Why Health, Poverty and Community Development are Inseparable

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

For 40 years, the Robert Wood Johnson Foundation has worked to improve health and health care for *all* Americans. Our mission demands that we confront head-on inequalities in access to high-quality health care and other factors that contribute to health and longevity, especially for populations that are most vulnerable. As we define vulnerable children and families, poverty weighs in no matter what criteria we use.

Health status trends have paralleled the patterns of poverty over the years. Who is affected, where they live, and what their back story is all contribute to explaining changes in health as well as wealth. Although in the United States we can claim many advances and improvements, in comparison with the rest of the developed world we are not in good health. According to the most recent United Nations data, the United States ranks 36th in terms of life expectancy among industrialized nations.

For decades, policymakers, scholars, public health workers, community development leaders, advocates, and others have worked to address the problems of poverty *or* poor health. To effectively reduce poverty *and* poor health, however, we now know that we must address both, as well as the contributing factors they share. We have learned that factors that are integral to poverty, such as insufficient education, inadequate housing, racism, and food insecurity, are also indicators of poor health. We know that a child's life expectancy is predicted more by his zip code than his genetic code.

Although it is essential, increasing access to health care is not sufficient to improve health. There is more to health than health care. In fact, health care plays a surprisingly small role among the factors that contribute to premature death, just 10 percent; in contrast, social circumstances (15 percent), environmental exposures, genetic predisposition, and personal behavior combined contribute to 90 percent of preventable deaths[i]. With this in mind, we have broadened our foundation's strategies to embrace improving health where it starts: in the places where people live, learn, work, and play.

A large and growing body of research evidence shows that the complex array of factors that are intrinsically linked with poverty make up the "social determinants" of health. As we documented in our *Overcoming Obstacles to Health* report,

- The higher a person's educational attainment and income, the more likely that person is to have a longer life expectancy. In fact, those in the highest income group can expect to live at least six and a half years longer than those living in poverty.[ii]
- Compared with adults in the highest-income group, poor adults are nearly five times as likely to be in poor or fair health.[iii]

Why is this? A few explanations exist that are both evidence based and logical: Adults with higher incomes or more education are more likely to be physically active; as a family's income rises, their children are also less likely to be sedentary. Additionally, as a family's income rises, the quality of their diet improves and the likelihood of smoking cigarettes decreases. And the higher the family income, the healthier their children are likely to be.

The cross-generational ties to poverty are also ties to poorer health. Here are a few examples: babies born to mothers who did not finish high school are nearly twice as likely to die before their first birthdays as babies born to college graduates. Children in poor families are about seven times as likely to be in poor or fair health as children in the highest-income families. Children whose parents did not finish high school are more than six times as likely to be in poor or fair health as children of parents who earned a college degree.

Because of the need to address these "social factors" in the most strategic way, four years ago we convened the Commission to Build a Healthier America to explore those factors *outside* the health care system that have an impact on health. We charged the commissioners to craft actionable recommendations for change. The commission, led by economists Alice Rivlin and Mark McClellan and comprising leading experts from a broad range of sectors, came back with 10 recommendations that focused largely on communities rather than health or disease prevention. As they reminded us, it is the economic and social vitality of the neighborhood or community that contributes to residents' health and longevity. From ensuring that children have access to early childhood education, to creating public-private partnerships to open and sustain full-service grocery stores, to developing cross-sector healthy community demonstration projects, to making sure that housing and infrastructure projects consider the health impacts of their work, the commission made clear points about how we should shape our foundation's work.

As stated in *Overcoming Obstacles to Health*, our background report to commissioners, "the greatest potential lies in solutions that will help people choose health. That means both strengthening individuals' ability to make healthy choices and removing obstacles to choosing health.[iv]" What does this tell us? In order to improve health in this country, the health sector must work closely with those who plan and build communities, especially the community development and finance organizations that work in low-income neighborhoods to build child care centers, schools, grocery stores, community health clinics, and affordable housing. From the health perspective, our interest is less about the buildings and more about what happens in them. Are the schools providing healthful food and eliminating empty-calorie snacks? Is there daily physical activity during and after school? Are grocery stores providing and promoting healthful foods? Are health clinics providing "prescriptions" of healthy lifestyles and services such as the Supplemental Nutrition Assistance Program (SNAP), in addition to medications? Is affordable housing situated in proximity to safe places to play and be physically active? Is the neighborhood walkable, with well-lighted sidewalks that lead to public transportation, jobs, and services?

Health care providers also are well aware of this need. As a physician, I generally cannot have a discussion about health with a patient who lives in poverty without talking about the areas where community development works: affordable housing, access to nutritious food, and safe places to play and exercise. I can attest to the fact that it is important for us to ensure that health and community development work together. In fact, a recent national survey released by our grantee HealthLeads[v] (a program that provides to patients "prescriptions" for community services) found that four in five physicians believe that unmet social needs—lack of access to nutritious food, transportation assistance, and housing assistance—are leading to worse health among Americans. These findings send a clear message: the health care system cannot overlook social needs if we want to improve health in this country.

We have seen that despite a person's personal motivation to practice healthy behaviors, the barriers to change are often too great. Consider, for example, a woman with diabetes. In addition to the health

care she receives, she also will be counseled to modify her diet to include more fruit and vegetables, or to exercise more. But if this woman is poor and there is no accessible supermarket and if the neighborhood is unsafe, she will be much less likely to follow these recommendations. Her diabetes will likely not be abated, her health will deteriorate faster, hospitalizations will be required sooner and more often, and complications will come earlier—and all of these are affected by factors outside the medical care system.

Improving America's health requires leadership and action from every sector, public, private, and nonprofit, including people who work in public health and health care, education, transportation, community planning, business, and other areas. As Opportunity Finance Network President and CEO Mark Pinsky and I wrote in a joint column in early 2012, "building new collaborations also makes fiscal sense since improving low-income communities yields both health and economic benefits.[vi]"

Our Perspective on the Role of Philanthropy

Let me be clear: the work of the Robert Wood Johnson Foundation is laser-focused on improving health and health care. But we know that to do so, we must expand the scope of our vision and work. We understand that neither improving health nor reducing poverty is the end game. Our vision is to create opportunities for all Americans to lead long, healthy, and productive lives.

At the foundation, this outlook has led to evolution in how we work: changes in grant making, how we use our assets, and how we work with others.

First, the evolving focus of grant making: we are investing in research and data, policy advocacy, and infrastructure building that strengthens communities. A recent example of this involves our County Health Rankings[vii], which rank the health of every county in the United States, in part on the basis of social factors. These rankings have inspired change. Two years ago, Wyandotte County, Kansas, was ranked last in the state, due to factors including high levels of violent crime and unemployment, deteriorating neighborhoods, and a high percentage of families living below the poverty line. When he saw how badly the county was doing, Kansas City Mayor Joe Reardon tapped county officials and stakeholders to address the social problems that were at the root of the health problems. This community is now being cited as a national example of partners working together on social determinants of health to create effective change.

A related project and another grantee of our foundation, Roadmaps to Health[viii], funds community partners to address the impact of social factors identified in the County Health Rankings, such as employment or education. In Alameda County, California, for example, the project will make consumer-focused banking services available to residents of low-income neighborhoods and educate them about the benefits of these services, such as using bank accounts without minimum balance requirements instead of check-cashing or bill-payment services with fees. In New Mexico, they will advocate for policies that create, fund, and sustain a high-quality, universally accessible continuum of early childhood care, health, and education services.

The foundation also funds the Health Impact Project[ix], which promotes the use of health impact assessments to help local decision makers to identify and address the health impacts of a policy decision or project such as building a major roadway or planning community improvements. In Minnesota, an assessment[x] of the possible health impacts of changing public transportation lines indicated "serious

potential threats" to more than 1,000 small businesses as well as to health, housing, and job access for the large low-income and minority communities in the affected area.

The foundation was also an early supporter of work to build grocery stores in "food deserts" that helped to shape the Health Food Financing Initiative (HFFI), which will improve access to healthful foods in similar food deserts across the country. A partnership between the Community Development Financial Institutions Fund in the U.S. Treasury Department and the U.S. Departments of Agriculture and Health and Human Services, HFFI is investing $500 million annually to subsidize grocery stores in low-income neighborhoods. This increases access to healthy foods and creates jobs, and these stores are profitable.

Our Healthy Kids, Healthy Communities[xi] program supports local action to increase opportunities for physical activity and access to healthful, affordable foods for children and families. The goal is to catalyze policy and environmental changes that can make a lasting difference and be replicated across the country. The program is part of the foundation's $500 million commitment to help reverse the childhood obesity epidemic in the United States by 2015.

We are also broadening the ways that we use our financial assets. In 2011, we announced a $100 million capital impact fund to leverage funding and nonfinancial resources from other foundations, government, and nontraditional funding partners, including private capital from individual and institutional investors. By building on growing interest in using investments to address issues such as economic development, education, housing, and the environment, we intend to be among the foundations leading the way, sending a market signal that health is the new frontier for impact investing.

However, we know that to increase the effects of our investments, we need to work with others whose expertise, resources, and missions add strength to our own so that together we can add health metrics to financial and other bottom-line indicators of success. This is where the finance and community development sectors come in.

The finance and community development sectors have traditionally joined together to improve neighborhoods, developing safe, affordable housing, child care centers, community health centers, and grocery stores. The health sector can help. We can provide the tools, evaluation research, and data to show what works: for example, the impact of developing a new transit line or building a grocery store in a food desert. Public health can provide a nationwide network of health departments, public health workers, and insights to increase support for on-the-ground community improvements. And philanthropies can serve as conveners, bringing together leaders from diverse fields and funding innovative approaches. Together, these partnerships can lead to smarter investments and new evidence-based solutions.

Each of these sectors has had the same goal for decades: improving the lives of low-income families. Together we spend billions of dollars each year. Joining forces is not about spending more money but about better targeting our efforts, sharing tools and data, and learning what is working and then replicating those programs and investments. There are promising examples sprinkled in communities across the country:

- In Seattle, public health and housing leaders are working together to reduce the allergens in low-income homes that can cause asthma, a scourge of low-income children that results in an estimated 13 million missed school days and $3.2 billion in treatment costs[xii].

- Mercy Housing, a nonprofit affordable housing developer, have created with its San Francisco Mission Creek Apartments a healthier environment for seniors and are saving the city nearly $1.5 million a year.[xiii]

- In San Diego, Market Creek Plaza, a $23.5 million real estate development project located in what was once one of the most distressed and dangerous communities in the city, has brought together affordable housing, healthful food, a community center, and jobs for community residents that include living wages, health insurance, and pension plans.[xiv]

We are energized by such examples. What is missing, however, is the pervasive will, momentum, infrastructure, and framework to take these efforts to a nationwide scale.

Working Together to Accelerate Change

In order to make working together the routine rather than the exception, we have recognized that we need better measures of the health outcomes of community development work. One response is the changes we are making to our annual County Health Rankings to better translate the value of improved health into economic terms, such as greater productivity and lower health care costs for businesses.

Another challenge is this: the community development sector is quite good at finding ways to attract all types of capital (government subsidy and below-market-rate and market-rate capital) to projects with good business fundamentals. In the health sector, we have struggled with how to capture and explain returns on investments in health. This is another near-term goal. We believe we can create a powerful partnership, marrying public health's ability to measure health outcomes with community development's business acumen to make a stronger financial case for community-building work as a way to improve people's lives and save on health expenditures down the road.

This work has begun, and it has been met with enormous response and interest across the health and community development sectors. It has gained Federal attention as well, including from the Federal Reserve System and the U.S. Department of Housing and Urban Development. However, we need to do more to ensure that these cross-sector collaborations become the acceptable way to work.

I envision a time in the near future when our fields and the people who work in them do not need to make a special effort to develop partnerships because we will be working side by side in communities, in states, and nationally, with common aims, combining our best assets and skills to improve the lives of all Americans. In fact, we are likely to look back at this time and wonder why community development and health were ever separate industries.

AUTHOR BIO: Risa Lavizzo-Mourey, MD, MBA, president and CEO of the Robert Wood Johnson Foundation, leads the nation's largest philanthropy dedicated to improving health and health care. As a 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 says, 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. The author of books and dozens of articles, she has received numerous honors and honorary degrees. Lavizzo-Mourey is a member of the Institute of Medicine of the National Academy of Sciences, the President's Council for Fitness, Sports and Nutrition, and several Boards of Directors.

Lavizzo-Mourey earned a medical degree from Harvard Medical School, and an MBA from the University of Pennsylvania's Wharton School. She completed her 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.

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[ii] Paula Braveman and Susan Egerter, "Overcoming Obstacles to Health: Report from the Robert Wood Johnson Foundation to the Commission to Build a Healthier America," *Robert Wood Johnson Foundation* (2008): accessed June 5, 2012, http://www.commissiononhealth.org/PDF/ObstaclesToHealth-Report.pdf.

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[xiii] The $1.45 million is a rough calculation based on the 50 residents who were shifted from higher-cost facilities to Mission Creek, multiplied by per person savings of $29,000 per year. The $29,000 annual savings was estimated by the San Francisco Public Health Department and communicated to Mercy Housing in a letter titled "Cost and Housing Stability at Mission Creek Senior Supportive Housing," dated July 14, 2009.

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