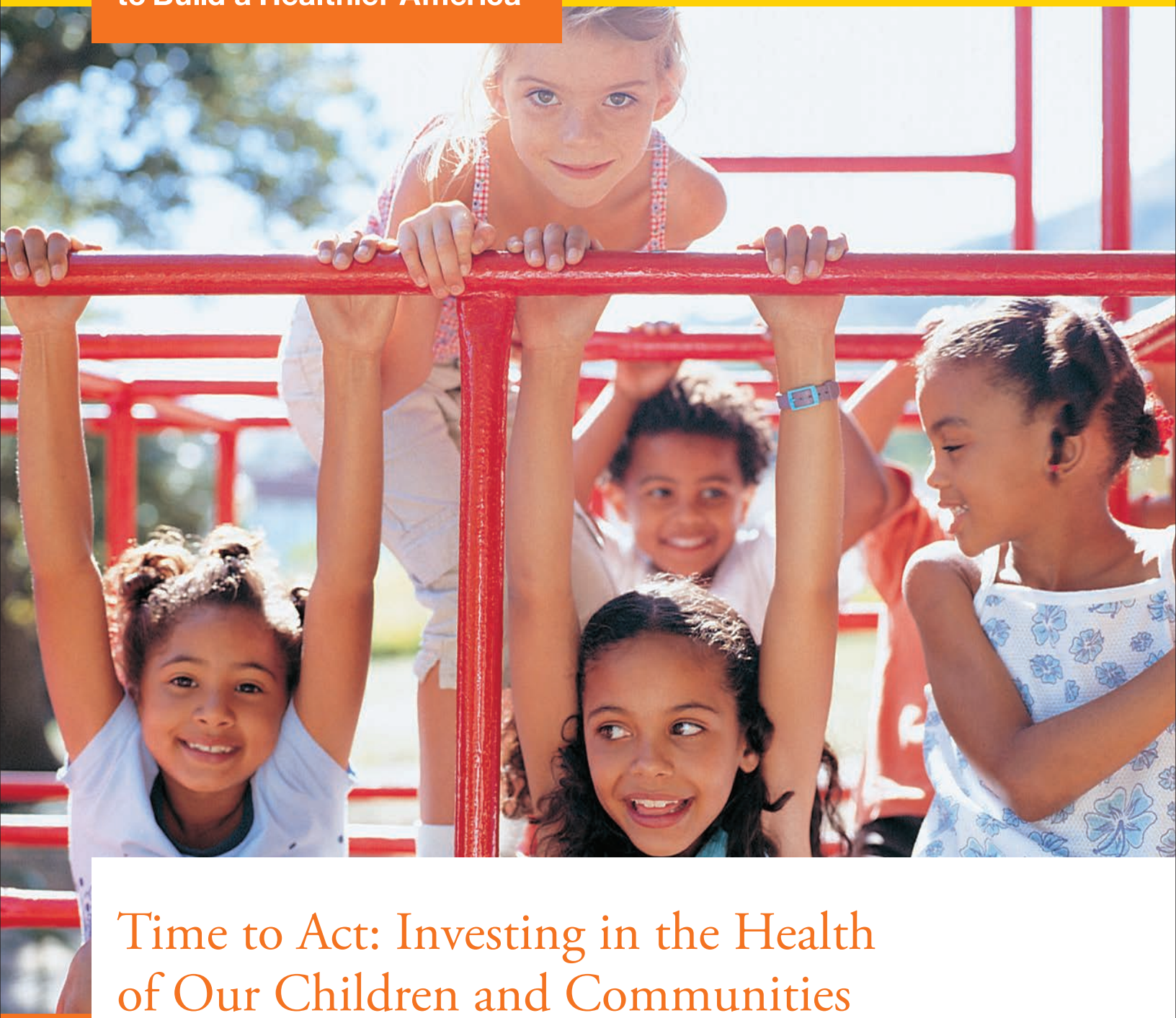
RWJF Commission
to Build a Healthier America



Time to Act: Investing in the Health of Our Children and Communities

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

Executive Summary

Robert Wood Johnson Foundation

Charge to the Commission

In 2008, the Robert Wood Johnson Foundation (RWJF) convened the *Commission to Build a Healthier America* to help us find better ways to improve the health of our nation. In their search for solutions, the Commissioners found that there is much more to health than health care and that where we live, learn, work, and play profoundly influence our health. The Commissioners, a national, nonpartisan group of leaders from both the public and private sectors, issued 10 sweeping recommendations aimed at improving the health of all Americans. Their recommendations called for breaking down conventional policy-making silos and creating opportunities for better health in our neighborhoods, homes, schools, and workplaces.

The Commission's work sparked a national conversation that has led to a marked increase in collaboration among a wide variety of partners aimed at addressing the many determinants of health. Eager to build upon this progress, we asked the Commissioners to come together again. I want to thank the Commissioners for their willingness to do so, and for their wise counsel and strong guidance to help advance our transformation to a healthier nation.

RWJF believes that carrying out the recommendations in this report will be essential to building a culture of health—a culture that enables all in our diverse society to lead healthier lives, now and for generations to come. Moving forward, we call on others to join us. Advancing from recommendations to action will require all of us—including business, education, government, and health and health care—to join together with energy, passion, and commitment.

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

January 2014

Statement From the Commissioners

We come to this Commission with different backgrounds, experiences, and points of view. Despite our differences, we agree that when it comes to health, the United States must do better. What we are doing is not working. We must find ways to keep more of us healthy and reduce the health care costs that are strangling our economy. It is unconscionable that we spend more than any other country on health care, yet rank at or near the bottom compared with other industrialized nations on more than 100 measures of health.

Since the Commission issued its sweeping recommendations in 2009, we've seen encouraging progress. Positive changes to federal nutrition programs, including updated standards for school meals and the Healthy Food Financing Initiative's success in bringing grocery stores and healthy food options to "food deserts," are squarely in line with what the Commission recommended. Health impact assessments are being used by decision-makers to identify the health impacts of policy decisions and development projects, and more states now have strong smoke-free laws.

This year, the Commission tackled immensely complex matters that underlie profound differences in the health of Americans: experiences in early childhood; opportunities that communities provide for people to make healthy choices; and the mission and incentives of health professionals and health care institutions. We explored these topics against the backdrop of the nation's recovery from the longest and worst recession since the Great Depression; growing gaps between those at the top of the income ladder and the rest of us; demographic shifts, such as an aging population and the rapidly growing number of young people of color; and further evidence that validates why we must help those who are being left behind and who struggle to be healthy.

We examined programs and systems that were created decades ago and concluded that the complex web of factors that shapes the health of Americans today demands new solutions. We were also forced to confront the reality that the current economy makes new spending difficult, meaning that shared goals, collaboration, and efficiency are more essential than ever.

Throughout our deliberations, we were encouraged by promising examples of cross-sector collaboration and pockets of success across the country. Communities are showing they are willing to pull up their bootstraps and create locally funded, innovative solutions even in these challenging times. Many of these examples are highlighted in the report.

We would not have joined this effort if we weren't hopeful for the future, based on our confidence in the American people's shared values that health is what makes all else possible.

While we don't have all the answers, we can't wait. We know enough to act. And we must act now.

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Introduction

As Americans, we like to think that we are healthier than people who live in other countries.

That is a myth. In fact, it is a myth for Americans at all income levels, but especially so for those living in vulnerable communities.

Our nation is unhealthy, and it is costing us all through poorer quality of life and lost productivity. Health in America is worse than in other developed nations on more than 100 measures. Thirty countries have lower infant mortality rates and people in 26 countries can expect to live longer than we do.[1] While it is true that the United States spends more on health care than any other country—more than $2.7 trillion in 2011—part of the reason we spend so much on health care is that so many Americans are in such poor health.[2]

The key to better health does not lie primarily in more effective health care, although that is both important and desirable. To become healthier and reduce the growth of public and private spending on medical care, we must create a seismic shift in how we approach health and the actions we take. As a country, we need to expand our focus to address how to stay healthy in the first place. This will take a revolution in the mindset of individuals, community planners and leaders, and health professionals. It will take new perspectives, actors, and policies, and will require seamless integration and coordination of a range of sectors and their work. This shift in thinking is critical for both the health and economic well-being of our country.

As we consider ways to improve our nation's overall health, we must consider options that will improve opportunities for all, with special emphasis on lifting up low-income children and those who are in danger of being left behind. A stronger, healthier America hinges on our ability to build a sustainable foundation for generations to come.

To become healthier and reduce the growth of public and private spending on medical care, we must create a seismic shift in how we approach health and the actions we take. As a country, we need to expand our focus to address how to stay healthy in the first place.

Losing Ground in Health: Life Expectancy

figure 1 In 1980, the United States ranked 15th among affluent countries in life expectancy (LE) at birth. By 2009, it had slipped to 27th place.

1980	Rank	2009
LE = 76.7 Iceland	**1**	**Japan LE = 83.0**
Japan	**2**	Switzerland
Netherlands	**3**	Italy
Norway	**4**	Spain
Sweden	**5**	Australia
Switzerland	**6**	Iceland
Spain	**7**	Israel
Canada	**8**	Sweden
Greece	**9**	France*
Australia	**10**	Norway
Denmark	**11**	Canada**
France	**12**	New Zealand
Italy	**13**	Luxembourg
Israel	**14**	Netherlands
LE = 73.7 United States	**15**	Austria
Finland	**16**	Korea
Belgium	**17**	United Kingdom
New Zealand	**18**	Germany
United Kingdom	**19**	Greece
Germany	**20**	Belgium
Ireland	**21**	Finland
Luxembourg	**22**	Ireland
Austria	**23**	Portugal
Portugal	**24**	Denmark
Slovenia	**25**	Slovenia
Slovak Republic	**26**	Chile
Czech Republic	**27**	**United States LE = 78.5**
Poland	**28**	Czech Republic
Chile	**29**	Poland
Estonia	**30**	Mexico
Hungary	**31**	Estonia
Mexico	**32**	Slovak Republic
Korea	**33**	Hungary
Turkey	**34**	Turkey

Sources: 1980 data for Chile and Slovenia are from UNDESA. *2010 Revision of World Population Prospects*. United Nations Development Programme; 2011. *www.un.org/en/development/desa/publications/world-population-prospects-the-2010-revision.html.* Accessed December 23, 2013.
All other data are from OECD. OECD Stat, (database); 2012. *http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT.* Accessed May 21, 2013.

*Estimate

**Latest year available for Canada is 2008

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

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

We are a Commission whose members bring diverse backgrounds and experience, but one common focus: finding ways to achieve better health for all Americans. We have spent many months exploring the evidence on how to help people live longer, healthier lives. We have come to agreement on three major strategies for improving America's health that reach beyond medical care. We must make great strides in all three of these areas if we hope to dramatically improve the health of all Americans:

1

Make investing in America's youngest children a high priority. This will require a significant shift in spending priorities and major new initiatives to ensure that families and communities build a strong foundation in the early years for a lifetime of good health.

- **Create stronger quality standards for early childhood development programs, link funding to program quality, and guarantee access by funding enrollment for all low-income children under age 5 in programs meeting these standards by 2025.**
- **Help parents who struggle to provide healthy, nurturing experiences for their children.**
- **Invest in research and innovation. Evaluation research will ensure that all early childhood programs are based on the best available evidence. Innovation will catalyze the design and testing of new intervention strategies to achieve substantially greater impacts than current best practices.**

Research clearly tells us that children have a greater chance of achieving good health throughout life if they are raised in families that provide a well-regulated and responsive home environment, benefit from early supports that build resilience by mitigating the effects of significant adversity (such as chronic poverty, violence and neglect), and participate in high-quality early childhood programs. While much emphasis has been placed on the foundational importance of the early years for later success in school and the workplace, we are convinced that an environment of supportive relationships is also the key to lifelong physical and mental health.

2

Fundamentally change how we revitalize neighborhoods, fully integrating health into community development.

- **Support and speed the integration of finance, health, and community development to revitalize neighborhoods and improve health.**
- **Establish incentives and performance measures to spur collaborative approaches to building healthy communities.**
- **Replicate promising, integrated models for creating more resilient, healthier communities. Invest in innovation.**

Historically, community development has focused on planning and building housing, schools, health clinics, and community facilities, but rarely on how the built environment can improve health and lives. People can make healthier choices if they live in neighborhoods that are safe, free from violence, and designed to promote health. Ensuring opportunities for residents to make healthy choices should be a key component of all community and neighborhood development initiatives. Where we live, learn, work, and play really does matter to our health. Creating healthy communities will require a broad range of players—urban planning, education, housing, transportation, public health, health care, nutrition and others—to work together routinely and understand each other's goals and skills.

3

The nation must take a much more health-focused approach to health care financing and delivery. Broaden the mindset, mission, and incentives for health professionals and health care institutions beyond treating illness to helping people lead healthy lives.

- **Adopt new health "vital signs" to assess nonmedical indicators for health.**
- **Create incentives tied to reimbursement for health professionals and health care institutions to address nonmedical factors that affect health.**
- **Incorporate nonmedical health measures into community health needs assessments.**

Health professionals have extraordinary expertise in treating disease and injury, but in most cases their training emphasizes "patient" care, not assessing all the factors that affect people's lives and contribute to their overall health. That training also does not focus on integrating public health, prevention, and health care delivery or reward them for striving to address the foundations of lifelong health—factors such as education, access to healthy food, or safe housing—that shape how long or how well people live. A healthier America requires health professionals and institutions to broaden their mindset for improving health to include working with others outside of the traditional medical community. Collaboration with professionals in other sectors will enable an efficient use of shared resources to improve the opportunities for health that communities offer their residents. This shift will also require developing and using new measures of health, as well as designing and implementing reimbursement systems that reward providers for working together and taking other steps to be more effective in enhancing health, not just caring for the sick. To change the actions of health professionals and institutions, it is critical to change their incentives and training to foster improved health beyond the medical exam room.

We Must Act Now

Unless we act now, our nation will continue to fall farther behind, putting our health, economic prosperity, and national security at even greater risk.

- Nationally, nearly one in three children is overweight or obese.[3]
- As many as three in four Americans ages 17 to 24 are ineligible to serve in the U.S. military, primarily because they are inadequately educated, have criminal records, or are physically unfit.[4]
- Poor health results in the U.S. economy losing $576 billion a year, with 39 percent, or $227 billion, of those losses due to lost productivity from employees who are ill.[5]
- Medicare would save billions of dollars on preventable hospitalizations and re-admissions if every state performed as well as the top-performing states in key measures of health.[6]
- More than one-fifth of all U.S. children live in poor families, and nearly half of Black children live in particularly unhealthy areas of concentrated poverty.[7]
- Nearly a fifth of all Americans live in unhealthy neighborhoods that are marked by limited job opportunities, low-quality housing, pollution, limited access to healthy food, and few opportunities for physical activity.[8]

It is time to address these dismal facts. Recent decades have seen major advances in our understanding of how education, income, housing, neighborhoods, and exposure to significant adversity or excessive stress affect health. Our health-related behaviors are shaped by conditions in our homes, schools, workplaces, and communities. Every one of us must take responsibility for making healthy choices about what we eat, how physically active we are, and whether we avoid risky habits like smoking. But when it comes to making healthy decisions, many Americans face barriers that are too high to overcome on their own—even with great motivation.

We must take a clear look at who we are. The country is changing. We are undergoing an unprecedented shift in demographics related to age, race, and ethnicity. By 2043, the majority of U.S. residents will be people of color, who are disproportionately low-income and living in disadvantaged communities. In the U.S., low-income people and people of color generally experience the worst health for reasons that are preventable and that require actions beyond health care alone.

The bulk of this demographic shift is taking place within the population under age 18. At the same time, there are now more Americans age 65 and older than at any other time in U.S. history. The population of those age 65 and older jumped 15.1 percent between 2000 and 2010, compared with a 9.7 percent increase during that same period for the entire U.S. population.[9] We are seeing a growing demographic divergence between the young and the old, with dramatic growth in the predominantly white older generation (age 65 and older), and a far more diverse younger population.[10]

Our recommendations are designed to improve the health of all Americans and to minimize barriers for Americans whose needs are more urgent. This is especially critical in the early childhood years, when children's lifelong behavioral and coping skills are heavily influenced by the environments in which they live. Low-income children must have the same opportunities to be healthy as all children in America, no matter where they live. Leaving them behind would put our nation's well-being and prosperity at great peril.

This report identifies roles that various sectors beyond health care—including business, government, community organizations, philanthropy, financial investors, faith leaders, and community planners—can play. All have a role.

We cannot build a healthier, more prosperous America without addressing the basic building blocks of health promotion and disease prevention. And we cannot continue to indulge in current levels of spending on medical care, especially for treating disease or conditions that could have been prevented. It is time to invest more wisely—in all areas that affect health. This is an investment in our future and generations to come.

Research must continue, but we know enough to act now.

A child's experiences and environmental influences can affect his or her health well into adulthood.

Photo: Jordan Gantz

Today's Economic Climate

The period between December 2007 and June 2009 was one of profound crisis for the economy, with the U.S. experiencing its longest and, by most measures, worst economic recession since the Great Depression. In 2007, the property market collapsed, triggering a near meltdown in the financial sector, and the deep recession thereafter saw the median American family lose 40 percent of its wealth.

In 2013, the nation's Gross Domestic Product (GDP) grew around 2.5 percent, and analysts considered recovery from the recession to still be weak. States have struggled to address extraordinarily large budget shortfalls, which have totaled more than $540 billion combined from 2009 through 2012.[11] These shortfalls have been closed through a combination of spending cuts, withdrawals from reserves, revenue increases, and use of federal stimulus dollars.

Federal budget cuts known as "sequestration" that took effect on March 1, 2013, were projected to impact state and local economies even further. The cuts are expected to reduce projected spending by $1.2 trillion over the next nine years, split evenly between defense and non-defense spending. Sequestration sliced Head Start and Early Head Start budgets by nearly 5.3 percent, resulting in a services cut for more than 57,265 children and pay decreases or layoffs for more than 18,000 staff across the country, according to the U.S. Department of Health and Human Services.[12]

Concerned about the country's economic viability, some political leaders have called for strong private-sector growth and entitlement reform. Rising health care-related entitlement costs at the federal and state levels are the fastest-growing components of public budgets. This puts pressure on "discretionary" programs like Head Start at the federal level and on early childhood education programs at the state level.

Those working to create policy change at the federal, state, and local levels must recognize that programs will need to work smarter, with fewer resources and smaller budgets. This will require innovation and collaboration between the public and private sectors, including businesses and philanthropy. Science can show where our dollars have the greatest potential to impact overall health. The country cannot continue spending at the expense of investing in our youngest children and in communities, which makes sense for a healthy future.

Shifting Demographics

America is in the midst of a seismic demographic shift. By 2043, the majority of U.S. residents will be people of color.[13] Perhaps even more striking is the growing demographic divergence between the young and old, with dramatic growth in the predominantly White older generation (age 65 and older), and a far more diverse younger population. These changes carry tremendous import for policy as the country grapples with how to tackle significant economic strains while attempting to foster a healthy America for generations to come.

Forty-six percent of today's youth are people of color. The fastest percentage growth is among multiracial Americans, followed by Asians and Hispanics. Non-Hispanic Whites make up 63 percent of the population; Hispanics, 17 percent; Blacks, 12.3 percent; Asians, 5 percent; and multiracial Americans, 2.4 percent. Minorities make up 46.5 percent of the under-18 population, according to the U.S. Census Bureau. By the end of this decade, the majority of youth will be people of color, and, by 2030, the majority of workers under age 25 will be people of color.[14]

Contrast this with the fact that there are now more Americans age 65 and older than at any other time in U.S. history. The population 65 and older jumped 15.1 percent between 2000 and 2010, compared with a 9.7 increase during that same time period for the entire U.S. population. An overwhelming majority of today's seniors are White; just 20 percent are people of color.[15]

The America of the future will comprise a diverse young population alongside a largely White older generation. This will certainly affect the country's spending priorities and the creation of policies or programs designed to strengthen the nation as it grows. The challenge will be to create a workable balance that enables the country to be competitive now while preparing our young people to achieve health and success in the future.

We must make investments that will allow the country to maximize the potential of all its residents and create a foundation of health for generations to come. This includes investing in early childhood development, revitalizing communities, and ensuring that all children—especially low-income children—have the opportunities they need to thrive.

Recommendations

Efforts to improve health have often focused on changing how health care is delivered or reimbursed. But changes to health care alone will not lead to better health for most Americans. As a Commission, we have learned that there is far more to health than health care. Other factors such as education, income, job opportunities, communities, and environment are vitally important and have a bigger impact on the health of our population. We must address what influences health in the first place.

To improve the health of all Americans we must:

- **Invest in the foundations of lifelong physical and mental well-being in our youngest children;**
- **Create communities that foster health-promoting behaviors; and**
- **Broaden health care to promote health outside of the medical system.**

Recommendation 1:

Make investing in America's youngest children a high priority. This will require a significant shift in spending priorities and major new initiatives to ensure that families and communities build a strong foundation in the early years for a lifetime of good health.

A child's experiences and environmental influences can affect his or her health well into adulthood. Toxic stress caused by repeated or prolonged exposure to adversity can lead to physiological disruptions that increase the prevalence of disease decades later, even in the absence of later health-threatening lifestyles. These biological disruptions include elevated stress hormones that can impair brain circuitry, increased inflammation that can accelerate atherosclerosis and lead to heart disease, and increased insulin resistance that increases the risk of diabetes.

Sources of toxic stress include chronic poverty and various combinations of repeated abuse, chronic neglect, neighborhood violence, maternal depression, or a primary caregiver with a substance abuse problem. These factors may be present regardless of whether a child is poor or faces persistent economic insecurity.

There are many ways to protect children from these adverse effects, including fostering stable, nurturing relationships with the important adults in their lives; providing parents and other caregivers the supports they need to help children develop a wide range of capabilities; creating safe, supportive environments; and providing access to high-quality early childhood experiences and development programs.

We see growing demand—not only from families, educators, and public health officials, but also from champions in the realms of faith, science, economics and finance, business, and national security—to invest in healthy child development as an investment in America's future.

The role of providing support for children and families cuts across sectors, including early childhood education, social services, public health, preventive health care, and family economic stability. But too often, their work is siloed. Cross-sector collaboration that adopts an integrated view of a child's needs based on a unified science of development is critical to building a foundation for lifelong health. This collaboration should stretch widely, from maternal health to early learning to public health and community supports to child welfare to planning and zoning.

As a country, we invest significant dollars in K-12 education, health care, and support programs of various kinds. But when it comes to our youngest children, our nation's budget does not match our values or the evidence. The U.S. ranks 25th out of 29 industrialized countries in public investments in early childhood education.[16] We must change our spending priorities to ensure that America's youngest children, from birth to age 5, get the best foundation for a healthy and productive life.

Current science is clear: If children experience toxic stress as a result of significant adversity during the period from birth to the time they enter school, when their brains and bodies are undergoing rapid development, their chances of a successful and healthy future are diminished. This lost opportunity has lifelong effects. We must make support for vulnerable young children a national priority.

*Some communities are already giving high priority to spending on children—including **Denver** and **San Antonio**, where tax revenues are being earmarked to fund early childhood programs. **Minnesota** recently approved funding for early learning scholarships. And in Salt Lake City, **Goldman Sachs, United Way of Salt Lake,** and the **J.B. and M.K. Pritzker Family Foundation** have formed a partnership to create the first-ever social impact bond designed to expand access to early childhood education through the early Childhood Innovation Accelerator. **Oklahoma** has offered universal access to pre-kindergarten since 1998 and has one of the highest enrollment rates in the country, with 74 percent of all 4-year-olds attending a pre-K program. While the state does not provide specific funding for 3-year-olds, some Oklahoma school districts offer classroom programs for these younger students through a combination of funding sources, including Title I, Head Start, special education, and general district funds.*

Create stronger quality standards for early childhood development programs, link funding to program quality, and guarantee access by funding enrollment for all low-income children under age 5 in programs meeting these standards by 2025.

Early childhood programs can serve as building blocks for a lifetime of good health, yet access to high-quality programs is inconsistent. Only a small fraction of low-income children are in high-quality programs. They aren't always available, and, when they are, either space is limited or parents are unable to afford them.

State and federal agencies, such as the U.S. Department of Health and Human Services and the Department of Education, should create, strengthen, and enforce quality standards that look beyond the provision of rich learning experiences and include interventions designed to improve health and protect the developing brain from significant adversity that can lead to illness.

While several Head Start performance standards are related to health, state-based early childhood programs seldom assess this dimension, and almost all currently focus on access to health services rather than protection against adversity.

The vast majority of early childhood programs are designed primarily to improve children's readiness for school and later educational success. Although educational attainment is associated with better health later in life, early childhood programs could have a more direct impact on reducing later disease by building the resources and capacities of parents and other caregivers to promote resilience in young children by strengthening their ability to cope with adversity.

New quality standards should address the dangers of toxic stress factors by aiming to reduce its sources and strengthen the adult-child relationships that mitigate its adverse consequences. Prevention efforts are generally aimed at adults and adolescents, but they may actually be most effective in the earliest years.

High-quality programs are essential but not sufficient if all children do not have access to them. In 2011, the U.S. Department of Health and Human Services implemented tougher rules for low-performing Head Start grantees, requiring those who fail to meet specific benchmarks to recompete for continued federal funding. This is one good example of a federal program that is working to address the variable quality of existing programs. A strengthened, improved Head Start should be embraced as a model for others.

We must invest in early childhood programming as seriously as we do in education for children beginning at age 5. This will require reprioritizing programs, and redirecting existing funds from programs that are underperforming or of a lower priority. For example, funding for Head Start or other programs that fail to meet performance standards should be redirected to other early childhood development initiatives that clearly demonstrate their ability to provide high-quality services. No one funding stream can respond to this need. All funding sources—federal, state, community, philanthropy, and private sector—should be tapped.

In a time of economic constraints, all programs and initiatives should be examined for efficiency and strength of outcomes to ensure that we are investing as wisely as possible to meet children's current needs. This includes entitlement programs that can be difficult to sustain and can crowd out spending on other discretionary programming. For example, at the state level, pension programs should be examined for

Early childhood programs can serve as building blocks for a lifetime of good health, yet access to high-quality programs is inconsistent.

Photo: Tyrone Turner

opportunities for greater efficiency and accountability, and for other reforms to help assure that funds are available to support early childhood education.

When the amount of dollars available is finite, the country is forced to prioritize its spending. It is imperative that the country, for both fiscal and moral reasons, put our youngest children first and invest in initiatives that we know will lead to a healthier, stronger America tomorrow. We must invest in our future and we urge prioritizing early childhood programs in difficult decisions about how we spend our money now.

***Educare** is a network of state-of-the-art, full-day, year-round schools across the country that provide at-risk children from birth to age 5 with comprehensive programs and instructional support that build skills and lay the foundation for successful learning. The goal is to prepare children who are growing up in poverty to enter kindergarten on a par with children from middle-income families. Each Educare network offers unique features tailored to meet the needs of young children and their families in the local community. For example, four Educare schools include or are directly adjacent to on-site health clinics. Additionally, two Educare schools are linked to elementary schools with on-site health clinics. Many provide dental screening, additional nutrition efforts (e.g.,"Educook" at Educare Omaha), and efforts to counter obesity.*

Help parents who struggle to provide healthy, nurturing experiences for their children.

While high-quality early childhood programs help children develop, even children who have access to them spend the majority of their time at home. These settings need to be as supportive and growth-promoting as possible. Some parents may lack the knowledge, capabilities, or resources to provide well-regulated and responsive home environments. Others may not be able to maintain economically stable and secure households. Economic stability is a major factor that can affect early childhood development. Some children live in homes where the stresses of daily life, work, and child rearing make a well-functioning home environment difficult to achieve.

These stresses can be high in single-parent families, where there may be fewer resources. However, they may occur even in families that are not as constrained by resources. Children who are exposed to chronic adversity and unsafe environments—such as personal abuse or violence at home or in their neighborhoods—experience constraints on all domains of their development (including cognitive, physical, social, and emotional opportunities) and are more likely to experience health problems later in life.

Communities should have informal supports and programs that can strengthen families and help them break the cycle of disadvantage that is often passed across generations. For example, child welfare agencies could address the adult impairments in physical and mental health that they encounter through external referral or integrated child-parent services.

*Boston's **Crittenton Women's Union** helps create pathways to economic independence for low-income women and their families by providing comprehensive services, including transitional and supportive housing; job-readiness training; and mentoring services in self-sufficiency. In Los Angeles, **Preschool Without Walls** employs a two-generation approach, engaging parents to serve as their children's first and lifelong educators by teaching them how to improve their children's school readiness.*

Invest in research and innovation. Evaluation research will ensure that all early childhood programs are based on the best available evidence. Innovation will catalyze the design and testing of new intervention strategies to achieve substantially greater impacts than current best practices.

Advances in neuroscience on the biological consequences of significant adversity are radically changing our understanding of how early childhood influences affect lifelong health. Research tells us that children are active learners as soon as they are born, yet public education often does not start until kindergarten. A child's future depends on both education and health, yet approaches to both are siloed.

Family Structure

The number of two-parent households in the United States has been declining for the past several decades, profoundly affecting the middle class, and our nation's children and their ability to thrive.[17] Over the past 50 years, the income inequality between dual-income and single-income families has grown dramatically. Median incomes among families led by single dads and single moms have stayed the same or declined, falling behind those of married couples. Marital status may account for as much as 40 percent of the growth in income inequality nationally.[18]

One in five American children is raised in a household headed by a single mother, with another 7 percent raised by a single father. This phenomenon is more common among American-born Hispanics, American Indians and Blacks: More than 50 percent of Hispanic babies and 72 percent of Black babies are born to unwed mothers.[19]

The decline in marriage is taking place almost exclusively among the poor. Research shows that children raised by single parents are more likely to drop out of high school, be unemployed as teenagers, and less likely to enroll in college.[20] Children in single-parent families are more than three times as likely to be poor as children raised in two-parent households. In 2011, 42 percent of children in single-parent families were poor, compared with 13 percent of children in two-parent families.[21] Both education and income are linked to better health and longevity.

The dramatic increase in rates of single-parent households has paralleled increases over time in unemployment, underemployment, and low wages among men with low educational attainment. Achieving higher rates of two-parent, married families may require improving educational and employment opportunities for young men as well as women.

Research indicates that improving economic opportunities for males promotes marriage. Experience in the military backs this up. Compared with civilians, men in active-duty military service have higher rates of marriage versus cohabitation, greater likelihood of first marriage, and more stable marriages. These patterns hold for both Black and White men, but are stronger for Blacks than for Whites. This has been associated with opportunities in the military for stable employment, economic mobility, housing, daycare centers, and school-age activity centers.[22]

Children in single-family households need not be consigned to a poor start in life, and can indeed thrive. Strong social and family supports, such as high-quality early childhood programs, job and parental skill training programs, and healthy communities that foster healthy choices, can greatly improve a child's opportunities for success.

It is vital that we incorporate 21st-century scientific knowledge into the development of all supports designed to improve early childhood development. Government and private funders, including philanthropy and business, have an important role to play in ensuring that the best science informs both the scaling of high-quality programming and the development of new ideas. Advances in scientific research have dramatically changed our understanding of how children's brains develop and how toxic stress can also affect other maturing organs and metabolic regulatory systems in a way that can influence short-term, biological responses and long-term health outcomes later in life. Yet little of this knowledge has been applied in practice. In order to correct this shortcoming, it is critical that we expand our definition of evidence to include scientific concepts that can inform new program models. Success in this endeavor will require an innovation-friendly environment that catalyzes fresh thinking, supports risk-taking, and recognizes the value of learning from interventions that don't work.

*The Adverse Childhood Experiences (ACE) study, a collaboration between researchers at the **U.S. Centers for Disease Control and Prevention** and **Kaiser Permanente**, was among the first to establish strong links between adverse early childhood experiences and lifelong mental and physical health conditions, including depression, addiction, heart disease and diabetes. The study, which has involved over 17,000 participants, assesses exposure to 10 categories of early childhood trauma or toxic stress. The higher the score, the greater the exposure, and the greater the risk of negative consequence. In May 2013, the **Institute for Safe Families** and the **Robert Wood Johnson Foundation** hosted the first national summit of professionals who are using the biology of stress and research on adverse childhood experiences to encourage social workers, police, educators, doctors, nurses, and others to apply this knowledge in their work.*

Photo: Tyrone Turner

Recommendation 2:

Fundamentally change how we revitalize neighborhoods, fully integrating health into community development.

There is significant opportunity to dramatically improve the health of our nation by improving the neighborhoods where we live, learn, work, and play. While the Commission believes that efforts should be made to improve the health of all communities, we must prioritize communities where low-income Americans lack opportunities to make healthy choices.

Nearly one-fifth of all Americans live in low-income neighborhoods that offer few opportunities for healthy living. In these neighborhoods, job opportunities are scarce; access to adequate housing and nutritious food is poor; and pollution and crimes are prevalent. These factors have a tremendous impact on health.[23]

There is a broad ecosystem of organizations that serve the same "customer," "client," or "patient" living in the same neighborhood, but seldom work together to meet that person's different needs. This includes the public health and community development fields, as well as those organizations that focus on directly improving the health of community residents by connecting them to community supports such as job training, counseling, or child care services. Community leaders can play a vital role in identifying common ground among different organizations and helping catalyze changes that are tailored to meet the needs of the community.

For the past 50 years, the community development sector—made up of nonprofit neighborhood improvement agencies; real estate developers; financial institutions; foundations; and government—has worked to transform impoverished neighborhoods into economically viable communities by planning and building roads; child-care centers; schools; grocery stores; community health clinics; and affordable housing.

But creating healthier communities and lives requires considering the health impacts of all aspects of community development and revitalization, and ensuring that a broad range of sectors work together toward shared goals. This will result in less duplication of effort and smarter use of resources. It will require leadership and action from people who work in public health and health care; education; transportation; community planning; business; and other areas. Public health professionals can provide the "health lens" for community decision-makers. The increased use of health impact assessments provides an example of how this can work.

Concerned about the effect of high energy costs on children's health in the wake of Hurricane Katrina, Boston-based pediatricians and researchers conducted a health impact assessment (HIA) to explore the tradeoffs that low-income families face in paying utility bills, the safety risks of using unsafe heating sources, and how health is affected when families are forced to move to lower-quality housing because of high utility bills. The HIA helped policy-makers understand the connection between energy costs, children's health, and potential Medicaid cost increases. As a result, the state increased funding for the Low Income Energy Assistance Program, and advocates in Rhode Island used the report to advocate for similar changes there.

Support and speed the integration of finance, health, and community development to revitalize neighborhoods and improve health.

A broad range of organizations work to improve low-income communities. Yet too often, these organizations work separately from each other. To strengthen their efforts and make better use of scarce financial resources, they must work together.

The community development sector should work closely with the public health sector, which offers a nationwide network of health departments and public health workers—along with evaluation and research tools—to help improve coordination among cross-sector efforts.

Ways to support and speed integration include:

- Requiring cross-sector collaboration as a condition of funding.
- Establishing and supporting a nationwide communications network that connects professionals across fields, facilitating collaboration to achieve healthy communities.
- Supporting a platform or clearinghouse where examples, models, evidence-based tools, and metrics can be found and shared.
- Creating a national partnership to support and catalyze work at the intersection of community development and population health.
- Building capacity to offer cross-sector training to increase mutual understanding of each field's approaches, business models, strengths and weaknesses, and uses of financing and policy.
- Developing skills needed for successful collaboration, including ways to engage the community in planning; coalesce around aims; negotiate across vested interests; and tackle policy and financial barriers.
- Broadly promoting successes of cost-effective models for cross-sector collaboration.

Meaningful, needle-moving outcomes will not be achieved without these kinds of efforts. While some effective cross-sector collaboration is beginning to occur, much more is needed.

To encourage greater collaboration, other leaders—from federal, state, and local departments of housing, transportation, health, and education; private and public financial institutions; philanthropies; and business, agriculture, and community development professionals—should launch similar efforts and support ongoing collaborative mechanisms.

*The **National Prevention Council**—comprising 20 federal departments and agencies committed to supporting healthy and safe community environments, and clinical and community preventive services—is working to eliminate health disparities. At the local and regional levels, the **Partnership for Sustainable Communities**—cutting across the U.S. Department of Housing and Urban Development, the U.S. Department of Transportation and the Environmental Protection Agency—funds neighborhood development in more environmentally and economically sustainable ways.*

*In **Seattle**, public health and housing leaders are working together to reduce allergens in low-income homes to better control asthma. In Richmond, Va., **Bon Secours Health System** has partnered with the **Local Initiatives Support Corporation** to revitalize the Church Hill neighborhood, supporting development of a trash service, coffee shop, a bakery, a hair salon, and a janitorial service. And the **Federal Reserve**, along with the **Robert Wood Johnson Foundation** and others, have held a series of conferences to encourage collaboration between the health and community development sectors.*

Establish incentives and performance measures to spur collaborative approaches to building healthy communities.

Maintaining current federal funding streams that support community improvements and improved health is vital, but new policy and financing incentives also are needed to break down the silos between health and community improvements.

To encourage more effective collaboration, we must promote balance when an investment of money or resources by one sector generates savings for another. For example, investments in transportation or housing can improve health and generate cost savings to the health care system. One sector invests, but another benefits. Working together provides an opportunity for negotiating how both can benefit. In this case, a portion of the health care savings could be re-invested in additional health-promoting neighborhood improvements to create a virtuous cycle of cost savings and health improvement.

Changes in public- and private-sector financial and policy incentives are needed to reward collaboration and to incorporate health improvement strategies into community improvements. Incentives should be tied to demonstrable improvements in areas that affect health, such as improved housing or access to healthy food. Incentives should also be designed to spur private investment and innovation from many sources, including social entrepreneurs and socially motivated investors.

Incentives and cross-sector work will also require new measures that document benefits and are strong enough to affect significant outcomes. They go hand in hand with offering incentives.

*The **Healthy Futures Fund** developed by **Morgan Stanley**, the **Kresge Foundation**, and the **Local Initiatives Support Corporation** is encouraging community development organizations and community health care providers to collaborate using Low Income Housing Tax Credit equity and an innovative New Markets Tax Credit structure to drive economic development that helps improve health outcomes. The project will support development of 500 housing units with integrated health services and eight new federally qualified health centers through a $100 million initial investment.*

Replicate promising, integrated models for creating more resilient, healthier communities. Invest in innovation.

Public and private funders should invest in integrated approaches that show promise or have demonstrated results in creating healthier communities. This will require developing new funding streams, reducing barriers to maintaining and integrating existing funding streams, and promulgating a shared vision of what constitutes success.

It is important to invest in what works, but it is equally critical to fund continued innovation so that a healthy community development field can evolve. For example, public and private funders could establish an innovation fund for community improvement that could be modeled on the Center for Medicare & Medicaid Innovation, which supports the development and testing of innovative health care financing and service delivery models.

While seeking to scale up or replicate promising models, we must recognize that there is no "one-size-fits-all" approach. Communities must determine their own challenges and opportunities and borrow from the best examples, such as Promise Neighborhoods, a U.S. Department of Education program that seeks to improve educational outcomes for students in distressed urban and rural neighborhoods, and Purpose Built Communities, a nonprofit that rebuilds struggling neighborhoods.

*Instead of attacking poverty, urban blight, and failing schools piecemeal, a group of community activists and philanthropists in Atlanta took on all of these issues at once, becoming the model for **Purpose Built Communities**. All of the distressed public housing units were demolished and replaced with new apartments, half of which are at the market rate. The neighborhood, which once had 1,400 extremely low-income residents, is now home to 1,400 mixed-income residents. As a result of these efforts, the employment rate of low-income adults increased from 13 percent to 70 percent. The neighborhood's Drew Charter School moved from last to first place among 69 Atlanta public schools and violent crime dropped by 90 percent. The model has been replicated in eight additional communities so far.*

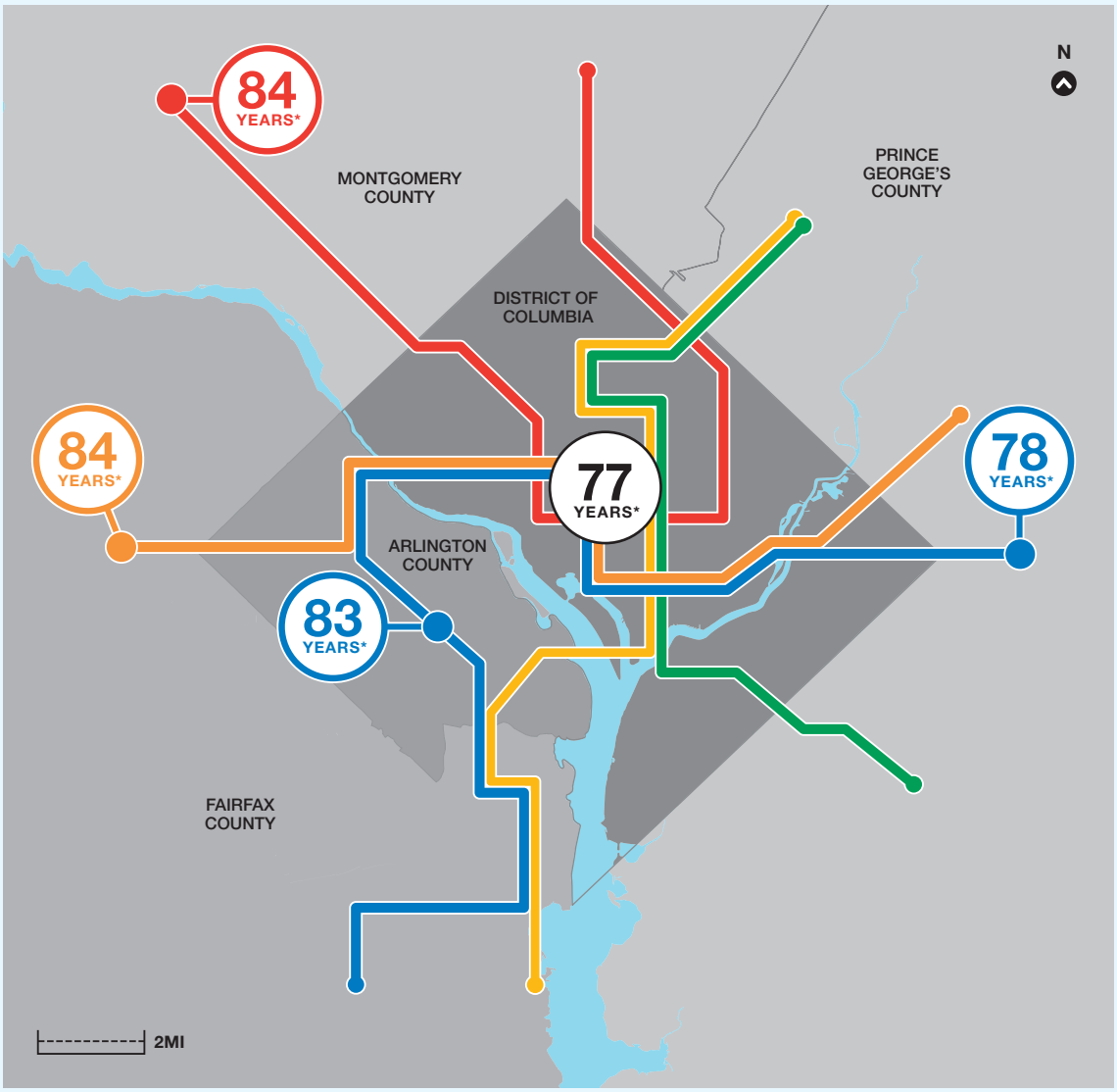
*Another promising model is the $18 million **ReFresh** "healthy food hub" that **Goldman Sachs**, **JPMorgan Chase**, **and L+M Development Partners** funded in New Orleans with the **Low Income Investment Fund**. Aiming to eliminate food deserts, the effort created a small-format Whole Foods Market offering lower prices, kitchens and facilities for local healthy food enterprises and culinary educational institutions, office space for a local charter school organization, and 10,200 square feet of retail space.*

*For more than 20 years, **Living Cities, Inc.**, has worked to improve the lives of low-income people and the cities where they live by bringing together 22 of the world's largest foundations and financial institutions to invest in health and community development. The collaborative comprises 20 partners—including the **Citi Foundation**, **Morgan Stanley**, the **Kresge Foundation**, the **Robert Wood Johnson Foundation**, and **Prudential Financial, Inc.**—who have collectively invested nearly $1 billion in dozens of communities across the country to build homes, schools, clinics, and other community facilities.*

WASHINGTON, D.C.:

Short Distances to Large Disparities in Health

figure 2 Babies born to mothers in Maryland's Montgomery County and Virginia's Arlington and Fairfax Counties can expect to live six to seven years longer than babies born to mothers in Washington, D.C.—just a few subway stops away.



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

*Life expectancy at birth

Recommendation 3:

The nation must take a much more health-focused approach to health care financing and delivery. Broaden the mindset, mission, and incentives for health professionals and health care institutions beyond treating illness to helping people lead healthy lives.

As health care becomes more personalized and prevention-oriented, our nation requires a new approach to health that emphasizes overall well-being and assesses *all* factors in a person's life, even when a person is seeking treatment for *one* specific symptom or illness. Financial incentives are being used to move away from traditional fee-for-service payment to focus on increasing quality while reducing costs. In addition, current health care law changes contain elements that enable initiatives to focus on prevention and keeping people well in the first place. Health professionals, institutions, and payers are recognizing the need to address nonmedical causes of poor health in the places where we live, learn, work, and play.

Health care alone cannot ensure good health. Nonmedical factors play a significant role as well. Health professionals must take an active role in helping their patients become and stay healthy outside of a clinic, hospital, or health care practice by recognizing their nonmedical needs and prescribing referrals that can help patients connect to social or economic resources. For example, a patient may not take insulin as prescribed because he or she has no transportation to get to a pharmacy, or no way to refrigerate it. Other patients may be unable to follow recommendations to eat more fruits and vegetables because they can't get to a supermarket or afford the food.

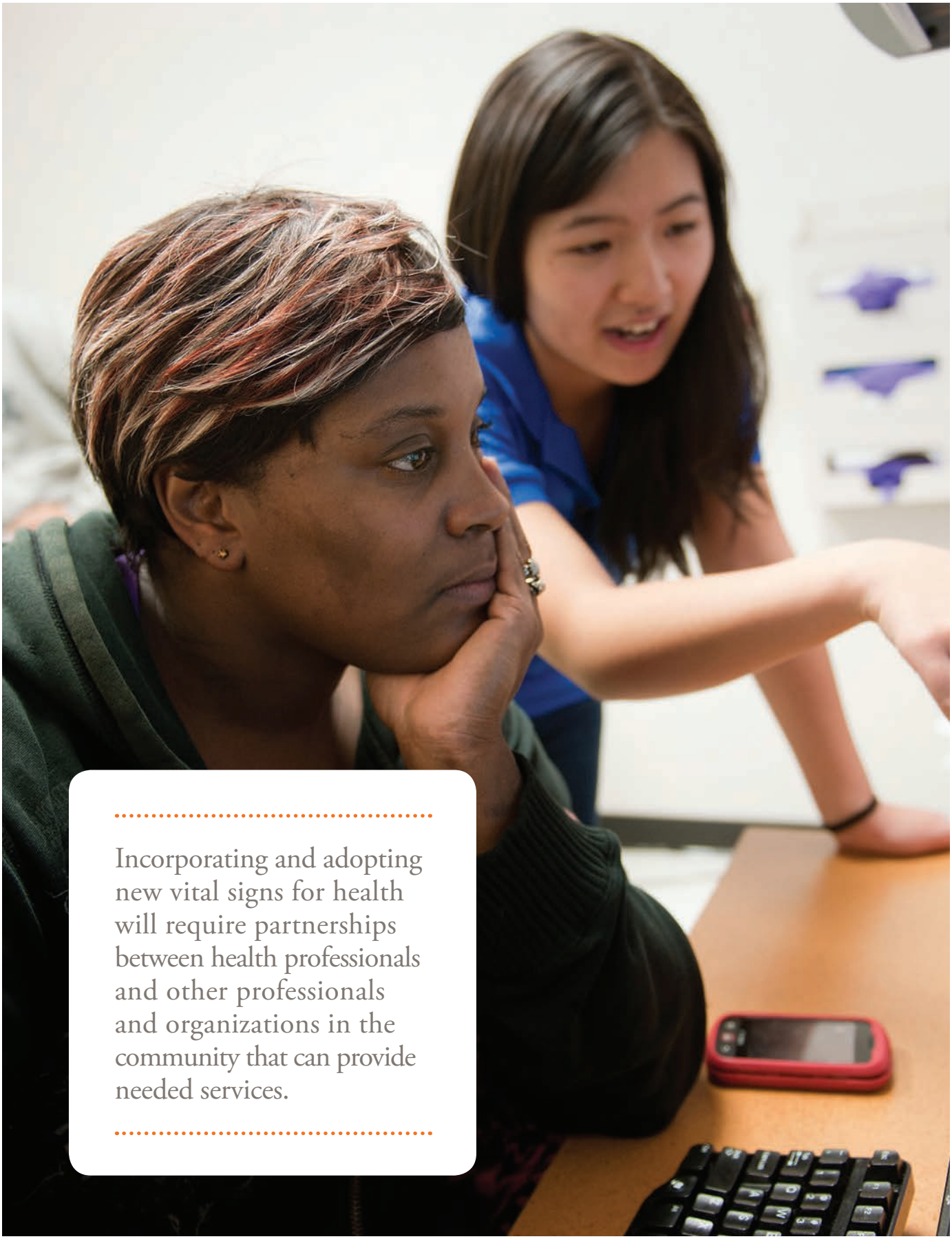
Under a broader approach that emphasizes overall well-being, a health professional could offer a referral to a transportation service or vouchers to a nearby farmers' market to obtain healthy food.

Connecting patients to supports in the community will require closer links between health care institutions and professionals with public health, social services, and other resources. This will help form a much-needed bridge between health and health care. For example, health professionals should assess whether patients have access to healthy food; safe and healthy housing; educational opportunities; and job skills training or jobs, and prescribe services in the community that can help address identified needs. This will require training health professionals to identify and address the realities of patients' lives that directly impact health outcomes and costs, and to understand the importance of connecting patients to the community resources they need to be healthy.

Adopt new health "vital signs" to assess nonmedical indicators for health.

Clinical vital signs include heart rate, blood pressure, temperature, weight, and height. But other, nonmedical vital signs—such as employment, education, health literacy, or safe housing—can also significantly impact health. Health professionals and health care institutions must incorporate these new vital signs into their routines to broaden their understanding of factors affecting their patients' health.

Incorporating and adopting new vital signs for health will require partnerships between health professionals and other professionals and organizations in the community that can provide needed services. For example, if a health professional issues a prescription for a healthier diet, that practitioner should be able to direct the patient to a program or service that can fill that prescription. Coordination will be essential for linking patients to services that cannot be provided in the medical office.



Incorporating and adopting new vital signs for health will require partnerships between health professionals and other professionals and organizations in the community that can provide needed services.

Photo: Matthew Moyer

***Health Leads**, a national health care organization, enables physicians and other health professionals to systematically screen patients for food, heat, and other basic resources that patients need to be healthy and "prescribe" these resources for patients. Patients then take the prescriptions to a Health Leads desk in the clinic, where a corps of well-trained and well-supervised college student advocates "fill" the prescriptions, working side by side with patients to access existing community resources. Health Leads advocates also provide real-time updates to the clinical team on whether a patient received a needed resource, resulting in better-informed clinical decisions. Health Leads operates in 23 clinics—pediatric and prenatal, newborn nurseries, adult primary care, and community health centers—across six geographic areas, all with significant Medicaid patient populations.*

*The **Medical-Legal Partnership** operates in 38 states to remove barriers that impede health for low-income populations by integrating* pro bono *legal professionals into care teams to intervene with landlords, social service agencies and others to address health-harming conditions ranging from lack of utilities to bedbugs to mold in rental properties to accessing needed school support services for children.*

***Medicare's Care Transitions** program—developed by Denver geriatrician and MacArthur Foundation "genius grant" winner Eric Coleman—helps prevent hospital re-admissions by addressing the medical and mental health needs of recently discharged patients with a focus on the determinants of health that often trigger unnecessary re-admissions.*

Create incentives tied to reimbursement for health professionals and health care institutions to address nonmedical factors that affect health.

The Affordable Care Act will accelerate the use of new physician payment mechanisms and incentives, including paying more to providers who deliver better outcomes at a lower cost. Some public and private insurers are already moving in this direction. Government and private insurers should further expand payment reform innovation to include incentives and measures that relate to identifying and addressing nonmedical factors that affect patient health. Such incentives should also reward health professionals, hospitals, and other health care institutions for screening patients for social needs related to health and working with community partners to link patients with resources appropriate to their needs in the community.

*Some insurers have already broadened their work to address nonmedical factors. For example, the **Oregon Medicaid** program has implemented coordinated care organizations, which are similar to accountable care organizations, to facilitate collaboration between health care and social services providers, with the goal of improving community health. In Minnesota, the **Hennepin Health Accountable Care Organization**—created as part of an early Medicaid expansion—is linking Medicaid health services and county-provided social services, such as housing and employment counseling in its **Prescription for Health** program. The federal **Center for Medicare & Medicaid Innovation** has issued a request for proposals for innovative payment systems at the regional or community level that may spur new, more cost-effective ways of paying for and improving population health.*

As a part of engaging public health experts and individuals representing the broad interests of the community, as the law requires, hospitals should engage community leaders and planners, government partners, social services professionals, and others in identifying better ways to address nonmedical factors that can have either adverse or positive impacts on health.

Incorporate nonmedical health measures into community health needs assessments.

Under current law, all nonprofit hospitals must conduct a community health needs assessment every three years and develop an implementation strategy to address identified needs. The U.S. Centers for Disease Control and Prevention (CDC) recommends that assessments include collecting and using information on social determinants of health.

As a part of engaging public health experts and individuals representing the broad interests of the community, as the law requires, hospitals should engage community leaders and planners, government partners, social services professionals, and others in identifying better ways to address nonmedical factors that can have either adverse or positive impacts on health. The Community Guide by the CDC provides a menu of recommended community interventions.

Examples include establishing measures, such as access to high-quality early childhood programs; recreation centers; job training; or mental health services. The needs assessment also could include community characteristics, such as levels of pollution; job opportunities; or safe public spaces that promote physical activity.

Assessment alone is not sufficient. Hospitals should be strategic and invest in specific community improvements identified through the needs assessment. Especially important are investments to improve access to high-quality early childhood and family support programs and initiatives to foster healthy community development, building a bridge between individual health and community health.

Boston Children's Hospital *launched "Healthy Children. Healthy Communities" as a first step toward improving community health. Boston Children's Hospital partners with the community to merge the medical model of care (patient care, research, and teaching) with a public health model of care (prevention, education, and advocacy), in order to offer needed programs and services.* ***Nationwide Children's Hospital in Columbus, Ohio****, launched "Healthy Neighborhoods, Healthy Families" to remove barriers to the health and well-being of families by targeting affordable housing, health and wellness, education, safe and accessible neighborhoods, and workforce and economic development.* ***Children's Hospital Medical Center in Cincinnati*** *has partnered with community groups to address asthma, accidental injuries, and poor nutrition in the community. And* ***Seattle Children's Hospital*** *partnered with community residents and community organizations to develop the "Livable Streets Initiative."*

A Call for Leadership and Collaboration

"Achieving better health requires action by both 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."

—RWJF Commission to Build a Healthier America, 2009

Opportunities to Advance a Culture of Health

Creating a culture of health where children have the opportunity to grow up healthy and communities offer opportunities for all to make healthy choices requires involvement from all of us—individuals, thought leaders, business leaders and community developers, education leaders and policy-makers. All have a role to play in ensuring that health is not only a core value, but that health is strengthened by working together, with a common vision.

As a Commission, we outline three critical areas in which leadership and collaboration are needed and offer specific action steps that partners—many of them outside of health care—can take to move the country toward a culture of health.

Recognizing that every community has different assets and challenges, each community must forge its own way forward. Throughout this report, we provide examples of opportunities for leadership and change from around the country, which include:

- Healthy Communities cross-sector work launched by the Federal Reserve Bank of San Francisco between community development and health.
- The U.S. Green Building Council's movement to show how green building can advance health and well-being through better use of healthy materials, access to healthy food and clean fresh air and water, and design that encourages physical activity.
- The Low Income Investment Fund's change in mission and investment strategy to better incorporate health into its work.

This report identifies opportunities for action, highlighting examples of where change is needed and how cross-sector collaboration can make it happen. It identifies opportunities that can be pursued at the local, state, and national levels, across all sectors. Cross-sector collaboration is a strong, swift, and efficient strategy to employ toward improving health.

It is also important to note that individuals from different generations have roles to play in advocating and working for changes to improve health. Recognizing the necessity of good health for future generations, older Americans can

take the lead in demanding that policy-makers invest in health. Young people can also play a powerful role—using new advocacy and communications tools—to help others understand how integral health is not only now but for future generations. While each of us has a personal responsibility to make choices that support good health for ourselves and our families, we as individuals can also catalyze others to do the same and spur larger groups to remove barriers to good health. Every family wants to do right by its children, but some families need greater support to make this happen.

The following section identifies opportunities for improving health, by sector:

Private Sector

- **Businesses and employers** can invest in making their communities healthier places to live and work, recognizing the long-term economic benefits.
- **Financial institutions** can incorporate health improvements into their investment strategies, recognizing the long-term return from investing in early childhood education and creating communities that promote health.
- **Health professionals and institutions** can adopt new vital signs for health and connect patients with services and resources.
- **Health payers** can restructure financial incentives to reward health promotion, not just disease management.

Public Sector

- **State and local government** can make early childhood development a high priority and offer financial and policy incentives for investments in communities that create healthy choices.
- **Federal and state government** can maintain funding streams; continue to lead the way in cross-sector collaboration; streamline reporting requirements; and provide financial incentives for innovation, as well as guard against automatic health care spending, while shifting focus to other areas that greatly impact health.
- **Public health agencies, organizations, and state health departments** can share best practices and partner with other groups to integrate health into efforts outside of health care.
- **Public health care payers** can use financial incentives to reward health promotion.

Nonprofit Sector

- **Advocacy organizations at all levels—local, state, and national—**can demand quality early childhood programs and opportunities, and mobilize cross-sector collaboration to share resources in support of common goals.
- **Community leaders** are particularly critical in advocating for local residents. They often operate from a place of trust and can spur people to action. They uniquely understand local needs, challenges, and potential solutions.
- **Philanthropic institutions** can identify and support innovative models of cross-sector collaboration that integrate health, community building and design, joining with new partners in supporting demonstrations, and recognizing the need for risk-taking in new ventures.
- **Faith leaders** can serve as respected voices in their communities, teaching community members about the value of health.
- **Nonprofit hospitals** can use community benefit assessments to identify ways to improve the overall health of the community.
- **Community development practitioners** can consider health improvement as one goal of their work, seeking out new partners and ensuring that every investment in a low-income community promotes health.
- **Education and early childhood development program leaders** can integrate the latest science into their trainings and curricula, help raise awareness of what constitutes "high-quality" early childhood development, and demand high performance.

Academia

- **Research institutions and universities** can train leaders in developing healthy communities, help create new data and metrics for cross-sector collaboration, and serve as clearinghouses for data. They can also train health professionals to recognize and address the social factors that affect health as part of overall patient care.

Resources

Adverse Childhood Experiences Study
www.cdc.gov/ace/ind

American Academy of Pediatrics: A Public Health Approach to Toxic Stress
www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/Public-Health-Approach.aspx

Basics for Health
http://basicsforhealth.ca/

Bon Secours Health System
www.eastendvision.org/home.html?

Boston Children's Hospital
www.childrenshospital.org

Bright From the Start: Georgia Department of Early Care and Learning
http://decal.ga.gov/

The California Endowment: Building Healthy Communities
www.calendow.org/healthycommunities

Calvert Foundation
www.calvertfoundation.org

Child First
www.childfirst.com

Center on the Developing Child at Harvard University: National Scientific Council on the Developing Child
http://developingchild.harvard.edu/activities/council/

County Health Rankings and Roadmaps
www.countyhealthrankings.org

Crittenton Women's Union
www.liveworkthrive.org

Denver Preschool Program
www.dpp.org

Educare Schools
www.educareschools.org/home/index.php

Head Start Performance Standards
http://eclkc.ohs.acf.hhs.gov/hslc standards Head%20Start%2Requirements/1304/1304.20%2Child%20health%20and%20developmental%20services..htm

Healthy Futures Fund
http://kresge.org/news/100-million-investment-fund-integrate-health-care-affordable-housing-low-income-communities

Health in All Policies: Seizing Opportunities, Implementing Policies
www.hiap2013.com

Health Leads
https://healthleadsusa.org/

Hennepin Health Accountable Care Organization
www.hennepin.us/healthcare

ISAIAH
http://isaiahmn.org/

Jobs for the Future
www.jff.org

Joint Center Place Matters
www.jointcenter.org/hpi/pages/place-matters

Kaiser Permanente
https://healthy.kaiserpermanente.org/html/kaiser/index.shtml

Kresge Foundation
http://kresge.org/programs/community-development

Living Cities
www.livingcities.org

Local Initiatives Support Corporation
www.lisc.org

Low Income Investment Fund
www.liifund.org

Magnolia Place
www.magnoliaplacela.org

Medical-Legal Partnership
www.medical-legalpartnership.org

Medicare Care Transitions
http://innovation.cms.gov

Mercy Housing
www.mercyhousing.org

Minnesota Early Learning Foundation: Saint Paul Early Childhood Scholarship Program
www.melf.nonprofitoffice.com/indexasp?Type=B_BASIC&SEC=%7B8868E9AD-3850-4506-9D5A-6E230A5C6A73%7D

National Association for the Education of Young Children: A Call for Excellence in Early Childhood Education
www.naeyc.org/policy/excellence

National Institute for Early Education Research: Abbott Preschool Program Longitudinal Effects Study
http://nieer.org/publications/latest-research/abbott-preschool-program-longitudinal-effects-study-fifth-grade-follow

National Institute for Early Education Research: The State of Preschool 2011—Oklahoma
http://nieer.org/sites/nieer/files/Oklahoma.pdf

National Prevention Council
www.surgeongeneral.gov/initiatives/prevention/about/index.html

Nationwide Children's Hospital: Healthy Neighborhoods, Healthy Families
www.nationwidechildrens.org/healthy-neighborhoods-healthy-families

Neighborhood Centers, Inc.
www.neighborhood-centers.org/en-us/default.aspx

Partnership for a Healthier America: Play Streets
http://ahealthieramerica.org/play-streets/

Partnership for Sustainable Communities
http://thedataweb.rm.census.gov/TheDataWeb_HotReport2/EPA2/EPA_HomePage2.hrml

Pennsylvania Pre-K Counts
www.pakeys.org/pages/get.aspx?page=Programs_PreKCounts

Purpose Built Communities
http://purposebuiltcommunities.org/

Save the Children: Early Steps to School Success
www.savethechildren.org/sitec.8rKLIXMGIpI4E/b.8193011

Seattle Children's
http://construction.seattlechildrens.org/2011/03/livable-streets-initiative-gathers-momentum/

StriveTogether
www.strivetogether.org

United Way of Salt Lake: Innovation Accelerator
www.uw.org/news-events/news/pritzker-goldman-sachs.html

U.S. Green Building Council
www.usgbc.org

YouthBuild USA
https://youthbuild.org/

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For more information, please visit **www.rwjf.org/commission**.

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