





## HEALTH BEYOND HEALTH CARE: A SPECIAL REPORT

## New prescriptions for Americans' well-being

BY MARY JORDAN



## EDITOR'S NOTE

Yoga, Zumba and group exercise classes are increasingly common in outdoor parks around the country. Bicyclists, and dedicated lanes for them, are growing in number from coast to coast, too. Architects are paying more attention to how buildings can affect health, and designing offices that make it easier to climb stairs (and burn calories) and harder to find the elevator.

People in the United States don't live as long and are not as healthy as citizens of many other countries, but a growing number of grass-roots efforts are aimed at improving

Americans' well-being.

"I think we are on the cusp of actually taking health and wellness seriously," said Rear Adm. Boris Lushniak, acting surgeon general. He urged people to "go retro" and start walking and cooking. Although the United States is superb at sick care — surgeries and prescriptions — he said it's time to focus on preventive care: staying healthy.

Lushniak spoke at The Washington Post's "Health Beyond Health Care" forum last week, an event that convened people working on health initiatives that have nothing to do with doctors or drugs.

Activists from Detroit talked about turning

abandoned parks into outdoor gyms and urging people to run at 5 p.m. for the "new happy hour." We heard how it's getting easier and more affordable to buy fresh fruit and vegetables in a West Virginia town where grocery stores are rare and fast-food joints are everywhere. A U.S. senator even talked about what a preacher in Mississippi is doing to keep churchgoers more fit and thin. Excerpts from the forum can be found on pages 4 and 5 of this special report.

In his cover story, Philip Kennicott, The Post's architecture critic, writes about the ill-effects of living in a world designed around automobiles and how urban design-

ers and architects are paying more attention to their role in public health. There is greater public demand, too, for neighborhoods and buildings that make it easier to get fresh air, walk and take mass transit. As a sign of the new attention healthy design is receiving, it will be a key topic discussed this week at the American Institute of Architects' annual convention.

With 18 percent of adults still smoking, one in three adults considered obese and diabetes skyrocketing, it's time to focus on ways to keep healthy, not just on what to do when it's already too late.

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DELLA HASSELLE



ANDY COOK

ABOVE: Tim Dubuclet prepares greens in a cooking class at Grow Dat Youth Farm, where he harvested the greens.

LEFT: Dwayne Boudreaux, who owns Circle Food Store, says the newly revamped produce section offers items that weren't sold before Hurricane Katrina.

# After hurricane, new way to eat for New Orleans

Recovery gave city a reason to band together to improve access to fresh produce

BY DELLA HASSELLE

NEW ORLEANS — "Rough" and "unhealthy" are the words Tim Dubuclet uses to describe his childhood. Raised in inner-city New Orleans, he and his friends would wander the city's violent streets after school, living on a diet of fast food and soda. By the time he was 17, Dubuclet weighed more than 300 pounds.

But he dramatically transformed his lifestyle during a program with Grow Dat Youth Farm, where students are paid to grow fresh produce. There, he started focusing on his diet. He spent two days each week working in the garden, growing and weeding the radishes, chard and other vegetables he had never heard of before. He felt empowered cooking these new healthy foods, and lost 80 pounds.

"At the farm, people came to talk to us about health, opening our eyes to the dangers of things like sugary drinks," said Dubuclet, now 20. "I started eating healthier, growing my own food. I realized there was so much more to life than what I was doing with myself."

In 2013, Grow Dat found most of its incoming students living unwholesome lifestyles, with only 12 percent who reported eating vegetables in the previous 24 hours. Some, like Dubuclet, came from poor neighborhoods, or areas where residents lived more than three miles from a supermarket.

The lack of access to fresh produce has long been a problem for many residents in a city obsessed with food, and was exacerbated in 2005 by Hurricane Katrina, which left much of New Orleans underwater. According to one study, in 2008, there were nearly 18,000 residents per supermarket — far more than the national average of 8,800 residents per supermarket. But, with federal funding and nonprofit programs that came to the city after Katrina, some viewed the city's recovery as an opportu-

nity to improve access to healthful food.

Dwayne Boudreaux fought for eight years to reopen his Circle Food Store after Katrina decimated the 7th Ward grocery with five feet of water. An iconic photograph circulated after the hurricane shows stranded residents wading outside the 1930s-era building, chest-deep in water. Some feared the store, badly damaged, would never return to the area.

Walking along the aisles of the renovated store, which opened earlier this year, Boudreaux explained that he had long strived to make healthful food accessible to residents. A 2010 study found that 64 percent of New Orleanians were obese.

"We have things we never even sold before the hurricane," Boudreaux said, smelling the leafy dill delivered that morning and gesturing to assortments of organic juices.

The area's lack of fresh food was more than just inconvenient. It often meant the difference between eating produce and not, as nearly 42 percent of the 7th Ward's population lives in poverty, and more than one in three families get by without a car. The neighborhood lost nearly 40 percent of its population after Katrina, according to city data.

Circle Food's rehabilitation was funded in part by New Orleans's Fresh Food Retailers Initiative, a \$14 million project launched in 2011 to increase access to produce in the city's most underserved neighborhoods.

Officials hope the initiative will be a catalyst for revitalization, said Aimee Quirk, economic development adviser to Mayor Mitch Landrieu (D).

"New Orleans is one of the nation's fastest-growing cities," Quirk explained. "Even before the hurricane, much of the city was underserved in terms of fresh food. Yet fresh food is critical to attracting new residents."

In June, city officials announced a new grocery store opening in Central City and a Whole



DELLA HASSELLE

Foods Market opened in the Mid-City neighborhood in February. That store is part of the ReFresh Project, an experimental initiative that links the store to programs that teach residents to cook produce available at Whole Foods, and how to manage health problems such as diabetes through nutrition. Opening on the site in July, the Goldring Center for Culinary Medicine at Tulane University will serve as a first-of-its-kind teaching kitchen for community members, medical students and medical professionals.

"It speaks to the idea that food is the best medicine," said Jeffrey Schwartz, founder of the neighborhood organization behind the project, Broad Community Connections.

The notion is so promising that a nonprofit created by Whole Foods will study the initiative and whether it can be replicated in other places, said Meredith Smith, executive director of the Whole Cities Foundation.

"Katrina really created this situation where people said, 'You know, we have to pull together, to rely on each other,'" Smith said. "There's this real spirit of collective action."

Johanna Gilligan, founder of Grow Dat Youth Farm, agrees.

**Grow Dat Youth Farm founder Johanna Gilligan is pictured with Jabar Brown, site manager and outreach coordinator for the farm.**

"After the storm, there was just this moment of, 'How do we reimagine a city?' because what we knew was forever changed," she said. "So much didn't come back."

Since it began in 2011, Gilligan's farm has increased from 11 student workers to 41. This year, students are growing more than 10,000 pounds of food on the seven-acre site in City Park. Of that, 40 percent is donated to students' families and other residents who need it.

"Inner-city kids don't have anything to do with farming or healthy eating — just football and McDonald's," Dubuclet said. "I didn't know anything about vegetables before I farmed."

Now, he not only knows all the steps of growing plants, but he cooks, too. Dubuclet thinks these programs can help transform communities like his — pointing to the fact that he now gardens and prepares food with his family.

"My grandmother is getting older, and working in the garden has helped me to get closer to her," he said. "Really, farming has made me the person I am today."

Hasselless is a freelance journalist who lives in New Orleans.



## HEALTH BEYOND HEALTH CARE: A SPECIAL REPORT

## Step by step, cities make ways for walking

Streets are no longer just for cars

BY VICKY HALLETT

It was a sunny Sunday in early June, and Annette Calderon couldn't have looked more prepared for a stroll. She had sneakers on her feet, shades over her eyes, an iced tea in her hand and a Fitbit activity tracker around her wrist. The only thing the 36-year-old was missing? A sidewalk.

Turns out, the National Automobile Dealers Association's headquarters in Tysons Corner, Va., wasn't built with pedestrians in mind. But that wasn't going to stop Calderon, her husband and a posse of other area residents from beginning their walk from its parking lot. They just had to glance both ways to make sure they wouldn't be run over.

"This is an example of the problem," sighed Navid Roshan-Afshar, who runs the blog TheTysonsCorner.com and had organized that afternoon's "Tysons First Mile Walk" to highlight how inhospitable the area is for anyone on foot.

Despite the impending arrival of Metro's Silver Line, Tysons remains a sprawling, automobile-dominated office park and shopping complex. Cars speed along wide streets, crosswalks are frustratingly inconvenient and sidewalks have a tendency to end willy-nilly.

None of that was exactly news to Calderon. After stints in the pedestrian paradises of Manhattan, San Francisco and Santa



JAH CHIKWENDU/THE WASHINGTON POST

Navid Roshan-Afshar says the park being built in Tysons Corner, Va., is "just like everything else in Tysons. It's under construction."

Monica, Calif., she can't help but feel confined in Tysons. In the four months since the couple moved here, she has seen her weekly step count plummet from 140,000 to 95,000 — mostly because she has nowhere to go.

But they purchased a place here because Tysons appears to be on the verge of change. Fairfax County has been cooking up a buffet of ways to transform the 12th-largest employment center in the nation into somewhere people can walk, run and bike as well as work.

The Tysons Comprehensive Plan, adopted by the county's Board of Supervisors in 2010, calls for an entirely new landscape by 2050. It envisions a "greenway" of connected trails anchored by a central park, and dotted with other places to play. "Complete streets," featuring bike

lanes and tree-lined sidewalks, will form an easy-to-navigate grid. And as construction springs up with residences, first-floor retail and outdoor dining, there will always be a new destination to seek out.

Although much of the expected development is years away, hints of this future are already visible. The First Mile Walk set off from that parking lot because it's the site of a farmers market that opened in May. On June 29, cyclists will be celebrating the Tour de Tysons, which will feature bike races, a family fun ride and information about a pending county-wide bike plan.

"It's taken much too long," says Bruce Wright, the chairman of Fairfax Advocates for Better Bicycling, who has been riding in the region since 1979, "but it's coming." And it's coming to a lot of

places. Nationwide, government leaders are reconsidering decades-old policies that have prioritized car traffic. Instead of making streets fast, they want to make them welcoming — to kids on tricycles, seniors with canes and everyone in between.

The movement is inspired, in part, by Americans' ever-expanding waistlines. In the fight against obesity, public health experts are pushing more physical activity, and they hope to get some help from the redesign of communities.

The first step — and the second, and so on — is obvious to Scott Bricker, executive director of America Walks, a nonprofit organization that promotes "the forgotten form of transportation."

"Walking is a wonder drug," he says, noting that regular doses can burn calories, strengthen bones, improve attitudes, relieve stress and reduce the risk of a whole lot of unwanted diagnoses.

But there are obstacles along this path. One of the biggies, Bricker says, is a well-founded fear of accidents. More than 47,000 people were killed and 676,000 were injured while walking in the United States between 2003 and 2012, according to a report by the National Complete Streets Coalition called "Dangerous by Design 2014." Most of those injured were older adults, people of color and children.

Many cities and towns offer pedestrian facilities that simply aren't adequate, says Stefanie Seskin, deputy director of the coalition. "They might be, by definition, 'safe,' if you wait and go out of your way," she explains, but

when someone wants to go directly from a bus stop to an apartment building right across the street, it's not reasonable to expect that person to trek half a mile in each direction to reach a crosswalk. Communities need to strive to make walking not merely possible, but comfortable and convenient, she says.

Fewer places in this country are safer for walking than New York — based on the report's "pedestrian danger index," it's ranked 48th out of 51 large metro areas. But that won't cut it for Mayor Bill de Blasio (D), who is pushing to emulate a Swedish policy called "Vision Zero." Through a series of new regulations, such as slower speed limits and increased penalties for moving violations, the goal is to have no traffic fatalities by 2024.

Seskin says other cities have copied New York before: For example, Times Square's transformation into a pedestrian plaza five years ago has spawned many smaller-scale imitators. And the Big Apple's protected bike lanes have served as inspiration for those now popular in the District and other cities.

One of the nation's newest cycle tracks just opened in Memphis. Now, only two of the four lanes on its Riverside Drive allow cars, says bicycle/pedestrian coordinator Kyle Wagenschutz, who said he hopes such projects will boost the city's activity level along with its reputation. In the American College of Sports Medicine's just-released Fit City Index, it ended up dead last. "No one says, 'I'd love to live in the most un-

healthy city in America,'" he adds. If he can persuade his neighbors to swap their barbecue for bikes, he reasons, Memphis might be able to turn those numbers around.

To get more folks riding, dozens of American cities have started bike-share programs. The impact has been immediate, says Nicole Freedman, director of Boston Bikes. Hubway, her city's program, has expanded its reach further by providing \$5 annual memberships to low-income residents.

"Equity is the key goal here," says Freedman, noting that a new partnership is underway with Boston Medical Center, which treats a large underserved population. Physicians there are being encouraged to prescribe bike riding to patients, who can go directly from an appointment to signing up for Hubway.

"If you tell people to do 10 push-ups a day, it usually doesn't happen. We're trying to find ways to get them to exercise that aren't so much like work," says Alan Meyers, a pediatrician who's promoting the effort among his colleagues at the hospital. "The hope is that if a person starts using it, they'll like it so much that it'll make a change in daily habits."

That pretty much sums up the mission of the "active transportation" movement, which encompasses all of these walkability and bikeability efforts. And it continues to grow in major cities, small towns and even rural areas, Seskin says.

Good ideas are out there — even when sidewalks aren't.

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## Using healthy design for wellness

DESIGN FROM AAI

and well-being.

The 11th Street Bridge park is part of an increasing awareness among city leaders nationwide about the degree to which urban design affects health. The basic connection isn't new: Urban designers in the 19th century responded to appalling mortality rates from infectious diseases by creating better systems for sanitation and fresh water, and drafted building codes that alleviated overcrowding and mandated access to natural light and air for tenement dwellers.

Many of this country's most beloved urban parks were also created during the 19th century, to offer the working class access to recreation, exercise and natural beauty.

"They didn't have the science behind it that we do now," says Nancy Somerville, chief executive of the American Society of Landscape Architects, which has embraced the tenets of healthy design as fundamental to its mission. "But the whole vision was grounded in the need to have access to a clean, healthy, living landscape."

The health concerns are different now. Chronic ailments, such as diabetes and heart disease, and lifestyle issues such as obesity, have replaced infectious disease as the major health worries plaguing our sedentary society. And not surprisingly, the urban planning challenges have changed, too. Today, the design buzzwords are all about connectivity, linear parks and "complete streets" — with shared space for walking, biking and ready access to transit. Urban planners are working hard to invert the basic urban-suburban relationship of the past century, encouraging people to live more densely, with a smaller environmental footprint, and lifestyles that are more socially and physically engaged with the built and natural environments.

"We are looking at an avalanche of chronic disease," says Richard Jackson, a doctor whom many credit with pioneering the field of wellness design. Jackson began championing the connections between design and health more than 15 years ago, when he served as head of the National Center for Environmental Health at the Centers for Disease Control and Prevention.

Although it may have made sense, he argues, to disperse our population out to the suburbs in the decades after the World War

II, the ill-effects of living in a world designed around automobiles are piling up rapidly.

"We have engineered activity out of American life," he says.

A generation ago, architects were worried about "sick buildings" — poisoning us with toxic materials or poor ventilation. Today they are changing our physical engagement with buildings, nudging us toward the stairs, forcing us to walk a bit farther to use the microwave or the restroom. They are studying how we relate to windows, ambient temperature, and the pervasive noise of heating and cooling systems, with powerful new tools to quantify and evaluate what were once just hunches about what makes buildings agreeable to humans.

All of this is part of an even larger concern about the fundamental design of the world we live in, from how we structure our businesses, our nonprofit organizations and the habits of daily life — whether that's our experience in the lunchroom, our relationship to media and entertainment, or how we get food from farm to table.

If Jackson is credited with jump-starting the conversation, former New York mayor Michael R. Bloomberg (I) may ultimately be credited with moving those ideas outside the ivory tower of think tanks and schools of public health. Although Bloomberg was widely derided in 2013 during his effort to limit the size of sugary soft drinks sold in New York, the impact of his 12-year administration on healthy design has been quiet but pervasive. In 2010, New York City issued its Active Design Guidelines, which have helped set a national standard for rethinking the built environment.

"It is an amazing piece of work from a government agency," says Mary Fitch, head of the American Institute of Architects chapter in Washington, D.C. The strength of the document, experts say, is its consistent connection of design ideas to reliable public health data, and its input from representatives of the city's departments of design and construction, health and mental hygiene, transportation and planning.

Rick Bell, head of the AIA's New York chapter, said the roundtable approach allowed for the incorporation of what may have seemed, in isolation, to be counterintuitive ideas. He cites the importance of benches for walkers. "People won't walk unless they feel they have a resting place along the trajectory."

The New York AIA has partnered with the city to sponsor annual "Fit City" symposiums, which have helped disseminate the guidelines to a national audience. In many ways, the Active Design Guidelines are a frontal attack on how architecture and urban design were practiced for at least 50 years after World War II. The standard mid-century office building — accessed by car from a far-flung suburb — was designed around the elevator core, with large floor plates that isolated people from windows. Windows were fixed in place, and

energy-inefficient systems did the work of climate control.

"The era from about 1945 to probably around 1995 is chock-full of some of the worst buildings ever built," says Carl Elefante of Quinn Evans Architects, which specializes in historic preservation and sustainable design. Architects of that era, he says, assumed that essentially unlimited energy resources could be found to sustain a "grid" of "plugged-in buildings." When it came to their effect on wellness, it was simply assumed that people would adapt to the building, not the other way around.

The recently opened new home for George Washington University's School of Public Health exemplifies how much has changed since then. Designed by the Boston-based Payette firm, the Milk-en Institute building is structured around an open atrium crisscrossed by attractive staircases rising to the top floor. Elevators have been placed behind an opaque partition wall in the lobby, and the doors are timed to close slowly — a small psychological deterrent to their regular use by the able-bodied.

By lowering the standard distance between floors from 14 or 15 feet to 12 feet, architect Peter Vieira says, the designers were able to add a floor, which gave them greater flexibility to configure the interior. They designed stairs without landings and lower rising treads, which made them more attractive to users. They opened up internal spaces to more light, added an internal garden, and created areas near windows for students to gather, study and mingle. Vending machines in these social spaces sell only healthful snacks.

Lynn Goldman, dean of the school, works from a standing desk, a feature present in all the faculty offices. She says the school has tried to provide as many bicycle racks as possible. Although the windows don't open — Washington's environment is too extreme, its air too full of pollen, its urban landscape too noisy — the quiet interior climate system uses filtered outside air.

She also cites aesthetics as playing a major role in how people use buildings. "You can try to brainwash people to take the stairs," she says, but if the staircase is "dirty and it's unpleasant, and it's the last place you want to spend time, you're not likely to go to the trouble of using it."

Aesthetics may turn out to be the most important factor when it comes to reconfiguring the urban environment. People fled to the leafy suburbs in the middle of the past century because it offered an attractive, compelling vision of the good life. Many people also found the modernist office building, with its banks of elevators and austere interior spaces, intoxicatingly beautiful. It modeled the future for a society that believed in limitless progress.

It also may be a crisis in the aesthetics of contemporary architecture that is driving more firms to think about the interrelated issues of sustainability and

healthy design. In the past 20 years, there has been a breakdown in agreement about what constitutes beautiful architecture, whether it should look modern or post-modern, revert to traditional forms or explore wild new sculptural possibilities. Unsure about what the new "ism" will be, architects are thinking more about fundamentals of how buildings should serve us.

Aesthetics are subjective, and

much of what is appealing about healthy design, and projects such as the 11th Street Bridge park, is grounded in a particular social vision of the good life: that cities can be beautiful and that diversity, interconnectedness, social engagement and mobility are essential to a full and rich existence. But not everyone loves cities, American individualism runs deep and resistance to social engineering is pervasive, as the

widespread mockery of smaller beverage sizes in New York demonstrated last year.

"Give people choices," is the mantra of the healthy design movement. But healthy design isn't only about choices. Sometimes there are nudges, and some may feel a touch of coercion. So one prominent designer adds a caveat: "The best design is invisible."

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PHOTOS BY EVELYN HOCKSTEIN FOR THE WASHINGTON POST

Mary Jordan of The Washington Post moderates a panel discussion with, from left, Herman Moore, Nicholas Mukhtar and Chris Allen, about innovative ways to improve Americans' health.

# Detroit's latest model is one for health

## Herman Moore

Former NFL player, Detroit Lions Play 60 ambassador

How do we engage the youth? How do we get the youth more involved in physical fitness and activities that have been taken out of the school systems? We jump rope. I jump rope — even though sometimes I have a bad knee. Jumping rope doesn't cost money. You don't have to worry about whether you have a \$250 pair of shoes, or whether economically you can afford it.

We try to bring them nutritional information. We bring fresh produce to their environment. I came from a low-income family. I used to be one of those kids who pushed the broccoli to the side and off the plate. But when we introduce that to kids earlier, they won't do that, as I did up into my 30s, still pushing food to the side. Now that's my favorite.

You can look at us as professional athletes. You can look at all the glamour and all the money, but let's dial it back: This is your health.

## Nicholas Mukhtar

Founder and chief executive, Healthy Detroit

Living in a bankrupt city, you see all of the social determinants firsthand and how they affect health. You know what a lack of exercise does when you have over 300 abandoned parks in the city and you don't have streetlights. Seeing all of these things led to the creation of Healthy Detroit.

Through our HealthPark initiative, we're trying to take city parks and convert them to one-stop shops for everything you need to live a healthy life. We've gotten Eastern Market to put up farm stands in the parks. We've gotten some of the hospitals and health-care networks to offer screenings and immunizations in a park setting. We have yoga, Zumba. We had an event with the Detroit Lions, a kickball tournament.

I don't really think that there's anywhere in the country where you'll see the private sector playing as large of a role as it plays in Detroit, obviously because of lack of public sector [funding]. So Detroit could kind of be a model for this because we are rebuilding.

## Chris Allen

Executive director, Detroit Wayne County Health Authority

I believe that Detroit is an epicenter for change. When it works in our city, it will work in many cities around the United States.

There's an energy in our city today that I've not seen in a long time. We're moving from a sick-care model to a total-population-health model. That requires skill sets around housing, environments, stress that people experience daily, food insecurity.

The teaching health center program allows us to train 85 medical residents in the primary care specialties in community settings in areas that are medically underserved. There's a 43 percent chance that they'll stay in practice in that area. And the people who are living there will not have to use the emergency room for their primary-care access.

There's an energy around collaboration and integration of services. The day of an organization trying to do it all alone is gone.



## Where you live affects your health

### David Erickson

Director, Center for Community Development Investments, Federal Reserve Bank of San Francisco

Too many Americans live in neighborhoods that have too few opportunities and too many challenges. And because of that, they're aging faster, they're developing chronic diseases more often and earlier, and it's shortening their life spans.

We have a whole system in place to pay for chronic disease, once it happens, but we don't yet have a system to pay for preventing chronic disease before it happens.

It's actually a very simple concept: Your body is essentially the sum record of your challenges and your opportunities.



## Look to communities, not hospitals, for wellness

### Sister Susan Vickers

Vice president of community development, Dignity Health

The projects that are most successful are those that start with bringing together community stakeholders — residents, elected officials, the public health department, all the major players.

In many communities, if not all, the hospital tends to be an anchor institution. We've been there for decades. We employ from the community. We have relationships with the community.

We, like everybody else, recognize that health doesn't happen in the hospital ER or the intensive-care unit. Health happens in our homes, our schools, our communities. So we want to devote as many resources as we can to promoting that kind of broader health of the community.



## Starting a revolution in West Virginia

### Donovan Beckett

Chief executive, Williamson Health and Wellness Center

We have many health disparities: obesity, diabetes, hypertension. We had a lot of inactivity. Mingo County is a food desert. There's only one grocery store, about 35 miles away, which is about a 50-minute drive. We have a lot of fast-food restaurants.

We have been looking at ways to get people access to healthy food. We established a farmers market. We started a community garden. We have a program where we give vouchers to go to the farmers market; a lot of people don't have the financial means to be able to afford . . . the better choices. We've done all this pretty much on a shoestring budget. We started a lunch-walk program, a friendly competition between businesses. Each business had about 10 participants and a team captain. They were all given pedometers; they would walk during lunch, or whenever, and track their miles.

### Jennifer Hudson

Director, Mingo County (W.Va.) Diabetes Coalition

Across from the public housing, we have a community garden, 36 raised beds now. We started with 24 and there was just a demand for more, so each one of those plots is rented out and we do classes at the gardens, too. So we're teaching them how to grow healthy foods.

We have Tuesday Night Track. This used to be an empty track, but now it's Tuesday Night Track — TNT. Everybody just wants to be there. There's something to do in town where there wasn't before.

We started HealthySelfies.org. You can go there and hear the stories of active living and healthy eating. You hear from our community about the change. Ben Lipps does a really good story. He's a coal miner who started running. There are moms who've gotten their whole family involved.

We are seeing a change in culture.

## Banking on health equity

### Dan Nissenbaum

Managing director, Goldman Sachs Urban Investment Group

If there are strong investments in neighborhoods, there can be health outcomes. [Those with higher incomes] have access to transit, neighborhood-serving retail, health care. Those are not assumptions that can be made by low-income populations, and the entire discussion is to try to build comprehensive community development solutions in these neighborhoods, so that low-income people have the same opportunity of choice that we do.

We're working on very small projects, including the first social-impact bonds, which are really not bonds, but high-impact financings.

We're looking for a return that will justify the investment and also will incent banks like ours and others to lend more.



## Time to put politics aside

### Sen. Sheldon Whitehouse

Democrat from Rhode Island

There are some early conversations emerging between Republicans and Democrats both in Congress and outside of Congress. There are a few of us inside, to say, "Okay, look. We're going to agree to disagree about Obamacare. But there's a lot that's going on out there that we should be talking about."

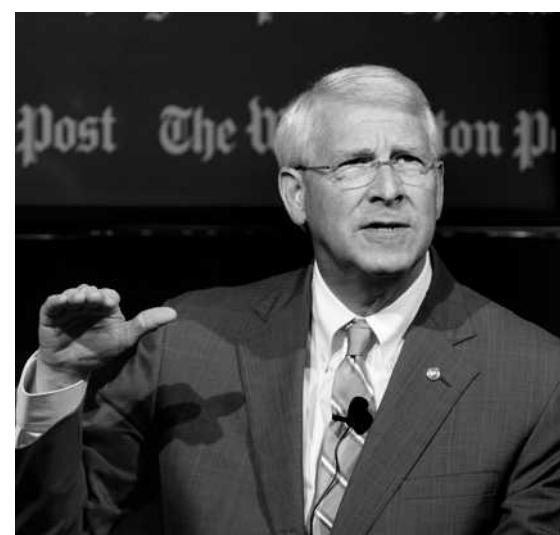


## Banning fried chicken at church

### Sen. Roger Wicker

Republican from Mississippi

Out of 50 states, somebody is going to be first in obesity. It happens to be my state. But walk through an airport, walk through a county fair, go to a Wal-Mart — our whole society is obese. From 2005 to 2011, Mississippi saw a reduction in childhood obesity of 13.3 percent. Somebody is doing something right and I think it started with towns like Hernando and with pastors like Pastor Michael Minor. He realized his congregation was plagued by obesity and he took dramatic action for a Southern preacher. Guess what he did? He banned fried chicken at church suppers. And he set up a walking track around the church perimeter.





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PHOTOS BY EVELYN HOCKSTEIN FOR THE WASHINGTON POST

## Walking and cooking are your patriotic duties

**Rear Adm. Boris Lushniak,**  
Acting U.S. surgeon general

This nation does incredible things once you have a disease. We have incredible pharmaceutical agents, we have incredible surgeries and operations, we have devices we can implant. But in fact that's not health care, that's sick care.

I think we're on the cusp of actually taking health and wellness seriously. I think for the longest time it's been on the back burner. The time is right, right now. We have to treat health as a natural resource. We have to put it up on the same level as the economy. When the economy goes sour, all of sudden there's reaction. There's the sense of somebody has to do something if the economy is bad. Guess what, folks? The economy doesn't do anything without a healthy workforce. It doesn't do anything without healthy people.

Let's go retro, okay? We used to walk as a society. Walk 30 minutes a day, five days a week. Think of it as a patriotic duty for the good of our nation. Let's start cooking again. Let's use fresh products. You know what a joy both those activities are? The definition of health from the perspective of the World Health Organization is complete physical, mental and social well-being and not merely the absence of disease and infirmity. If you take that definition, you realize what an obligation all of us have.



Philip Kennicott of *The Washington Post*, left, speaks to Margaret Montgomery, Colin Raney and David Dixon about their design ideas as part of the "Health Beyond Health Care" forum.

## Designing the day to keep the doctor away

**Margaret Montgomery**  
Architect and sustainability leader, NBBJ

We're looking at how you locate services within buildings so that people will walk to get a little more activity. Designing stairs so that they're the preferred option — you would rather take the stairs because they're beautiful and they're wonderful and you're going to run into somebody along the way rather than going and finding the elevator that's hidden around the corner that you have to wait a long time for.

We do need access to natural light, and if possible real air or a variety of sensory experiences. Those are all the things that we just need as human beings. It's challenging when you're given a box of this particular era. Some of the early buildings that pre-date air conditioning and electric lights are certainly much more effective for this because you may have a box that goes out into the street. But you've also probably got a courtyard in the middle of it. And windows and cross ventilation and all those things. There are ways of getting more light into the space or perhaps perforating the interior of the building if possible, finding ways to bring people closer to the perimeter, closer to the daylight, [and] locating things that don't need nature in the middle of the building.

**Colin Raney**  
Associate partner of the Boston design studio IDEO

I think you have to approach it from how kids perceive the world. School cafeteria lunches are fairly institutional. We have an idea that we will feed everyone, very democratically. We want to have nutrition work wholly across the board.

At different points in children's education, they respond differently to different things.

Yes, the food should be nutritious. They're not eating it because it's nutritious or not nutritious. They're eating it because they're choosing among all sorts of other things to do with their time, to do with their attention.

A lot of high schools have an open campus so you can leave to go do other things. So that cafeteria actually competes with any of the other foods that exist, within walking distance or a short drive from the school. Can you create lounge-like spaces [where] students can hang out and socialize with each other? Can you create grab-and-go-style foods that mimic the other choices that they have, and help them navigate some of that? It's a little bit about understanding we all have infinitely more options than we had 10 years ago, and 10 years before that, and helping people navigate to the best choices.

**David Dixon**  
Urban design group leader, Stantec

We all know that walkability, along with exercise and healthy food, correlates directly with health. In order to get people to walk places, they have to be nearby. So we need the kinds of densities that support that variety of activities, a place to buy great food, a place to get exercise and streets that you want to walk along right nearby.

One- or two-person households represent the majority of households in virtually every region in this country. It is much more natural to their lifestyle to live in an urban environment. But that is also because the fear today is boredom, isolation, lack of community — and that's what people find in cities. They have the kinds of densities, the kind of variety to create what I call five-minute environments where people can find the fun, the interest, the jobs, that make urban living really attractive — and something that basically suburban living can't offer at this point.

We live for the first time in a society where more poor people live in suburbs than cities. All the wonderful environments I'm talking about are expensive. They also attract people with money who price the people out who are living there. In a way we're solving one problem, I think, actually rather brilliantly. But we're creating another problem, unfortunately, just as brilliantly.



## It's not about the money

**Alice Rivlin**  
Senior fellow, Brookings Institution

I'm a maverick on this. I think the reason to be healthier is it's good to be healthier. You feel better, you're happier, you're more productive at work. There is a mythology that some people have that we could cut our health-care costs a lot if we prevented diseases. We could cut them somewhat in some circumstances but generally, if we are healthier and live longer, we will consume health care over a longer period. So the primary reason for doing this is it's a good thing to — and it makes us healthier and happier and more productive — not that it saves a lot of money.

## A core responsibility of mayors

**Stephen Goldsmith**  
Professor of government, Harvard Kennedy School

In New York City in 2010, the mayor's office had a report on how to approach health that looked at the built community. It looked at making sure that everybody is within 10 minutes of a park and/or a bike trail to a park.

Outside New York City, many cities use their zoning practices actually to defeat the purposes of a walkable city, but zoning can be used to mass the buildings and structure the walk spaces in a very deliberate way that produces not only a more exciting environment in which people can live but a healthy environment.



## The new happy hour

**Terrence Thompson**  
Chief executive, Networkingout

We're getting 300 to 500 people every Tuesday and Saturday [to run] in Detroit. But more important than the numbers are the results. Is Networkingout's concept working? In the first nine months of our program, more than 23 people lost 50 pounds or more. More than 100 people dropped 15 pounds or more.

One of the things that we want you to do is start thinking about that walk with your co-workers, that yoga session at lunch as really networking out. And how do we get this concept to catch on such that it becomes . . . part of our everyday activity.



## Smart design + school = healthy kids

**Dina Sorensen**  
Project designer, VMDO Architects

Architects don't talk health. We don't use health promotion or health-enhancing language typically. Thinking about architecture as an intervention was really new and different.

[Our aim was to] see the school environment through the lens of childhood obesity and some of the challenges that kids face very early on and connecting that back to space.

One of our very simple revelations was that the old paradigm of the school cafeteria needed to alter. One of the biggest moves we made was to open it up. It's an open kitchen, and functions more like a demonstration kitchen. They're surrounded by nature.

One of the most compelling aspects of that space is that you feel like you're outside.

We really focused on what kids need. What I see in that space are kids gravitating to that atmosphere because they know it's for them, about them. Everything is tailored to their needs.

**Matthew Trowbridge**  
Assistant professor, University of Virginia School of Medicine

We've decided the built environment is really important for public health.

The idea of using the classroom and the design of a building to promote better learning, to encourage certain types of social interaction is well-established. The idea, of course, was to [use design] for health promotion.

We met with the children, the teachers and the staff when they were in their older building. What we really focused on was the culture of health in the building. And what we were able to see is that after they moved into the new building, the kids themselves reported that they feel more supported in terms of engaging in physical activity and that healthy eating is a bigger part of their day. We also see teachers are producing more childhood obesity-relevant initiatives.

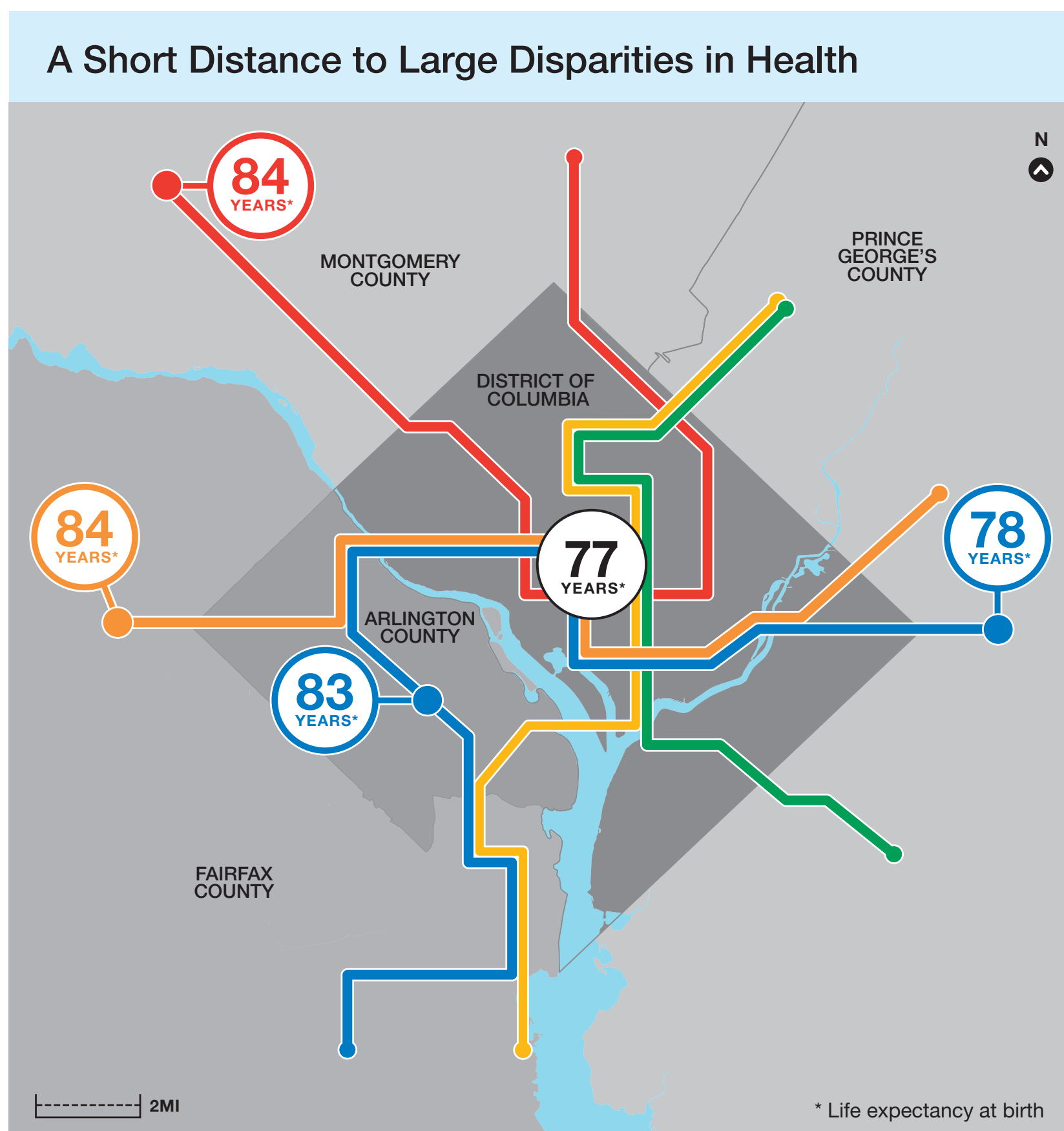
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The excerpts on these pages are from The Washington Post's "Health Beyond Health Care" forum, which was sponsored by the Robert Wood Johnson Foundation. Whole Foods Market and the Association of Metropolitan Planning Organizations also were partners in the event. The Post maintains full editorial control over the content of the conference and this special report. Video from the June 18 forum can be found at [wapo.st/postforums](http://wapo.st/postforums).



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