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**ROBERT WOOD JOHNSON FOUNDATION LAUNCHES COMMISSION TO LOOK BEYOND MEDICAL
CARE SYSTEM TO IMPROVE THE HEALTH OF ALL AMERICANS**

MARK MCCLELLAN AND ALICE RIVLIN TO LEAD NATIONAL EFFORT

*Foundation Issues New Report—Finds Poor, Minority and Middle Class Americans with Less Education
Live Sicker and Die Younger; New Opinion Poll Finds Strong
Public Support for Action*

Washington, DC—February 28, 2008—Shortfalls in health take years off the lives of all Americans and hurt our nation's economy, according to the Robert Wood Johnson Foundation (RWJF), which today announced the new Commission to Build a Healthier America. Mark McClellan, M.D., Ph.D., director, Engelberg Center for Health Care Reform at The Brookings Institution and former FDA Commissioner and Administrator of the Centers for Medicare & Medicaid Services, and Alice Rivlin, Ph.D., senior economist at The Brookings Institution and former director of the Office of Management and Budget, will chair the two-year Commission.

The national, independent and nonpartisan health commission will focus on factors outside the health care system and identify non-medical, evidence-based strategies—both short- and long-term—to improve the health of all Americans. The group will investigate how factors, such as education, environment, income and housing, shape and affect personal behavioral choices through an extensive inquiry that will include regional field hearings. The Commission members (see attached list) represent a diverse group of innovators and experts with the ability to cross traditional boundaries, mobilize partners to action and identify practical, timely solutions.

"America cannot continue to ignore that millions of people are sicker than they should be and dying far too young. The evidence tells us that whether or not a person gets sick in the first place often has little to do with their health care," said RWJF President and CEO Risa Lavizzo-Mourey, M.D., M.B.A. "A far greater determinant of a person's health is the relationship between how we live our lives and the surrounding economic, social and physical environment. This commission is going to take a fresh look at factors such as these to identify innovative ways to make ours a healthier nation."

As part of its work, the Commission will identify solutions that are currently in place and working to improve Americans' health—projects like the Healthy Homes pilot program in King County, Washington, funded by the National Institute of Environmental Health Sciences. As part of the program, regular visits by community health workers reduce children's exposure to conditions in their homes that can cause asthma. The effort led to significant improvements in health and health care savings.

"For reasons that don't appear to have much to do with health care, there is a big gap between how healthy we are and how healthy we could be," said Dr. McClellan. "In fact, in some respects, wealthy Americans appear to be less healthy than middle income citizens of England. The Commission will investigate practical strategies being developed and implemented around the country, in the public and private sectors, to strengthen our health and close the gap."

"The health of our people affects the overall health of our economy and our nation. While we must make health care delivery more efficient and broaden access to care, the medical system addresses only some of the factors influencing health," said Dr. Rivlin. "That is why I am so committed to the work of this commission. There is more to health than health care."

RWJF Delivers New Report On Health Differences

In addition to launching the Commission, RWJF released a report delivered to the Commission describing the current health profile of Americans and looking specifically at how education, income and race and ethnicity play a role in Americans' health. The report, *Overcoming Obstacles to Health*, by researchers at the University of California, San Francisco (UCSF), found that:

- Poor, less educated and minority Americans on average die up to six years earlier than their wealthier, better educated counterparts.
- Middle-class Americans on average die up to two years earlier than more affluent Americans.
- In addition to living longer, more affluent Americans and their children live healthier lives than middle-class and low-income American families.
- Compared with college graduates, adults who have not finished high school are four times as likely to be in fair or poor health.
- Compared with adults in the highest-income group, poor adults are three times as likely to have a chronic illness such as asthma or diabetes.
- Children in the lowest income families are seven times as likely to be in fair or poor health compared with children in the highest income families.

Education plays a large role in health, the report shows. College graduates live longer and have better health than those with only some college or high school educations. College graduates outlive high school graduates by more than six years.

"These health gaps are exacting a huge human and economic toll," said lead report author Paula Braveman, M.D., M.P.H., director of the Center on Social Disparities in Health at the UCSF School of Medicine. "So often, they are the result of a chain of events that begins early in life. Poor education means people get lower-paying jobs and live in unsafe neighborhoods with low-quality housing. They can't afford to buy healthy food. Living from paycheck to paycheck causes chronic stress. And, physical activity is a luxury. Together, these factors can produce poor health."

New RWJF Poll Finds Americans Seriously Concerned

A related poll released by the Foundation found that Americans are seriously concerned about differences in health—78% of those polled believe it is important to make sure that health differences no longer exist simply because of differences in income and education levels. And, 92% of those polled agree that improving the quality of education and education levels will improve quality of life and health status. Those surveyed also believe that policymakers need to take a broader view of health and look beyond the debate on health care costs and access, and beyond the medical care system, for ways to improve health.

Those surveyed largely agree that current policies to address issues of education, health differences and job opportunities aren't working. In fact, only 33% of people surveyed feel that current government policies aimed at reducing health differences are working. And, only 40% feel that policies aimed at improving job opportunities are working.

The most vulnerable people in America view themselves as less healthy than others and see a great need for interventions that would allow them to pursue health. In fact, 66% of low-income individuals with lower levels of education believe that where and how people live, work and play has a greater impact on health than access to health care.

"It is clear across this data that in addition to personal behavior, Americans view social factors, such as income, education, and environment as having a significant impact on a person's health," says pollster Bill McInturff, partner and co-founder of Public Opinion Strategies. "But, despite the consensus that these health differences due to social factors are a problem and that current policies are not working, there are barriers that are preventing people from demanding action."

Additional Commission information, a full copy of the report, a poll summary and a multi-media presentation of the personal stories presented in the report can be found on the Commission's website: www.commissiononhealth.org.

The Commission to Build a Healthier America is based at The George Washington University School of Public Health and Health Services in Washington, D.C. David R. Williams, M.P.H., Ph.D., a renowned social scientist and Norman Professor of Public Health and Professor of African and African American Studies and of Sociology, Harvard University, is the staff director of the Commission. The research team for the Commission's work is headed by distinguished health researcher Paula Braveman, M.D., M.P.H., Professor of Family and Community Medicine at UCSF.

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

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Commission to Build A Healthier America

Mark B. McClellan, Director, Engelberg Center for Health Care Reform, The Brookings Institution and Senior Fellow, Economic Studies, Brookings Institution

Alice M. Rivlin, Senior Fellow, Economic Studies Program, The Brookings Institution and Director, Greater Washington Research Program, Brookings Institution and Visiting Professor at the Public Policy Institute of Georgetown University

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.

Sen. Bill Frist, Schultz Visiting Professor of International Economic Policy, Princeton 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

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

Dennis Rivera, Chair, SEIU Healthcare

Jim Towey, President, Saint Vincent College

Gail L. Warden, Professor, University of Michigan School of Public Health and President Emeritus, Henry Ford Health System



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 Studies and a Senior Fellow of Economic Studies.

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 visiting professor at the Public Policy Institute of Georgetown University and a Senior Fellow in the Economic Studies program at the Brookings Institution. She is the director of Brookings Greater Washington Research Project. Before returning to Brookings, Rivlin served as Vice Chair of the Federal Reserve Board (1996-99) 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 (1998-200).

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 the Schultz Visiting Professor of International Economic Policy at Princeton University's Woodrow Wilson School of Public and International Affairs. 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 to make global health a priority in the presidential election. 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 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 DC 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.



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.

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.

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.



FEBRUARY 28, 2008
THE COLUMBUS CLUB, UNION STATION
WASHINGTON, DC

AGENDA

- 9:30 a.m. Welcome and Introductions
- Risa Lavizzo-Mourey, M.D., M.B.A.**
President and CEO, Robert Wood Johnson Foundation
- 9:45 a.m. About the Commission to Build a Healthier America
- David R. Williams, M.P.H., Ph.D.**
Commission Staff Director, Norman Professor of Public Health, Professor of African and African American Studies and Sociology, Harvard University
- Mark McClellan, M.D., M.P.A., Ph.D.**
Commission Co-Chair, Senior Fellow, Brookings Institution; Director, Engelberg Center for Health Care Reform
- Alice Rivlin, Ph.D.**
Commission Co-Chair, Senior Fellow, Brookings Institution
- 10:00 a.m. Presentation of *Obstacles to Health: A Report from the Robert Wood Johnson Foundation to the Commission to Build a Healthier America*
- David R. Williams**
- 10:15 a.m. Assessing the Public's Understanding of Obstacles to Health
- Anna Greenberg, Ph.D.**
Senior Vice President, Greenberg Quinlan Rosner Research
- Bill McInturff**
Partner and Co-Founder, Public Opinion Strategies
- 10:30 a.m. Q&A
- 11:15 a.m. Concluding Remarks and Next Steps for the Commission
- David R. Williams**



SPEAKER BIOGRAPHIES

Dr. Risa Lavizzo-Mourey, M.D., M.B.A., president and CEO of the Robert Wood Johnson Foundation, is a national leader in transforming America's health systems so people live healthier lives and receive the health care they need. A practicing physician with business credentials and hands-on experience developing national health policy, she was drawn to the Robert Wood Johnson Foundation by the opportunity, as she puts it, to "alter the trajectory and to push society to change for the better."

Lavizzo-Mourey was a leader in academic medicine, government service and her medical specialty of geriatrics before joining RWJF in 2001 as senior vice president and director of the health care group. Previously, at the University of Pennsylvania, she was the Sylvan Eisman Professor of medicine and health care systems and director of Penn's Institute on Aging. In Washington, D.C., she was deputy administrator of what is now the Agency for Health Care Research and Quality. She is a member of the Institute of Medicine of The National Academies.

Raised in Seattle by physician parents, Lavizzo-Mourey earned her Medical Degree from Harvard University Medical School, and a Master's of Business Administration from the University of Pennsylvania's Wharton School. She completed a residency in Internal Medicine at Brigham and Women's Hospital in Boston, was a Robert Wood Johnson Clinical Scholar at the University of Pennsylvania, and trained in Geriatrics at Penn. Always a physician as well as an agent for wide-scale social change, she still treats patients at a community health clinic in New Brunswick, N.J. She and her husband of 30 years have two adult children.

David R. Williams, M.P.H., Ph.D., is the Florence and Laura Norman Professor of Public Health at the Harvard School of Public Health and Professor of African and African American Studies and of Sociology at Harvard University. Before coming to Harvard he served as a faculty member at Yale University and the University of Michigan. He is an internationally recognized authority on social influences on health. His research has focused on trends and determinants of socioeconomic and racial disparities in health, the effects of racism on health and the ways in which religious involvement can affect health. Williams has been involved in the development of health policy at the national level in the U.S. He has served on the Department of Health and Human Services' National Committee on Vital and Health Statistics and on six panels for the Institute of Medicine of the National Academy of Sciences. He was one of the Top 10 Most Cited Researchers in the Social Sciences from 1995 to 2005. He holds a Master's Degree in Public Health from Loma Linda University and a Doctor of Philosophy in Sociology from the University of Michigan.

Mark B. McClellan, M.D., Ph.D., 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 Studies and a senior fellow of Economic Studies. McClellan is the former administrator for the Centers for Medicare and Medicaid Services (2004-2006) and the former commissioner of the Food and Drug Administration (2002-2004). He also 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). In addition, he 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, Ph.D., is a visiting professor at the Public Policy Institute of Georgetown University and a Senior Fellow in the Economic Studies program at the Brookings Institution. She is the director of Brookings Greater Washington Research Project. Before returning to Brookings, Rivlin served as Vice Chair of the Federal Reserve Board (1996-99) 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 (1998-200).

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.

Anna Greenberg, Vice President of Greenberg Quinlan Rosner Research, has been called "one of the smartest of the younger Democratic consultants" and is a leading polling expert. She advises campaigns, advocacy organizations and foundations in the United States.

Prior to joining GQR, Greenberg taught at Harvard University's John F. Kennedy School of Government. In the spring of 2000, Greenberg received an invitation from the Pew Research Center for the People and the Press where she worked as a visiting scholar. She serves on the advisory board of the Boisi Center for Religion and American Public Life at Boston College and is a research fellow at American University's Center for Congressional and Presidential Studies.

Bill McInturff is a partner and co-founder of Public Opinion Strategies, a national political and public affairs survey research firm. Since its founding in 1991, the firm has completed more than three million interviews with voters and consumers in all 50 states and over a dozen foreign countries, and conducted more than 2,400 focus groups. Called by *The New York Times*, "the leading Republican polling company," Public Opinion Strategies currently represents 17 U.S. Senators, 10 governors, and over 50 Members of Congress. The focus of much of McInturff's work has been health care, having completed more than 250 focus groups and more than 60 national surveys on this topic alone. McInturff's health care clients include the American Hospital Association, the Association of American Medical Colleges, the Blue Cross Blue Shield Association, America's Health Insurance Plans, the Kaiser Family Foundation, Pfizer, Inc., and the Robert Wood Johnson Foundation. His work on behalf of the Health Insurance Association of America included conducting the message and advertising testing for their series of 'Harry and Louise' television commercials, called by *Advertising Age* "among the best conceived and executed public affairs advertising programs in history."

PERCEIVED HEALTH CHALLENGES IN THE UNITED STATES

National Survey Results

Presented by

Bill McInturff, Public Opinion Strategies
Elizabeth Harrington, Public Opinion Strategies
Anna Greenberg, Greenberg Quinlan Rosner Research
David Walker, Greenberg Quinlan Rosner Research

On behalf of the Robert Wood Johnson Foundation's Commission to Build a Healthier America, Public Opinion Strategies and Greenberg Quinlan Rosner Research conducted a national survey in November 2007⁺ and one in February 2008⁺⁺.

Presented here are the research findings.

RESEARCH KEY FINDINGS

- The majority of Americans believe health differences due to social factors in this country are an important problem that needs to be addressed.
 - 78% of Americans agree that "it is important to make sure health differences between groups of people in this country no longer exist because of factors such as income and education."
 - 52% rate "helping people with different levels of income or education have the same opportunities to be healthy" as very important to them personally (a rating of 10 on a one to 10 scale). This attribute received the same mean rating score of 8.4 as "ending the war in Iraq."
 - Vulnerable adults* and certain racial/ethnic minorities view these issues as more acute.
- In addition to personal behavior, Americans view social factors, such as income, education, and environment, as having a significant impact on a person's health.
 - 82% of Americans believe living in a safe neighborhood can have a positive influence on a person's health.
 - 67% of Americans believe a higher educational level can have a positive influence on a person's health.
 - 68% of Americans believe a lower income can have a negative influence on a person's health.
- The majority of Americans believe government should do more to address health differences in this country due to social factors such as income, education, and environment.
 - 60% of Americans believe current government policies are not working to reduce health differences.
 - The most vulnerable believe more strongly that government should do more to reduce barriers.

ADDITIONAL RESEARCH FINDINGS AND SUPPORTING DATA

The majority of Americans see themselves as being in very good health, but the most vulnerable people view themselves as less healthy.

| | <u>National</u> | <u>Whites</u> | <u>African American</u> | <u>Latinos</u> | <u>Vulnerable Adults*</u> | <u>Opinion Elites**</u> |
|-------------------------------|-----------------|---------------|-------------------------|----------------|---------------------------|-------------------------|
| Total Excellent/ Very Good | 55% | 56% | 41% | 39% | 42% | 71% |
| Total Fair/Poor | 16% | 14% | 24% | 28% | 23% | 7% |

The most vulnerable people in America are also somewhat more likely to view themselves as having less control over their health than other population groups.

Control Over Own Health

- Nearly eight in ten Americans (79%) believe they have complete control over being healthy while 19% believe it is beyond their control. There are sharp divides by socioeconomic status.
- The most vulnerable people in America are more likely to view themselves as having less control over their health than others. Looking at the percent who say being healthy is beyond their control:

- 24% of African Americans
- 23% of Latinos

- 26% of Vulnerable Adults*
- Only 8% of Opinion Elites**

Americans believe socio-economic factors are impacting health in this country. They see a strong correlation between socio-economic differences and the health of individuals.

○ Respondents were read the following and asked how believable they found each:

| | <u>Very Believable</u> | <u>Total Believable</u> |
|---|-------------------------------|--------------------------------|
| People who live in poverty, or under economic stress, are at greater risk of having poor health | 61% | 91% |
| People who have less education are at greater risk of having poor health | 34% | 72% |

○ Respondents were also read some additional statements and asked whether they agreed or disagreed with each statement.

| | <u>% Strongly Agree</u> | <u>% Total Agree</u> |
|---|--------------------------------|-----------------------------|
| It is important to improve the quality of education and increase education levels because it will not only improve a person's quality of life but will have a significant impact on improving their health. | 71% | 92% |
| It is important to improve housing and neighborhood conditions because it will not only improve a person's quality of life but will have a significant impact on improving their health. | 56% | 87% |

The majority of Americans want government to do more to address health differences in this country beyond health care costs and access, but believe that it is important to weave into the resolution an element of personal responsibility.

○ *Government Has A Responsibility To Resolve Health Differences*

- The majority of Americans believe government, private industry, and the individual have a responsibility to reduce health differences in this country due to social factors. (1-10 scale, 1 = no responsibility, 10 = greatest responsibility, %8-10 rating shown)
 - 55% federal government
- The most vulnerable people in America rate government's responsibility to reduce health differences in this country higher than others:

Federal Government – %8-10 / Greater Responsibility

- 72% among African Americans
- 70% among Vulnerable Adults*
- 66% among Latinos
- 50% among Opinion Elites**

| | <u>% Strongly Agree</u> | <u>% Total Agree</u> |
|---|--------------------------------|-----------------------------|
| People have an individual responsibility to take care of themselves. But some things beyond our control can negatively affect our health. It is important to make sure health differences between groups of people in this country no longer exist because of factors such as income and education. | 60% | 85% |

More than six out of ten Americans agree health differences are affecting all of us.

| | <u>% Total Agree</u> |
|--|-----------------------------|
| The health of America depends on the health of all Americans. Yet many Americans with less education and lower incomes are sicker and dying younger than they should, resulting in a human and economic toll for the nation. | 63% |

 *Vulnerable Adults are respondents between the ages of 18-64, with less than a college education who make an annual household income of less than \$50,000.

**Opinion Elites are respondents between the ages of 25-64, who have some college education or higher, who have a household income of \$50,000 or higher, are very likely voters, and follow the news and current events closely.

* Poll conducted November 7-15, 2007 among 1,011 adults, 250 African Americans, 250 Latino Americans, 250 Opinion Elites, and 250 Vulnerable Adults. Margin of error on sample of 1,011 = ±3.08% and on each 250 = ±6.2%.

** Poll conducted February 6-10, 2008 among 800 registered voters Margin of error = ±3.5%.

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ROBERT WOOD JOHNSON FOUNDATION

For more than 35 years the Robert Wood Johnson Foundation has brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those we serve. We leverage our reputation to bring people together, share our body of knowledge to spark discussion and debate, and build common ground in addressing some of the most pressing health and health care problems facing our country.

When it comes to helping Americans lead healthier lives and get the care they need, we expect to make a difference in your lifetime.

MISSION

The Robert Wood Johnson Foundation seeks to improve the health and health care of all Americans. Our efforts focus on improving both the health of everyone in America and their health care—how it's delivered, how it's paid for, and how well it does for patients and their families.

We are guided by a fundamental premise: we are stewards of private funds that must be used in the public's interest. Our greatest asset isn't our endowment; it's the way we help create leverage for change.

We create leverage by building evidence and producing, synthesizing and distributing knowledge, new ideas and expertise. We harness the power of partnerships by bringing together key players, collaborating with colleagues, and securing the sustained commitment of other funders and advocates to improve the health and health care of all Americans.

To ensure that our programs are effective, we developed a framework to organize our grantmaking practices and areas of focus.

This framework recognizes that we do several different kinds of grantmaking and that improving the ways these grants work together can enhance the measurable progress we make toward our overall mission. The framework groups most of our grantmaking into four clusters we call portfolios—Human Capital, Vulnerable Populations, Pioneer and Targeted. Within the Targeted portfolio, we have chosen a group of critical issues to address—Childhood Obesity, Health Insurance Coverage, Public Health and Quality/Equality—by setting specific time-limited objectives, benchmarks, a plan of action, and a budget to accomplish the objective.

Learn more about the Robert Wood Johnson Foundation at rwjf.org.



ACADEMIC PARTNERS

The George Washington University Department of Health Policy

The George Washington University Department of Health Policy is the Commission's organizational home, and the Department's faculty serve as the Commission's immediate staff.

Wilhelmine Miller, M.S., Ph.D., serves as associate staff director of the Commission. Miller has extensive experience in health financing and public health policy, with national policy commissions and with scientific consensus committees at the Institute of Medicine.

Sara Rosenbaum, J.D., chair of the Department of Health Policy, and associate research professor Marsha Lillie-Blanton, Dr.P.H., serve as senior advisors to the Commission. Rosenbaum has had major roles in the design of federal and state health legislation and regulatory policies, including Medicaid, maternal and child health, civil rights, and public health. Lillie-Blanton is a nationally recognized expert on racial and ethnic disparities in health and health care. Previously a vice president of the Kaiser Family Foundation, where she directed policy research on access to care for vulnerable populations, Lillie-Blanton now serves as senior advisor on race, ethnicity and health care.

You can read more at www.gwumc.edu/sphhs/healthpolicy.

University of California, San Francisco, Department of Family and Community Medicine and Center on Social Disparities in Health

Paula Braveman, M.D., M.P.H., Professor of Family and Community Medicine at the University of California, San Francisco (UCSF), is directing a team of leading scholars from around the U.S. with expertise in public health, epidemiology, demography, economics, sociology, public policy, and health policy. Braveman heads the UCSF Center on Social Disparities in Health where she conducts policy-oriented research on socioeconomic and racial or ethnic inequalities in health. She is nationally and internationally recognized for her rigorous research and was elected to the Institute of Medicine of the National Academy of Sciences in 2002. During the 1990s, Braveman worked with World Health Organization (WHO) staff to develop and direct a WHO global initiative on equity in health and health care.

Susan Egerter, Ph.D., who co-directs the research team, has focused her career on policy-oriented epidemiologic research related to social disparities in maternal and infant health. Throughout their careers, Egerter and Braveman have collaborated with local, state, national and international health agencies. The multidisciplinary research group is the backbone of the Commission's exploratory process, in place to provide Commission members with the most current research available for an in-depth understanding of the complex mosaic of socioeconomic influences on health. Collaborating with other Commission staff, the research team plays a lead role in preparing the data analyses and literature reviews that underpin the Commission's reports and briefing documents.

You can read more at www.familymedicine.medschool.ucsf.edu and www.ucsf.edu/csdh.



FREQUENTLY ASKED QUESTIONS

1. Q. What does the Robert Wood Johnson Foundation hope to accomplish through the Commission to Build a Healthier America?

A. The Foundation created this national, independent and nonpartisan Commission to raise awareness of the factors beyond medical care that affect a person's health and recommend viable short- and long-term strategies to help improve the health of all Americans.

2. Q. But don't Americans have the best overall health in the world?

A. The United States is rich and resourceful. We should be one of the healthiest countries in the world, but we are not. Americans on average do better than their counterparts in most developing (lower-income) countries in Africa, Asia, and Latin America on several key measures of health. However, the U.S. continues to rank near or at the bottom in comparison with all industrialized (higher-income) countries, even ranking below a number of less affluent nations. People in 22 countries (including Spain, Canada and Greece) live longer on average than Americans. Babies born in the U.S. are more likely to die before reaching their first birthdays than babies in Canada, the Czech Republic, Greece and more than 20 other countries.

3. Q. What affects a person's health?

A. Where and how people live, learn, work and play has more impact on their health than medical care. Housing, income and education, as well as diet, exercise, tobacco use and other personal behaviors greatly affect the health of Americans. Obstacles children encounter early in life can create a negative chain of events that is often difficult to break and may transcend generations. And whether one's neighborhood and neighbors encourage and support healthy behaviors can affect an individual's health.

4. Q. Aren't the problems of differences in health mostly related to access to medical care and racial and ethnic disparities?

A. Most of our nation's strategies to improve health have targeted improving the quality, access to and affordability of care, even though a greater determinant may be the relationship between how we live our lives and our economic, social and physical environments. And differences in health outcomes exist beyond race or ethnicity. The Foundation's report to the Commission, *Overcoming Obstacles to Health*, details the substantial role that social factors – neighborhoods, income, education and environment – play in shaping health behaviors and health. For example, higher rates of death due to heart disease are often seen in communities where fewer adults have a college education and the prevalence of heart disease is nearly 50 percent higher among poor adults than among adults in the highest income group.

5. Q. It sounds like much of the problem is related to poverty and income. Is this another Commission that will look at solving the problem of poverty?

A. There is no question that poor health and poverty are inter-related, but this Commission is not focused on addressing poverty in America. This Commission is committed to providing better health opportunities for Americans in every community to grow up and stay healthy. The Commission will seek answers to questions that impact all of us – including but not limited to those living in poverty. For example, what would happen to their health if all children ate three healthy meals a day? What would happen if everybody exercised? What would happen to our nation's health if everyone completed high school and post-secondary education? What would happen if everyone lived in a safe neighborhood?



6. Q. Can a privately-funded Commission have a significant impact on the health of Americans?

A. Yes. This Commission will propose practical policies – public and private – to improve the health of Americans. Past Commissions have led the way. For example, the Pew Health Professions Commission led to significant changes in the way that medical schools train physicians and the numbers of physicians trained. The Sullivan Commission on Diversity in the Healthcare Workforce led to collaborations between state universities and historically black colleges to expand the number of minority health care professionals. The Foundation believes that this Commission, with the stature and diversity of its commissioners, will change the way we look at health in this country and ultimately improve the health of all Americans.

7. Q. Aren't individuals ultimately responsible for the health decisions they make?

A. Without doubt, individuals play an important role in determining how healthy they are. Adopting healthy lifestyles – including for example, good diet, regular exercise, avoiding tobacco and drug and alcohol abuse – could have a huge impact on the health outcomes of Americans. But regardless of how motivated individuals are to be healthy, there are some social and environmental factors that are beyond individual control. The Commission will seek to identify ways to ensure that these factors encourage and support rather than block healthy behavioral choices.

8. Q. Hasn't this work already been done?

A. The Foundation is investing in this initiative because there is a strong need to look beyond the medical care system for ways to improve health. While there has been significant research in Western Europe on socioeconomic factors that affect health, there is little research in the U.S. that addresses how non-medical factors affect health, and policy attention has been largely focused on disparities in medical care and health insurance coverage. Commissioners represent and bring diverse expertise related to the broad range of factors that impact health. Given this expertise, the Commission has the ability to look beyond the medical care system for ways to improve health.

9. Q. Why now?

A. The health of America depends on the health of all Americans. Despite enormous investment, America is not achieving its full health potential. Americans at every income and education level should be healthier. To make a difference, we must think about health differently. There is currently a lot of discussion about how to improve health care. In addition, we need to look beyond the important national debate on reforming the health care delivery system (and access to it) to ways of changing other factors influencing health. There's more to health than health care.

10. Q. What does the Robert Wood Johnson Foundation expect the Commission to accomplish?

A. The Commission will hold regional field hearings to explore viable solutions that can improve the health of all Americans. It will also examine the dozens of examples of innovative interventions that are making a real difference at the local level and in the private sector. As part of this process, it will raise visibility and build awareness of the factors beyond medical care that affect health and engage thought leaders from a wide range of disciplines in developing ways to close the nation's health gaps. Most important, the Commission intends to identify specific, feasible steps to improve Americans' health and will recommend measurable goals that can be achieved within years – not decades.



A Short Distance to Large Disparities in Health

Life span disparities reflect differences in wealth, education and environment across all community residents. The differences are even more dramatic—sometimes double—if you compare black and white residents.