

Expanding the Circle of Allies

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Many of us have been investigating and working to reduce health disparities for decades. And we have seen the trend lines like writing on the wall. An equation of the health decisions we each make, plus the environment in which we make them, has added up to a nation where we are not nearly as healthy as we could be. And for people living in the most stressful situations – areas with high crime, low employment, and a limited chance for a good education – the opportunities for making healthy choices often do not exist.

WE ARE NOT AS HEALTHY AS WE SHOULD BE

It is hard to eat healthfully if there is no grocery store in your neighborhood. It is a challenge to be physically active if your neighborhood is a maze of cul de sacs separated by highways. It is difficult to manage asthma in an apartment infested with rodents or cockroaches.

In these cases and many others like them, barriers to good decisionmaking can be too high for anyone to overcome on their own, even with great motivation. The result? For some Americans, the chances for a long and healthy life are on par with people living in the developing world. And that just does not make sense.

In addition to groundbreaking data and research, many of our foundations also have pioneered and tested programs that intervene to break the cycle of passing poor health from one generation to the next. We have seen some success. Innovation and plain common sense policies and hard work in communities across the country have shown progress in breaking down the barriers to healthy decisionmaking. More people are counting steps, reading food labels, and calling for smoke-free public spaces.

But even with all of this knowledge and pockets of successful action, we are not making the progress we should in improving health, especially in helping those who are furthest behind.

Many successful programs are limited by their size and scope. The best interventions by the best organizations can still fail to have a lasting impact if they lack the support of a larger

movement to sustain them and help them spread over the long term. The need to sustain successes, continue to build the evidence base, and spread successful program models means it is time to bring new allies to the table.

THE COMMISSION TO BUILD A HEALTHIER AMERICA

This was the impetus for creating the Robert Wood Johnson Foundation (RWJF) Commission to Build a Healthier America. We at RWJF charged this commission with investigating why some people are so much healthier than others. Why are Americans at risk of raising the first generation of children who may grow up to be sicker and die younger than their parents? Why might our zip code have more influence on our health than our genetic code? And why are Americans not the healthiest people in the world? We wanted the commission to identify ways that we could become healthier in years, not decades.

This commission needed to be different – to include the perspectives of experts outside of health and to draw on the creativity found across sectors to seek broader solutions to improve the health of our nation. The commission brought together a panel of experts – not the experts one would expect, but a group with diverse backgrounds representing constituencies not necessarily known for dealing with health and health

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disparity issues. They needed to be leaders in their fields, able to reach across constituencies, and up for a challenge.

The impaneled commissioners fit the bill: economists; educators; journalists; legislators; philanthropists; and leaders from the business, labor, faith-based, and health care communities.

When this independent commission began its work, RWJF was unsure where it would lead or what its deliberations would yield. On April 2, 2009, commissioners delivered a blueprint for moving forward to enable Americans to make healthier

decisions by improving access to healthful food, including physical activity in all schools; becoming a smokefree nation; and factoring health into housing and neighborhood design.

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In fact, commissioners recommended building a national *culture of health* where health impact is considered as a part of all decisionmaking.

And while the recommendations span many areas ripe for action, two broad, common themes emerged. First, commissioners recognized that their report will have missed the mark if it sits on a shelf. Breaking the mold of commissions that issue a final report as their final act, the RWJF commission released its recommendations months before the end of its service. Commissioners wanted enough time to use their expertise and their connections to help bring the recommendations to life. Why they did this leads us to the next theme.

Second, no single entity – philanthropy, business, university, company, program, city, or person – can be successful if they take on the task of creating a healthier America independently. The models that work best are those that involve multiple parties, including those “unusual” suspects: individuals and entities whose interests generally lie outside of health but without whom we have little chance of improving health for all Americans. Decisionmakers in housing, education, faith, retail business, employers and unions, and governments at all levels must be convinced that they have a vital stake in making Americans healthier. Like the structure of the commission itself, the key ingredient to the commission’s lasting legacy will be collaboration.

THERE IS MORE TO HEALTH THAN HEALTH CARE

Collaboration is a theme we at RWJF find supremely consistent with our view on the big policy issue of the day: how to reform America’s health care system. We have described a set of pillars that we see as necessary supports of a successful health reform outcome. Successful reform must: cover the uninsured; improve the quality, value, and equality of health care; bring down spending; prevent disease and promote healthier lifestyles; strengthen public health’s capacity to protect our health; and address the social determinants of health.

Reforming the health care delivery system is essential. But improving the health of all Americans means we must also broaden our view beyond medical care. Certainly the health care spending trajectory we are on now is unsustainable. We already spend more on health care, per capita and in toto, than any other nation, but this has not improved our status

when measuring our progress against other nations on indicators such as infant mortality and life expectancy.

The commission found that one key to a better-performing health care system is finding a way to put less stress on that system by fostering healthier people who make healthy decisions and who live in an environment where they are able to make health decisions and require less health care.

The recommendations married two schools of thought. Commissioners called the approach a “twin philosophy” where good health requires individuals to make responsible choices *and* requires a societal commitment to remove the obstacles preventing too many Americans from making healthy decisions.

I am excited by the commission’s recommendations because even in these challenging economic circumstances, the recommendations provide direction for decreasing the pressure on our overburdened health care system. The commissioners were cognizant of the particularly challenging times in which we live. So the recommendations were chosen judiciously, focusing on those with the greatest potential to deliver maximum return and leverage dollars.

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NONTRADITIONAL ALLIES CAN HELP MAKE AMERICA HEALTHIER

Now all of us and each of our foundations should seriously consider expanding our partnerships beyond our comfort zone, adding to our circle leaders – public and private, at community, state, and national levels – who may not fully comprehend the importance of their roles in improving health, and involving them in proven ways to make a difference. Philanthropies of all types can – and must – take part in the tough but essential work that lies ahead to create a healthier and more prosperous nation.

Grantmakers In Health connects us. Let’s take advantage of the programs and networks they have created to strengthen our existing connections and reach out to build new ones. America’s health is at stake.

Read and respond to the commission’s recommendations at www.commissiononhealth.org.

VIEWES FROM THE FIELD is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Faith Mitchell at 202.452.8331 or fmitchell@gih.org.