bike-safe, and advocating for cross walks, bike paths, sidewalks and security lighting; and
- assessing and remediating hazardous conditions in housing.

Schools can provide a quality education to give students the best opportunity to achieve good health throughout life; promote healthy personal choices by students; and provide a safe and healthy physical and social environment by:

- ensuring all school lunch and breakfast offerings meet the most current U.S. dietary guidelines; removing all junk food from cafeterias, vending machines and canteens; and
- making daily physical activity one of the *highest priorities*.

Businesses and employers can exercise local leadership and promote employee health by:

- making a visible commitment to increase physical activity at work;
- selecting health plans that include wellness benefits; and
- implementing a comprehensive smoke-free workplace policy and offering proven tobacco-use treatment to smokers.

Health care providers, particularly those whose patients have lower incomes or live in disadvantaged communities, can help connect patients with community services and resources.

Governments at all levels can provide incentives; seed assessments and plans; fund research and evaluations to identify effective approaches to improving health; and provide the foundation for collaborative efforts.

Local and state governments can lead by:

- making early child development services a *highest priority*;
- offering financial incentives for grocery stores to locate in underserved neighborhoods;
- incorporating health-conscious designs into building codes and zoning;
- adopting state-wide smoke-free workplace and public spaces laws.

The federal government can lead by:

- ensuring that the early developmental needs of children in low-income families are met;
- fully funding WIC and SNAP and ensuring that these programs are designed to support the needs of hungry families with nutritious food; and
- funding research and evaluation of effective non-medical and community-based interventions in all sectors that influence health; holding programs that receive federal support accountable for achieving results.

Philanthropies can lead by:

- supporting initiatives in disadvantaged communities that create opportunities for healthy living and healthy choices; and
- identifying, supporting and championing innovative models of community building and design; joining with federal and state agencies and businesses as partners in supporting and rigorously evaluating place-based, multisector demonstrations.

We strongly support a realignment of existing and new private and public resources to support improved health for all Americans. This will require a concerted focus on achieving the most rapid progress among those who are farthest behind on the road to optimal health. Together, we can and must achieve a healthy America for all.



ROBERT WOOD JOHNSON FOUNDATION
Commission to Build a Healthier America

The *Robert Wood Johnson Foundation Commission to Build a Healthier America* is a national, independent, non-partisan group of leaders tasked with seeking ways to improve the health of all Americans. Launched in February 2008, the Commission was charged with investigating how factors outside the health care system—such as income, education and environment—shape and affect opportunities to live healthy lives. For the full report and more information about the Commission and its activities, please visit:

www.commissiononhealth.org

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