

Robert Wood Johnson Foundation (RWJF) VISION TO ACTION framework

IMPROVING AMERICA'S HEALTH BY WORKING TOGETHER AND MEASURING PROGRESS

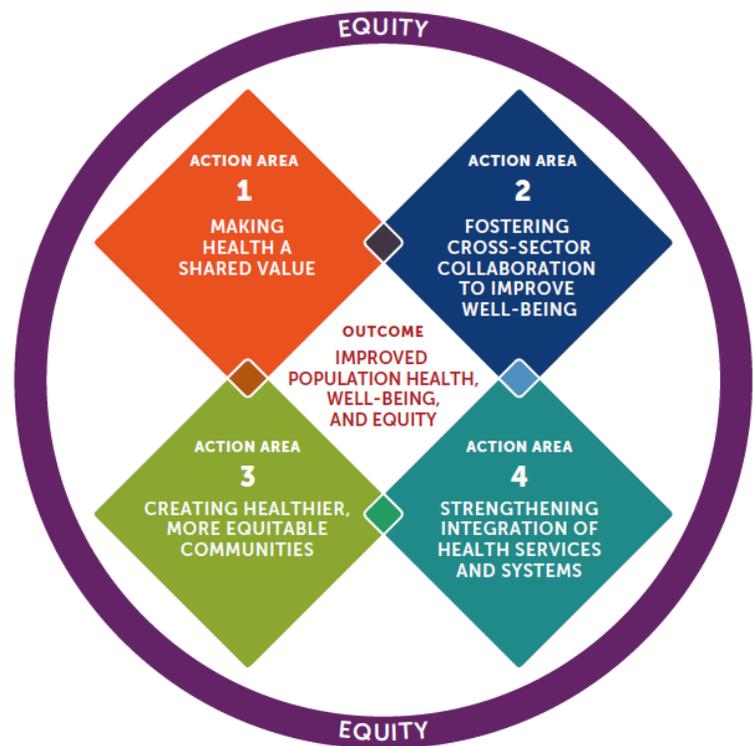
Building a national Culture of Health means creating a society that gives all individuals an equal opportunity to live the healthiest lives possible, whatever their ethnic, geographic, racial, socioeconomic, or physical circumstances happen to be.

The Action Framework reflects a vision of health and well-being as the sum of many parts, addressing the interdependence of social, economic, physical, environmental, and spiritual factors. It is intended to generate unprecedented collaboration and chart our nation's progress toward building a Culture of Health. Equity and opportunity are overarching themes of the entire Action Framework—not merely to highlight our nation's health disparities, but to move toward achieving health equity.

The Action Framework groups the many actors, and the many facets, of a Culture of Health into four Action Areas— each connected to and influenced by the others. These Action Areas are intended to focus efforts and mobilize an integrated course of action by many individuals, communities, and organizations.

Each Action Area contains a set of Drivers that indicate where our nation needs to accelerate change. The Drivers are the engine of the Action Framework, providing a set of long-term priorities both nationally and at the community level. The Action Areas and the Drivers are the essential, enduring structure of the Action Framework and will remain constant over time. Each Action Area is also accompanied by a set of national, evidence-based Measures, rigorously selected as points of assessment and engagement. By design, the Measures are not limited to traditional health indicators; instead, they encourage us to think of health in broader ways, incorporating all aspects of well-being. They are intended to serve as entry points for dialogue and action about health among a diverse group of stakeholders and across sectors.

The Measures will illustrate progress and will evolve over time to keep pace with changing conditions. The Measures highlight upstream factors that may not typically be associated with health care, and reflect actions that involve many more sectors and institutions than traditional health and health care services. Ambitious in scope, many of the Measures draw from existing sources, while others are based on new data gathered for this report.



ACTION AREA 1: MAKING HEALTH A SHARED VALUE

DRIVERS

1.1 MINDSET AND EXPECTATIONS

The views and expectations we have about health ultimately inform the decisions we make as individuals, families, businesses, communities, and as a nation. Do we understand that our health affects the health of others and vice versa? Do we expect health to be prioritized in our policies and consumer choices?

1.2 SENSE OF COMMUNITY

Research suggests that individuals who live in socially connected communities—with a sense of security, belonging, and trust—have better psychological, physical, and behavioral health, and are more likely to thrive. If people do not see their health as interdependent with others in their community, they are less inclined to engage in health-promoting behaviors or work together for positive health change.

1.3 CIVIC ENGAGEMENT

Civic engagement creates healthier communities by developing the knowledge and skills to improve the quality of life for all. Voting is a key component of a healthy society, yet many Americans do not vote regularly. Activities such as volunteering, community organizing, and participating in community groups demonstrate that residents care about the outcomes of their community and want to cultivate positive change. Moreover, communities with strong civic engagement are better able to respond and recover during an emergency. These Measures reflect whether Americans feel motivated and able to participate and make a difference.

MEASURES

Value on health interdependence

Percentage of people who are in strong agreement that their health is influenced by peers, neighborhood, and the broader community (7)

Value on well-being

Percentage of people who are interested in how their community invests in well-being, signaling a broader expectation for well-being (8)

Public discussion on health promotion and well-being

Proportion of tweets discussing health promotion and well-being to tweets discussing acute medical care (9)

Sense of community

Aggregate score on two subscales of the Sense of Community Index: emotional connection to community and sense of belonging to community (membership) (10)

Social support

Percentage of people noting they have adequate social support from partner, family, and friends (11)

Voter participation

Percentage of eligible voters who reported voting in general election (12)

Volunteer engagement

Percentage of adults and young people who reported volunteering (13)

ACTION AREA 2: FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING

DRIVERS

2.1 NUMBER AND QUALITY OF PARTNERSHIPS

Research indicates that building relationships among partners is the most challenging aspect of creating change, and that leadership is particularly important for cross-sector synergy. (17) Other key factors include establishing a history of collaboration between organizations, ensuring participants have the resources they need, and building a sense of shared accountability. A Culture of Health calls for assessing the effectiveness of our partnerships and the integration of healthy practices in schools and workplaces—settings where well-being can flourish or falter.

2.2 INVESTMENT IN CROSS-SECTOR COLLABORATION (*need local measures*)

In addition to measuring the quality and quantity of cross-sector collaborations, it is important to track investments that support these partnerships. Corporate and federal contributions have the power to impact our nation's health and well-being, both directly and indirectly.

2.3 POLICIES THAT SUPPORT COLLABORATION

Policies can play a key role in encouraging and maintaining collaboration across sectors, as well as creating incentives for different sectors to contribute what they can to the cause of improving our nation's health. These Measures highlight policies that have the potential to catalyze widespread improvement in health and overall well-being.

MEASURES

Local health department collaboration

Percentage of local health departments that collaborated with community organizations in at least four public health program areas in the past year (18)

Opportunities to improve health for youth at schools

Annual number of school-based health centers that provide primary care (19)

Business support for workplace health promotion and Culture of Health

Index of employer health promotion and practices (by size of business) (20)

U.S. corporate giving

Annual dollar amount of U.S. corporate contributions to education (K–12 and higher education) and to community/economic development sectors (21)

Federal allocations for health investments related to nutrition and indoor and outdoor physical activity

Annual dollar amount of federal appropriation to select health initiatives

Community relations and policing

Percentage of full-time sworn personnel who have served as community policing or community relations officers, or were designated to engage regularly in community policing activities (22)

Youth exposure to advertising for healthy and unhealthy food and beverage products

Annual measure of children's exposure to TV ads for unhealthy foods/beverages (23)

Climate adaptation and mitigation

Annual percentage of states with climate adaptation and mitigation action plans (24)

Health in all policies (support for working families)

Annual percentage of families with parents eligible for Family Medical Leave Act (FMLA) coverage who can also afford it (25)

3 ACTION AREA 3: CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES

DRIVERS

3.1 BUILT ENVIRONMENT/PHYSICAL CONDITIONS

The built environment—or the physical space in which we live, learn, work, and play—is key to a community’s well-being. For example, sidewalks in good condition and active transport routes, such as bicycle lanes, are features of the physical environment that may provide greater access to exercise and healthy food options. However, to take advantage of these opportunities, it’s essential that we feel safe in our neighborhoods, parks, and schools.

3.2 SOCIAL AND ECONOMIC ENVIRONMENT

Our social environment, such as enduring racial and socioeconomic segregation, can also influence health and impact a community’s sense of trust and cohesion. In addition, research points to strong connections between our environment, economic vitality, and health. We know that children who attend preschool are more likely to stay in school, go on to hold jobs and earn more money—all of which are linked to better health. (33) Public libraries continue to serve as important hubs of enrichment and well-being—providing community connections and computer access, and links to civic engagement, health literacy, and resilience.

3.3 POLICY AND GOVERNANCE

This area spotlights policy aimed at creating healthy environments, with an emphasis on collaboration between residents and large institutions, both governmental and corporate. Too often, we see health-promoting initiatives fall short without the policy structures in place to sustain them.

MEASURES

Housing affordability

Percentage of families spending 50 percent or more of monthly income on housing costs for either rent or mortgage (30)

Access to healthy foods

Percentage of U.S. population with limited access to healthy foods (31)

Youth safety

Percentage of middle and high school students who reported feeling safe in their communities and schools (32)

Residential segregation

Evenness with which racial/ethnic groups are distributed across communities (index of dissimilarity, exposure to diversity) (34)

Early childhood education

Number of states where 60 percent or more 3- and 4-year-olds are enrolled in preschool (35)

Public libraries

Number of library outlets per 100,000 people (36)

Complete Streets policies

Number of jurisdictions with Complete Streets policies in place (37)

Adopting a Complete Streets policy means that every transportation project will make the street network better and safer for drivers, transit users, pedestrians, and bicyclists. These policies allow communities to direct their transportation planners and engineers to routinely design the entire right of way to enable safe access for all users, regardless of age, ability, or mode of transportation. (38)

Air quality

Percentage of population covered by comprehensive smoke-free indoor air laws (39)

4 ACTION AREA 4: STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

DRIVERS

4.1 ACCESS

Several factors influence access to health services, including the expansion of health insurance coverage. But access must be more than having insurance. It must be more broadly defined as being able to get comprehensive, continuous health services when needed and having the opportunity and tools to make healthier choices.

4.2 CONSUMER EXPERIENCE & QUALITY

When people don't feel connected to, or in control of, the full complement of medical and social services, they are more likely to delay or avoid care. In a Culture of Health, health care providers help patients thrive by planning for the care that's needed inside and outside the clinic. This means that all individuals are treated with dignity, and that cultural differences are honored and respected. Also, provider networks can improve the consumer experience by creating a coordinated health care system, with a network of doctors and hospitals sharing financial and medical responsibility for patients' health.

4.3 BALANCE AND INTEGRATION

A Culture of Health calls for better balance between prevention and acute/chronic care services, as well as the intentional integration of public health, social service, and health care systems. When these systems work in sync, we will see an improvement in the efficiency and quality of care delivered, leading to reduced hospital re-admissions, decreased health costs, and a more seamless health care experience. (49) In short, more people will get the preventive and social services they need early and avoid unnecessary medical care.

MEASURES

Access to comprehensive primary care*

Percentage of population (regardless of insurance) who utilize a comprehensive patient-centered primary care home health system (43)

Access to stable health insurance

Percentage of population, with stable health insurance, or no change in the source of health insurance (44)

Access to mental health services

Percentage of people who report having mental health or substance abuse problems, and who received treatment (45)

Routine dental care

Percentage of people who report a dental visit in the calendar year (46)

Consumer experience

Consumer Assessment of Healthcare Providers and Systems (CAHPS) summary measure of consumer experience across ambulatory, hospital, and home health care settings (47)

Population covered by an Accountable Care Organization (ACO) [or CCO]

Percentage of population whose health care provider is part of an ACO (48)

Electronic medical record linkages

Percentage of physicians who share data with other providers and hospitals, with the goal of encouraging integration, collaboration, and communication (50)

Hospital partnerships

Percentage of hospitals that have a collaboration or alliance with one or more organizations in each of these categories: local government, state agencies, and other community-based agencies (51)

Practice laws for nurse practitioners

Number of states that have laws and regulations that support full scope of practice for nurse practitioners (52)

Social spending relative to health expenditure

A ratio of annual social spending to annual health expenditures in the United States (53)

OUTCOME: IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY

DRIVERS

O.1 ENHANCED INDIVIDUAL AND COMMUNITY WELL-BEING

The Culture of Health Action Framework emphasizes well-being, which can be evaluated by both subjective and objective data. Individual well-being can be defined as the extent to which people experience happiness and satisfaction, and are realizing their full potential. Key aspects of community well-being include community health, economic resilience, educational capacity, and environmental adaptation. By measuring well-being among individuals, communities, and care-givers, we gain a window into whether health has been woven into the fabric of our culture.

O.2 MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS

A Culture of Health is intended to support a trajectory of well-being throughout the lifespan, addressing any health issues as early as possible. Today, more than half of all Americans suffer from one or more chronic diseases; by 2020, the number of those with chronic conditions is expected to grow to 157 million. There are significant disparities, with the burden of chronic conditions experienced disproportionately by low-income people and ethnic minorities.⁶⁰ In addition, a growing area of research has focused on the relationship between childhood trauma (such as domestic violence, substance abuse, and neglect) and the risk for physical and mental illness in adulthood. By measuring the prevalence of chronic disease and adverse child experiences (ACEs), we can gauge whether the health of the population is improving.

MEASURES

Well-being rating

Well-being rating in three areas: Health, Life Satisfaction, Work/Life Balance (58)

- *Health: Average life expectancy and percentage of population who report “good” or better health*
- *Life Satisfaction: Weighted sum of different response categories based on people’s rating of their current life relative to the best and worst possible lives for them on a scale from 0 to 10, using the Cantrell Ladder*
- *Work/Life Balance: Percentage of dependent employees whose usual hours of work per week are 50 hours or more, and average number of hours per day that full-time employed people spend on leisure and personal activities*

Caregiving burden

Average amount of out-of-pocket financial and emotional investment in caregiving, as reported by adults 18 years and older (59)

Adverse child experiences (ACEs)

Percentage of population, ages 0 to 17 years, with two or more reported ACEs, as reported by parents (61)

Disability associated with chronic conditions

Number of disability-adjusted life years (DALYs) for the top 10 U.S. chronic diseases (62)

O.3 REDUCED HEALTH CARE COSTS

It is well understood that health care costs are placing a significant burden on all sectors of American society, and that the United States spends more per capita on health care than other countries. Our nation has also seen the steepest increase in health care spending, even though our health outcomes have not markedly improved. As we measure overall health costs in relation to outcomes, we must also keep a close eye on how and when we spend. Progress will entail not only improving efficiency and avoiding unnecessary procedures, but managing issues early and preserving dignity across the lifespan.

Family health care cost

Average health care expenditure by family (63)

Potentially preventable hospitalization rates

Overall U.S. admission rates for chronic and acute conditions per 100,000 population, including:

- *Chronic: Diabetes with short-term complications; diabetes with long-term complications; uncontrolled diabetes without complications; diabetes with lower-extremity amputation; chronic obstructive pulmonary disease; asthma; hypertension; heart failure; angina without a cardiac procedure*
- *Acute: Dehydration; bacterial pneumonia; or urinary tract infection (64)*

Annual end-of-life care expenditures

Annual average Medicare payment per decedent in the last year of life (65)