So, good afternoon, I'd like to welcome everyone to the first of the afternoon panels. My name is Doug Jutte. I'm a pediatrician and a population health researcher based at the University of California at Berkeley. And I'll be monitoring the first panel. Before we move on though, people have been thanking the FED, but I want to be very specific. Especially the federal reserve of San Francisco was really implemented, really critical for funding. All of everything we're doing and eating here. And in particular, I want to thank Scott Turner and Joy Hoffman, who are David's bosses. And we all know that if your bosses don't support you and provide you the money, none of this happens. So I want to specifically thank the two of them. They're over there. I also want to thank the Robert Wood Johnson foundation. And while doing that, I want to put a plug in for their health and society scholars program which I was an early member of. And this is a remarkable program and I feel like Robert Wood Johnson really puts their money where their mouth is. And has a program that trains people from a variety of disciplines: economists, urban planners, physicians, political scientists in population health. So stepping beyond public health, but actually looking at population health. And that's really where I got involved with this and started moving away from a pediatric specific background. So our goal this afternoon is to burrow into some of the deeper—deeper into some of the issues that were coming in this morning's speakers. To do that, we've organized a set if two panels. The first is composed of experts from the health side of the equation. And the second, that

we moderated by Nancy Andrews from the low income investment fund, will consist of experts from the different fields of community development. We decided to create the somewhat artificial division into two camps on purpose. While in many ways everyone in this room, as we've discussed, has the same goals, we're working towards creating communities populated by happier, healthier, and more productive individuals. It became clear to those of us working on this conference that in many ways we're talking past one another. We're missing opportunities to enhance both of our efforts. For me, this idea was crystallized at a meeting at the California endowment about a year ago on the topic of investing in healthy communities. There was a presentation about the placement of grocery stores in food deserts and they made a compelling case for the need for this. But I raised my hand and asked what was an obvious question to me, as a pediatrician and as a health researcher. Have there been studies that have demonstrated the effects, the impact of these grocery stores on the health of the communities in which they'd been placed? And there was silence. Then the rather senior individual, who was running to panel, calmly told me that it was impossible to measure health effects associated with this type of community development work. He said that unlike in medicine, randomized controlled trials are not feasible. There are simply too many counter factual in this type of work to provide meaningful conclusions. Now in a bit, I am going to let the panel list directly respond to that. But since measuring changing health status within complicated environments is what

some of them do for a living, I think we're going to see the task may not be easy, but it's also not impossible. I also want to be clear that I don't think that it's not that we'll find something. I personally believe that the impact may be far larger than we suspect. And if there are higher rate of child attendants in school, if there's longevity for the elderly, if there are decreased visits to the emergency room, there may be a health relationships that we have no idea exist there. As an example of the types of opportunities that we, both in the health and community development missing—I recently heard a story about a project in Charlotte, North Carolina. The study evaluated the impact of a new light rail line quarter that was put through a segment of the city. The researchers were specifically interested in the impact of this rail line on obesity in the neighborhood. They randomly selected residents before the train went in, and about eight months later. What they found was, after adjusting for other issues, those that used the trolley line once a week or more, lost on average, seven pounds over eight months. Those who continued to drive to work as before, gained weight or stayed the same. Now that may not seem like a lot, but within the medical world, seven pounds weight loss on average for a community in eight months is mind boggling. So here was an intervention that was entirely based on community development that had an effect larger than we can pull off in health. Two things that jumped out at me. One was that the original article that I went to, I found that this was one of the first studies of its type ever published in the literature. So this clearly was an opportunity that

we had missed as health researchers in the past; to better understand the impact of these types of infrastructure related improvements. On the flip side, I would argue that those working to develop public transportation now have a new and compelling piece of evidence with which to promote their work. Now they can not only say that using public transportation is good for the environment, it's also good for your health. And in fact, it may help you and your family lose weight. This too is a missed opportunity, in my opinion. Importantly, I believe that findings like these open up the great potential for collaboration and possibly for new streams of funding. Health researchers would be thrilled to have the opportunity to work, to study forms of community development that result in the greatest health improvements. We couldn't possibly get the size or scale of grants, so it would allow us to do the type of work that you all do on a daily basis. And potentially, if community development efforts can be shown to result in specific health improvements, then potentially local governments, the federal government, employers, insurance companies, and others who are interested in reducing health care costs, might be willing to foot part of the bill in an effort to improve their bottom line. So I want to introduce our panel. First, we have Nancy Adler who's a health psychologist and director of the center for health and community at the University of California, San Francisco. Second, we have David Williams who's a sociologist and professor of public health, and African, and African American studies at Harvard University. Ana Diez Roux, is an

epidemiologist and director of the center for social epidemiology and community health at the University of Michigan. And finally, David Fleming is a physician and director of the department of public health for Seattle King County. Now, we have about an hour and a half and the plan is to have each of the speakers introduce themselves a little further. And then, use—I had suggested one to two slides. We went over that a little bit, but we're going to try to stick to closer to ten minutes. So shorter than the morning sessions, in order to leave a larger amount of time for questions. And I'm going to start with a few questions that were sort of prepared to get the discussion going amongst them. So we'll start with Nancy.

END OF TAPE