

So, I do want to say it's really good to be here and to take part in this panel. But more importantly, to take part in I think, a really important and historic meeting of different camps coming together to really look at the common cause that we are working towards. And to think of the central impact that community development can have on health. I am also thrilled that each of you have a copy of the Robert Wood Johnson Foundations Commission to build a healthier America report. And there is one important having served as staff director for that, there's one important point that I think we should not lost sight of as you look at that report. The report reflects a consensus of a bipartisan group of national leaders in United States and it actually should be a very hopeful sign to us as we look to the future because there are no debates within our commission among our commissioners about the nature of the evidence and about just the magnitude of the problem and what the causes were. So I mean, there certainly were differences in terms of policy preferences with what the optimum solutions might be but in terms of the nature of the evidence there were in fact, no debates. So it shows that there really is a possibility for the American public with large, with our policy leaders to really grab a hold of what are the drivers of America's health and what needs to be done to reduce the short falls in health and to improve the health of all Americans. What I've been asked to do today on this panel is to take the

lens of race and what we know about racial disparities in health and to think of what important lessons that community development can learn from the work in racial disparities in health. And so, I'll give you a brief overview of racial disparities in health but spend more time talking about what drives them. What's the cause and really try to make the case that the solutions to racial disparities in health really lie within the domain of community development and that all of you have the opportunity and the potential to eradicate this block that has been on the American scene for a long time, in terms of large racial disparities in health. So how large are these disparities and what am I exactly talking about? Well, a recent study estimated that ninety six thousand eight hundred African Americans die each year who wouldn't die if there were no black, white differences in health. If you calculate that on a daily basis that's two hundred and sixty five African Americans dying prematurely, everyday. Imagine a fully loaded jumbo jet taking off from Ronald Reagan airport and crashing today and tomorrow and everyday next week and next month and for the rest of the year. That's what we're talking about in terms of the magnitude of racial disparities in health by race in the United States. And the most dramatic pattern is for African Americans compared to whites but American Indians also have high death rates from the cradle to the grave than whites and Latinos have higher death rates for selective causes of death, not as quite as pronounced and some

Asian sub groups and certainly Pacific Islanders also have really elevated risks. Another image of the magnitude of the disparities in health by race is to look at life expectancy. So in nineteen fifty, the life expectancy of whites was sixty nine point one years, the life expectancy at birth, sixty nine point one for whites. How long did it take for African Americans to get to that life expectancy when it was in nineteen ninety? So the forty year gap, in the health of two populations in the United States. In nineteen eighty, whites had a life expectancy of seventy four point four years and the latest data from two thousand seven, African Americans haven't gotten there yet. So again, we're still on track with almost a forty year gap in life expectancy between the races. And what we also know is that these disparities are not just in a moral and social justice issue but they're a costly burden on the economy. A recent report from the joint center of political and economic studies estimated that racial disparities alone in health are costing the U.S. economy three hundred and nine billion dollars a year. Three hundred and nine billion annually. In the Robert Wood Johnson foundations commissions work we estimated that the cost of the gap by socioeconomic status, by education is one trillion dollars annually, the loss to the U.S. economy. So these issues and thinking of the Federal Reserve board, these are really costly issues for the United States that is hurting our economic productivity as a nation and hurting our global competitiveness in terms

of the disparities by race or income. So do these large disparities by race and health, what in fact can we do about them and what's causing them?

I wrote a paper years ago arguing that residential segregation by race, the cost of rent of people in geographic space in the United States is a fundamental cause of these disparities. I was not the first to suggest that. The myrtle[?] said it back in nineteen forty four that segregation was basic to understanding racial inequality in America. The current commission after the rights of the sixties said that it was the lynch pen of U.S. race relations and a source of larger growing inequality and socioeconomic status. John Sellec[?] his tour in Duke University, wrote a book on the origins of segregation in the U.S. south and south Africa and he argued that residential segregation by race was one of the most single most successful domestic policies in the twentieth century in the United States because once implemented it has a range of negative effects but it is nonetheless beneath the rate of stream of most policy makers. If you want to read more about segregation, Massis Identon's[?] classic work, American Apartheid really lays out the multiple ways in which segregation has developed and its consequences in detail. And someone says what does segregation have to do with health? Well there's a lot of research now, that shows that segregation affects health in multiple ways. Nancy's talk showed about the powerful role that socioeconomic status [...?...] this morning, plays in terms of driving

health. Well, where you live in the United States determines your access to educational opportunity and your access to employment opportunities. It determines the quality of housing and exposure and access to neighborhood amenities. Conditions linked to segregation can make it easier or harder for you to live a healthy lifestyle and there's a lot of research suggesting that segregation also effects your access and the quality of care that you receive. In fact, one of the reasons for racial disparities in medical care is that in highly segregated areas care is bad for anyone that accesses care in those areas. So let me give you one example of the kind of work that has been done, Michael Cutler, a Harvard economist, looked, estimated the effect of segregation on a cohort of young American adults nationally. And he estimated in his economic models that if we could eliminate residential segregation by race we would completely erase black, white differences and income, education and unemployment and reduce black, white differences in single motherhoods by two thirds. Amazing. Segregation, completely accounting for racial disparities in income, education, occupation and reducing differences in single motherhoods by two thirds. How powerful the segregation, two of the countries leading sociologists, William Julius Wilson and Robert Sampson wrote about the role that segregation plays in determined rates of violence and among young men, and homicide in the United States and concluded in a hundred and seventy one largest cities

in the U.S. there's not even one city where whites live on the similar ecological conditions as blacks live because of segregation and they concluded that the worst urban context in which whites reside is considerably better than the average context of black communities. So as we think of racial disparities in health and think of moving forward to address them, we really need to address the rule of place and it's one of the things that Robert Wood Johnson foundation's commission focused on, that there are multiple ways in which place affects access to good health and we contrast here in these lines, how a healthy community looks very different than an unhealthy community in terms of safety, in terms of exposure to hazards or to having a clean environment. In terms of access to parks and open spaces for recreation. In terms of high quality housing. In terms of grocery stores, we've talked about a lot of food deserts today. But it goes on and on in terms of so many ways in which where you live determines your opportunities and chances to be healthy. And someone says, how segregated really is America? Well let's look at South Africa on the legally mandated apartheid as a contrast. In South Africa in nineteen ninety one, on the legally mandated apartheid, a segregation index, a measure of dissimilarity, one measure that demographers use, was ninety. A score of ninety meant that ninety percent of black South Africans would have to move in order to have an even distribution of blacks and whites in that country. In the year two

thousand on the defect[?] of the segregation in the U.S. because it's no longer legally mandated but the structures that were put in place as John still argued, remain in place. In most of America's largest cities the level of segregation was only slightly lower than that on the legally mandated apartheid and for the U.S. overall the level was sixty six. That meant two thirds of African Americans would have to move in order to have an even distribution of blacks and whites. Now focus heavily on the African American experience but I think American Indians are also effected. Indian reservations debate it geographic marginalization and social isolation and economic marginalization that characterizes that many of those communities. One of the most disturbing trends if you look at trends in the U.S. over time is the increasing residential segregation of Latinos in the United States, that which does not portend well for their future both economic opportunities as well as health opportunities. So this is really an important issue that I think many persons in community development don't think of how central place is to health and how central place is to us making progress to reduce these gaps in health by race that have existed in the United States for a long time. Thank you.

END OF TAPE