Indianapolis NAACP
Freedom Fund Banquet Remarks

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EXCERPT

When we visit the doctor, most of us know by now there will be some discussion of numbers: our weight, of course, our blood pressure, maybe our blood glucose number or cholesterol count, the number of alcoholic drinks we consume in a week or a month, possibly—I hope not, but possibly—how many cigarettes we smoke in a day, and, for those of us of a certain age, probably the number of months or years it's been since our last cancer screening. And yet, even with all these numbers, the number that most affects our health is one our doctor will probably never mention: the number of our street address.

For much of the past century, many, if not most, of our public health interventions have focused on changing ***individual*** behaviors: diet, exercise, sleep, tobacco, alcohol, illicit drug use, safe sex practices, and so on. The list goes on long enough that it would be easy to reach the conclusion that our personal health and longevity is entirely determined by our own individual choices. Take personal responsibility, our healthcare systems and institutions have told us. Take better care of yourself.

And we should—we ***should*** take better care of ourselves. Individual choices ***are*** important. But the past 20-30 years of public health research has revealed a far more complicated truth about our health: that ***where*** we live is directly and significantly correlated with ***how well*** we live and ***how long*** we live.

And when I say "where we live," I'm not talking about whether someone lives in a big city or out in the country, or on the coast or up in the mountains or anything like that. I'm talking about which Indianapolis ZIP code you live in. Do you know the difference in average life expectancy of residents from the longest-living Indianapolis ZIP code compared to the shortest-

living ZIP code? From 2009 to 2013, researchers at The Polis Center say the average difference between our city's longest-living and shortest-living ZIP codes was **13.6 years**. Between 2014 and 2018, that gap widened to **16.8 years**. And when you dig into the data to look at individual neighborhoods, the difference in average life expectancy is as much as **26 years**. The Meadows neighborhood, where the Marion County Health Department central office is located, and the Sahm Park neighborhood just north of Castleton are less than ten miles apart—but the average life expectancy in these neighborhoods is **20 years** apart.

Twenty years is a whole lot of life. Twenty years is enough time to watch a whole new generation of your family be born and grow into adulthood. It's the difference between your children and grandchildren having memories of you or your *great*-grandchildren having those memories. Twenty years is enough time to have a second—or third, or fourth—career, if you want one; enough time to pay off two-thirds of a 30-year mortgage; enough time to possibly be the difference between being able to leave a home or some other inheritance to your loved ones, or not. I mean, moving is horribly stressful and we all hate to do it, but if someone came around and said "You know, if you move from the neighborhood where you live now to this other one less than 10 miles away, I can almost guarantee you'll live an extra 20 years," I think I'd be tempted to head home and start packing!

But as a physician and a scientist, it's important to me to understand what's going on in our neighborhoods that's creating this enormous difference in life expectancy. So, let's look at what else these shortest-living neighborhoods or ZIP codes have in common. Well, they all have rates of diabetes and heart disease almost twice as high as Marion County as a whole. They have poverty rates 2.5 to 3.5 times higher than the county average, the percent of the population without health insurance is 2 to 3 times higher than the rest of Marion County, and fewer than half of pregnant women living in these neighborhoods receive prenatal care in their first trimester.

Now, tell me, what's one more thing all these neighborhoods have in common? They're all neighborhoods where large majorities of residents are people of color. The population of the Meadows neighborhood is about 6% Caucasian; the Sahm Park neighborhood north of Castleton is 65% Caucasian. I know I don't need to tell anyone in this room that this situation is

not accidental. In Indianapolis, just as in all the other major U.S. cities, we really can't talk about "place" without also talking about ***race***. From the first days of slavery, through Reconstruction and Jim Crow, through the Great Migration and white flight, right up to the present day—for the entire 400-year history of Black people in the United States, essentially, the social construct of race has been suspended in a negative but extremely stable relationship with *place*.

Of course, we can't really talk about place without talking about the environment that place inhabits. We can't—well, we shouldn't—talk about the health of the people who live in a defined place without talking about *the health of the place itself*. People cannot be healthy when their environment is sick. And when we look at ever-widening life expectancy gaps between neighborhoods of 16 to 26 years, we have to face the reality that it's not simply our people that are sick—it's the *places themselves*.

This is also *not* accidental, of course. In Indianapolis and around the country, the built and natural environments of Black neighborhoods have been both care*fully* and care*lessly* degraded; the quality of the air, water, and soil is poor, the amount of greenspace and tree canopy is small and shrinking, and public infrastructure that supports wellness and wellbeing is crumbling or absent. Investments and improvements have been made. Mayor Hogsett and his administration, Council President Osili and other members of our City-County Council, the Marion County Health Department, our partners at the Central Indiana Community Foundation, Lilly Endowment, Fairbanks Foundation, our health system partners, and many others have made concerted and meaningful investments to address these inequities. But much more remains to be done to address public health in the context of its relationship to race *and* place.