Robert Wood Johnson Foundation

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Minnesota Healthy Communities Conference Keynote Address

Federal Reserve Bank of Minneapolis

Minneapolis, Minn.

November 1, 2012

Greetings from storm-tossed Princeton, New Jersey. I deeply regret not being present today, but Hurricane Sandy had other ideas.

I know there are old friends in the audience. Also leaders I was hoping to get to know. Salutations to all of you!

When we gathered two years ago for the first of these Healthy Communities Conferences, Len Syme, the U.C. Berkeley professor, said something that cut right to the heart of things: "Those who design our living environments are some of the most important public health workers of our time."

Professor Syme meant to be provocative, and he was. We don't tend to think of architects and transit planners as public health workers… Let alone as "some of the most important public health workers of our time."

But he was correct!

Not that long ago, inoculation campaigns and surgical breakthroughs were health care's cutting edge. Today—to a remarkable degree—public health hinges on how and where we live, learn, work, and play.

Your ZIP code can have as much to do with your health as the medicines you take. That's driven home graphically on a map of the Twin Cities. If all went as planned, there's one on your table!

It shows that life expectancy can vary by as much as 13 years, depending on where you live along I-94 between Minneapolis and St. Paul.

And by race it's 83 years for Asians and 61 years for American Indians, a staggering 22-year difference in life expectancy in the Twin Cities.

Delegates are with you today from the White Earth and Red Lake reservations. I'm sure they share my concern. These are shocking disparities. Unacceptable disparities—they're a call to action!

In 2008, with numbers like those in mind, RWJF convened the Commission to Build a Healthier America.

We wanted to understand why American health is in decline—despite our paying double what any other country pays for health care. Double!

The Commission's overarching conclusion was clear and simple:

There's much more to health than health care. Indeed, half of the Commission's 10 recommendations were directed at community change.

The cold fact is that these days, medical care has a small impact on preventable death—about 10 percent. Social determinants, environmental exposure, and personal behavior combine to cause 60 percent of those preventable deaths.

In other words, slowing or preventing the progression of illness requires healthier schools, food, housing, and healthier workplaces. That's why we, in the health sector, are so delighted to be partnering with professional like you—skilled at improving community infrastructure.

I got a sneak preview of Ela and David's remarks, and they hit the nail on the head. We need to bring our missions not just into coordination. We need to make them converge. We need to launch projects that we can't do without you… and that you can't do without us. That kind of synergy will supercharge our work.

Today, you'll be looking at:

- Food and food security;
- Quality child care; and…
- Community health centers and their role as hubs of neighborhood vitality.

I'm going to start with health care. In fact, I'm going to start in a big-city hospital setting… even though that's exactly where we DON'T want people to end up as often as they do.

An organization called Health Leads provides a perfect example of the multi-faceted nature of community health work. Health Leads' founder, Rebecca Onie, was a college freshman working as a volunteer at Boston City Hospital when she was struck by something the doctors kept telling her: how frustrating it is to prescribe medicine or refer a patient to a specialist when what's really behind the health issue is…

- Poor nutrition, for example;
- Or the sheer the exhaustion that comes with a two-hour commute to work;

- Or lack of child care—without which you can't get to work at all;
- Or living in cold apartment because the landlord cut off the heat, especially when you're coming down with the flu.

The difference between Rebecca and the doctors was this: she wasn't habituated to the routines in which they felt trapped. She was able to think outside the box—which is why she's a recipient of a Robert Wood Johnson Foundation Young Leader Award.

Today Health Leads has set up shop at 23 sites and in the past year served over 7,000 patients. They're at a desk right out in the hospital's reception area.

The doctor jots down the patient's underlying need on a prescription pad—help with child care, for example, or getting the heat back on… And the Health Leads volunteers grab the phone or their laptops and start filling those prescriptions.

I love that: actually using a prescription pad to address the social determinants of health. And believe me, so do the doctors. The Harris polling organization surveyed them for us: four out of five physicians say addressing patients' social needs is as important as addressing their medical conditions. And in low-income settings, nine out of ten physicians say so.

Are there other ways to deliver these same services? Of course! But what matters is this: seeing the link between good health and those non-medical needs. Health Leads "gets it"—and so should we.

The same logic applies with childhood services. Early childhood development—ECD—is doubly a public health issue. Sure, good day care is a direct investment in a working parent's productivity. But let's not lose track of the child. Because a good start in life—a vibrant child care setting… getting a jump on reading and math… that's a foundation for success later on.

It's true here in urban America. It's true in rural America—as the Initiative Foundation is demonstrating in central Minnesota. They're focusing on everything from infant brain development… to nutrition… to getting dads more fully involved in child rearing.

Art Rolnick stressed the critical importance of a strong start during his many years as the Minnesota Fed's director of research. And he continues to do so as director of the Human Capital Research Collaborative. Art's with you this morning, I believe. So is his Fed colleague Rob Grunewald, another champion of universal ECD. Rob, thank you for moderating the panel that follows this video.

Statistics amply justify Rob's and Art's faith in early childhood development: What's the lifetime earnings differential between Americans who do and don't achieve an education beyond high school? One trillion dollars. That's trillion with a T.

Here's another number drawn from the landmark Perry Preschool Study: Twenty percent of the value of early childhood development accrues to the individual, as a child and later as an adult. Eighty percent accrues to the general public.

The Commission to Build a Healthier America visited a number of early childcare settings—a delightful experience for me. In Raleigh, North Carolina, I knew I was in a particularly good center. How? I met a successful young mother who, as a child, had been in the same care center where she was now a teacher! Testament to the power of a strong start.

Another key legacy of childhood is, of course, adult health - good health. America is in the grip of an obesity epidemic. At the Robert Wood Johnson Foundation, we have committed $500 million to reversing that trend line, the largest such pledge in our history. Obesity doesn't just set in one afternoon with an oversize soda on the way home from high school. It's rooted in pre-adolescence, even infancy. Nutrition and early eating habits are critically important.

There are near-term health paybacks as well. I know David Erickson is a big fan of the Booth Memorial Child Care Center out in Oakland. When Booth replaced worn carpeting… the place began to flourish. It wasn't just because it looked great—which it did. Asthma and allergy attacks abated, attendance rose and the program's red ink turned black. Kids were healthier. So was the staff. Disability claims shrank to the vanishing point, further improving the bottom line.

This afternoon you'll hear from folks working to enhance access to healthier foods in communities across the country. Just last month, with guidance from the Food Trust, the Minnesota Grocery Task Force came to agreement on ways to address the local challenge. And it's a big one: nine hundred thousand Minnesotans live in areas without easy access to a grocery store—200,000 of them are children.

The Task Force is calling for creation of a "Healthy Food Financing Program." The idea is to develop grocery stores in areas that lack them. And to get refrigeration into corner stores. Put fresh fruits and vegetables right up there by the cash register—not just salty snacks and sugary drinks.

I want to mention a different but equally dynamic approach to the problem of good food in low-income urban settings. I'm thinking of the urban garden movement. You've got one there in Mayor Rybak's Homegrown Minneapolis initiative.

But one of the most advanced has taken root in an unlikely venue: Detroit. More than thirteen hundred gardens have sprouted in the rubble where abandoned houses once stood. And Detroit non-profits have built a rich infrastructure in support of that urban greening: farmer's markets; training for would-be farmers—even bee-keepers! I've visited these gardens and markets and the energy and excitement on a busy Friday—the music playing… Absolutely electric! And healthy!!

Yes, gardens are about health and diet of course. They're also about community renewal. Real estate values. Maybe even psychotherapy. The very spirit of a struggling community is revived by a blooming community garden. It brings people together—15,000 volunteers in Detroit alone. It provides a sense of common purpose and shared success. It provides youth and elders with a place for inter-generational contact. Detroit has created a basic

infrastructure for a greener city and is building on it incrementally—every year! That's a superb model for development work of many different kinds.

As a final example of cross-sector synergy, let me also mention the fascinating Three Stops Campaign, right there in the Twin Cities. Getting those stops restored was about a lot more than transit economics—fares collected as a return on capital:

- Depriving low-income inner-city residents of transit access also deprives them of healthy food, given that grocery stores are rarely a short walk away.
- Equitable access to health services was also at stake, not to mention access to jobs, recreation and many other aspects of Twin Cities life.

That's how Doran Schrantz and the Isaiah group focused the argument and—*and* they were absolutely right. Doran is another recipient of our Young Leader Award this year.

One key breakthrough in the Three Stops Campaign was getting officials to reverse a federal policy… the one that said you could no longer factor equity into cost-effectiveness. With equity back in the equation, suddenly the numbers started to work. It became clear that restoring the three stops would provide a bountiful return on investment.

I want to stress a couple of things before you set to work this morning. To me, our Healthy Communities Conferences are at their best when we get down to cases… when we deal with the nitty-gritty of community change and revival. Take that as an open invitation: panelists, speakers, all of you! Get specific!

Food quality and security, early child care, community health centers. Those are lofty ideals. But let's bring them right down to earth. That's what Rebecca Onie and Doran Schrantz have done—taken raw data and converted it into programs that make sense and really work. Let's commit ourselves to specific goals: three stops, not two… another twenty-five Health Leads desks.

And in the spirit of getting specific, before I sign off, I want to toss a couple of my own ideas onto the table for your consideration. These are technical issues, one quite narrow, the other a little less so.

The narrow point is this: We need to rethink the time constraints by which we typically measure return on investment. Not every investment matures in 10 years' time. A health clinic in a low-income area… a full-service grocery store in a community that's been a food desert… a top-notch child care center in a public housing development…

The return on those investments may be 20 years or it may be a child's entire lifetime. Think about the cost of heart surgeries that won't be necessary, of incarcerations avoided. Think about the "value added" that comes with a successful and prosperous adulthood. These don't fit CBO's 10-year cookie cutter.

My other specific is this: While we need to extend R-O-I horizons, we also need to get more sophisticated about how we quantify those "returns on investment." The bottom line is

unavoidably important. But it needs to be calculated not just in dollars and cents. And here, if I may say so, the health sector can be especially helpful.

I believe David Kindig is with you today. David and the team at the University of Wisconsin are the people responsible for what we call County Health Rankings and we've done them now in all fifty states. The bottom line in those rankings is not profit and loss, it's healthfulness, an index of numerous measures. Disease incidence, of course, but also income and education levels, recreation opportunities, teen pregnancy rates—a wide range of markers for community well-being.

You can measure the cost of a bike path in dollars per square yard of asphalt. But you also can measure it in terms of reduced body mass index or triglyceride levels among diabetics. And it can be done with considerable precision.

These are numbers that people in community development should be reading closely… just as those of us in public health must root our dreams in the hard reality of economics.

There's an old East African proverb that speaks to me and, I hope, to you, too:

"He who digs the well must not be refused water."

Community development… public health… both of our sectors come alive in situations of dislocation and deprivation. Markets may underperform or fail altogether. Hard-working people get thrown out of work. They go hungry; they can't get health care; they are shut off from opportunities for a fresh start.

Deprivation may result from economics. The restructuring of the auto industry clobbered Detroit. The mid-century collapse of the flour mills right there in Minneapolis is another example. Deprivation may also result from poor health, racial marginalization or just plain bad luck.

But whatever the cause, the result is the same: people with the potential to contribute to our nation's wellbeing—to dig the well—find themselves sidelined and in need of water. That's where we come in—the foundations, the non-profits, the public sector.

Our missions are to provide that drink of water. So we need to bring our missions into convergence. We need to ACT and we need to act in concert. Turf fights are a vanity we cannot afford. We need each other's expertise too much to be stingy with it.

Public health IS community development. And by the same token, if we fail to get health care right… our national economy is unsustainable.

It's a leap for a lot of us. But this is our moment. The barrier that has separated our two professions is collapsing. That makes it an unbelievably exciting time. Exciting and challenging. New paradigms are being developed. So adapt yourselves to these opportunities. Put yourselves out there! There's no benefit in delay.

I'll leave you with another proverb. (I seem to be full of proverbs today!) In the wisdom of the elders… "The best time to plant a tree is twenty years ago. The second best time is… right now."

Thanks so much for your attention and for letting me join you virtually

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