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## Building a culture of health: A new framework and measures for health and health care in America



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### ABSTRACT

For generations, Americans' health has been unequally influenced by income, education, ethnicity, and geography. Health care systems have operated largely apart from each other and from community life. The definition of health has been the "absence of illness," rather than the recognition that all aspects of our lives should support health.

Today, a growing number of communities, regions, and states are working to redefine what it means to get and stay healthy by addressing the multiple determinants of health. The requirements of federal health care reform are changing who has access to care, how care is paid for and delivered, and how patients and providers interact. Coordinated efforts to promote wellness and prevent diseases are proliferating among a diverse set of stakeholders. These developments in health and in society present a window of opportunity for real societal transformation—a chance to catalyze a national movement that demands and supports a widely shared, multifaceted vision for a Culture of Health.

To address this challenge, the Robert Wood Johnson Foundation has embarked on a strategic direction to use the tools of a large national philanthropy to catalyze a social movement which we are calling Building a Culture of Health. This article presents the Foundation's new model for a Culture of Health, the trans-disciplinary research that developed a set of metrics that tie to the model, and the community engagement activities undertaken in the development of both the model and metrics. The model and associated metrics and extensive communication, in addition to partnership, and grant funding strategies, represent a culture change strategy being implemented over 20 years. Addressing underlying inequities in health affirming life conditions and improving social cohesion across diverse groups to take action to improve these condition lay at the heart of this strategy.

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Health and health care in America is at a tipping point. Despite spending more on health care than any other country, America falls far behind other comparable countries on measures of health care quality, access, efficiency, and equity, as well as measures of health outcomes (Davis et al., 2010). Moreover, health is not evenly distributed across all Americans, with low income and minorities more likely than their upper and middle class and White counterparts to suffer from worst health outcomes (Arkin et al., 2014). Perhaps most distressing is the fact that the health of Americans appears to be getting worse with the current generation at high risk to be the first generation to both live sicker and die younger than the one that preceded it (Olshansky et al., 2005). Taken together, these facts suggest that the status quo around how we as a country

think about health needs to change. Our thinking needs to better account for the fact that health care contributes only a small fraction of what impacts health. To improve the health of Americans a more holistic view of health is required at a community and national level that recognizes its social, political and cultural determinants.

Recognizing the need for new thinking and to provide the research and evidence base for how to make the necessary changes to improve the health of Americans, the Robert Wood Johnson Foundation (RWJF), the nation's largest health foundation, recently launched a new 20 year strategy to build a Culture of Health in America that enables all in our diverse society to live healthier lives, now and for generations to come. The Culture of Health strategy envisions a national movement toward better health where individuals, communities, and organizations take action to improve health in America. The specific actions may vary as a function of individuals', communities', and organizations' needs and local

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contexts. Culture of Health strategy allows for multiple paths towards improving health, but also recognizes that individuals and communities will need actionable information, supportive partnerships, and resources to get there. The RWJF provides this both through our grant making and our alignment of a broad range of local and national partner through the Culture of Health action framework and measures.

RWJF first introduced the Culture of Health vision in its 2014 President's Message: Building a Culture of Health (Robert Wood Johnson Foundation, 2014). In the message, the President of RWJF, Risa Lavizzo-Mourey, presented 10 guiding principles that represented the end state of a Culture of Health. While the 10 guiding principles served as a representation of the end state of a Culture of Health, RWJF sought to develop an action framework that would help the nation work towards this end state. To help develop this framework, RWJF formed partnerships with a number of research organizations, including the RAND Corporation (RAND). The RWJF and RAND research team used the 10 guiding principles as the starting point in the research and development of the action framework. This analysis resulted in a final set of 5 clusters: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration; 3) Creating Healthier, More Equitable Communities; 4) Strengthening Integration of Health Services and Systems; and 5) Improved Population Health, Well-being, and Equity. The ten principles and corresponding conceptual clusters are depicted in Table 1. The research team then developed the Action Framework by depicting the relationships between the different clusters – see Fig. 1. The final Action Framework groups together clusters 1–4 together as action areas and categorizes the fifth cluster as the outcomes area. While this implies a certain degree of linearity within the framework, the arrows depicted in the action framework are bidirectional and represent a feedback loop where changes in the outcomes can impact the action areas and that the action areas are all interconnected.

Given space constraints and the scope of this special issue, this paper focuses on the Making Health a Shared Value Action Area (for a discussion of all four Action Areas and the Outcome Area see Robert Wood Johnson Foundation, 2015). This paper will focus on the research through which RWJF and its partners developed this action area and the drivers. Specifically, this paper will review the research that informed the development of this Action Area and will present findings from mixed method data collection and analysis that supported this Action Area and a set of national measures intended to drive fundamental improvement in this Action Area, and subsequently, social conditions and health equity outcomes (for a description of the literature review associated with all four Action Areas and the Outcome Area see Chandra et al., 2016; for a description of the stakeholder level data collection and

analysis for all four Action Areas and the Outcome Area see Acosta et al., 2015). When we use the phrase health equity we are referencing the Bravemen concept of health equity, which is the “striving for the highest possible standard of health for all people” (2014, pg. 5). In this sense, our use of the word equity is similar to the use of the word equality by the social scientists in this special issue.

Prior to discussing the Making Health a Shared Value Action Area in greater detail, we will describe how the RAND and RWJF research team defines “culture” and “health.” For the purposes of our strategy and analytic framework, RWJF defines culture as “the sharing and alignment of beliefs, attitudes, values, and actions across a set of individuals, organizations and decision environments (e.g. where policies or laws are made)” (Chandra et al., 2016). This view sees culture as a causal force in the lives of individuals. Consistent with the definitions of Geertz (1973) and Swidler (1986) RWJF's definition is grounded in the belief that culture is a shared pattern of meaning that can be used as a toolkit that, in the case of a Culture of Health, can be drawn upon to improve health in the U.S. Culture influences individuals' patterns of behavior and culture change is required to develop sustainable changes in individual and systematic action to improve health. The Foundation hopes to utilize cultural analysis as a tool to better understand how to influence changes that provide Americans with the opportunity to live their healthiest lives possible. It is important to note that our approach recognizes that there are multiple cultures in our diverse society and subsequently multiple cultures of health that exist. RWJF draws on the World Health Organizations definition of health as “a complete state of physical, mental, and social wellbeing, and not merely the absence of disease or infirmity” (World Health Organization, 1946). RWJF expanded on the WHO definition of health to include that “resilience, adaptation, and attaining the highest level of wellbeing that is achievable is the real goal” (Plough, 2014, p. 150). Moreover, the Foundation takes a population approach to health that is inclusive of the social determinants of health and how these determinants, and health itself, is distributed across populations (Kindig and Stoddart, 2003). Combining these definitions, RWJF defines a Culture of Health as a set of shared beliefs, attitudes, values, and actions that promotes health and well-being.

The Making Health a Shared Value Action Area is the Action Area that most directly speaks to the interpersonal and intrapersonal factors that influence health. This Action Area speaks to the role of community in influencing health. Rather than emphasizing how communities' built environments and institutional structures influence health – which, the Creating Healthier, More Equitable Communities Action Area addresses – the Making health a shared value action area emphasizes how communities' social environment influences health. While the clustering exercise described

**Table 1**  
Culture of health principles and action framework concepts.

Principles	Action Framework Concepts
Opportunities to be health and stay healthy are valued and accessible to everyone across the entire society	Making Health a Shared Value
Americans understand that we are all in this together	
Business, government, individuals, and organizations work together to foster health communities and lifestyles	Fostering Cross-Sector Collaboration to Improve Well-Being
The health of the population guides public and private decision making	Creating Healthier More Equitable Communities
Individuals and families have the means and opportunities to make choices that lead to health lifestyles and optimal well-being and functioning	
Health care is efficient and equitable	Strengthening Integration of Health Services and Systems
Optimal health and well-being flourishes across geographic, demographic, and social sectors	Improved Population Health, Well-Being, and Equity
No one is excluded	
Everyone has access to affordable, high-quality health care - both preventive and remedial	
The economy is less burdened by excessive and unwarranted health care spending	

Note. From “Building a National Culture of Health: Background, Action Framework, Measures, and Next Steps” (Chandra et al., 2016). Reprinted with permission.

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