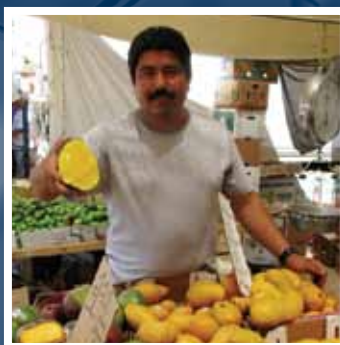


PLACE MATTERS:

Ensuring Opportunities for Good Health for All

A Summary of PLACE MATTERS' Community Health Equity Reports



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Prepared by the

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In Conjunction With

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and The Virginia Network for Geospatial Health Research

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FOREWORD

Place matters for health in important ways, according to a growing body of research. Differences in neighborhood conditions powerfully predict who is healthy, who is sick, and who lives longer. And because of patterns of residential segregation, these differences are the fundamental causes of health inequities among different racial, ethnic, and socioeconomic groups.

The Joint Center for Political and Economic Studies and its PLACE MATTERS Teams are pleased to add to the existing knowledge base with this report, “*Place Matters* for Health: Ensuring Opportunities for Good Health for All.” The report, supported by a grant from the National Institute on Minority Health and Health Disparities (NIMHD) of the National Institutes of Health, provides a summary of the analysis of the range of social, economic, and environmental conditions that exist in selected PLACE MATTERS communities and documents their relationship to the health status of the residents.

The study finds that social, economic, and environmental conditions in low-income and non-white neighborhoods make it more difficult for people in these neighborhoods to live healthy lives.

The overall pattern in the series of Community Health Equity Reports, as this summary makes clear, suggests that we need to tackle the structures and systems that create and perpetuate inequality to fully close racial and ethnic health gaps. Accordingly, because the Joint Center seeks not only to document these inequities, we are committed to helping remedy them.

Through our PLACE MATTERS initiative, which is generously supported by the W.K. Kellogg Foundation, we are working with leaders in 24 communities around the country to identify and address social, economic, and environmental conditions that shape health. We look forward to continuing to work with leaders these and other communities to ensure that every child, regardless of their race, ethnicity, or place of residence, can enjoy the opportunity to live a healthy, safe, and productive life.

Ralph B. Everett
President and CEO
Joint Center for Political and Economic Studies





The Cooke County Place Matters Team recruited youthful members to take part in the Action Lab, held July 25, 2012.

INTRODUCTION

[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.

World Health Organization Commission on the Social Determinants of Health (2008)

Place matters for health. A large body of research demonstrates that the spaces and places where people live, work, study, and play have powerful direct and indirect influences on health status. And because of persistent segregation in schools, workplaces, and communities, many people of color are more likely than whites to occupy spaces that are less conducive to good health. Segregation is therefore, in the view of many public health experts, a root cause of the racial and ethnic health inequalities in the United States.

This policy brief summarizes findings from a series of Community Health Equity Reports (CHERs) that the Joint Center for Political and Economic Studies prepared in

collaboration with PLACE MATTERS teams. (For more about these groups, please see the Appendix.) Since 2006, PLACE MATTERS teams in 24 jurisdictions around the country have been working to identify and address the social, economic, and environmental conditions at the community level that result in people of color living shorter and less healthy lives than their white peers. While the challenges facing people in PLACE MATTERS communities vary, a common theme emerged from our research: when it comes to health, one's zip code is often more important than one's genetic code.

Community conditions can overwhelm even the most persistent and determined efforts of individuals to take steps to improve their health. Neighborhoods characterized by high levels of segregation are disproportionately burdened by health risks, such as environmental degradation, often brought about by a high density of polluting industries. It's harder to eat a healthy diet in these communities because there are fewer grocery stores offering fresh fruits and vegetables. These same communities are more likely to have poorer-quality housing and transportation options, and are hit hardest by the home-mortgage lending crisis, which crushed wealth opportunities and disproportionately affected communities of color. Many of these neighborhoods also experience high rates of crime



John A. Capitman, the Executive Director, Central Valley Health Policy Institute, addressed the San Joaquin PLACE MATTERS Team during its Action Lab.

and violence, and even those who are not directly victimized are hurt as a result of stress and an inability to exercise or play outside. At the same time, too many of these neighborhoods lack access to health-enhancing resources, such as safe places to play and exercise. Even health care providers, hospitals, and clinics are harder to find in these neighborhoods.

Segregation is associated with poorer health because it concentrates poverty, thereby excluding and isolating people of color from mainstream resources necessary for economic mobility, such as good schools, good jobs, and access to banks and capital for business development. African Americans, Hispanics, and American Indians are substantially more likely to live in high-poverty neighborhoods than non-Hispanic whites. Today one in four African Americans, one in six Hispanics, and one in eight American Indians in metropolitan America lives in a census tract in which 30 percent or more of the population is in poverty. These rates starkly contrast with the estimated one in 25 non-Hispanic whites who live in one of these tracts. But the high proportion of people of color in high-poverty communities is not solely the result of class differences: even middle- and higher-income minorities live disproportionately in neighborhoods with high poverty.¹

People of color are more likely to live in high-poverty neighborhoods because of a host of historic and contemporary factors that facilitate segregation, such as the ripple effects of Jim Crow segregation, “redlining”—the now-banned but persistent practice of disinvestment and economic discrimination against communities of color—and contemporary discrimination such as steering of minority home-buyers or renters away from majority white communities.

Federal laws that prohibit housing discrimination effectively helped to promote integration in many American cities, and the nation saw a slight decline in residential segregation by race between 2000 and 2010. But segregation continues to be a predictor of significant health disparities, as measured by divergent rates of infant mortality, in comparisons between

African Americans and white Americans as well as between Hispanics and white Americans. A Joint Center study that simulated how varying levels of segregation are associated with racial gaps in rates of infant mortality showed that complete black-white residential integration would result in at least two fewer black infant deaths (2.31) per 1,000 live births. Had the nation been fully integrated in 2008, this simulation indicated, over 2,800 African American infant deaths would have been averted. With full integration, Hispanics would have a lower rate of infant mortality than whites.²

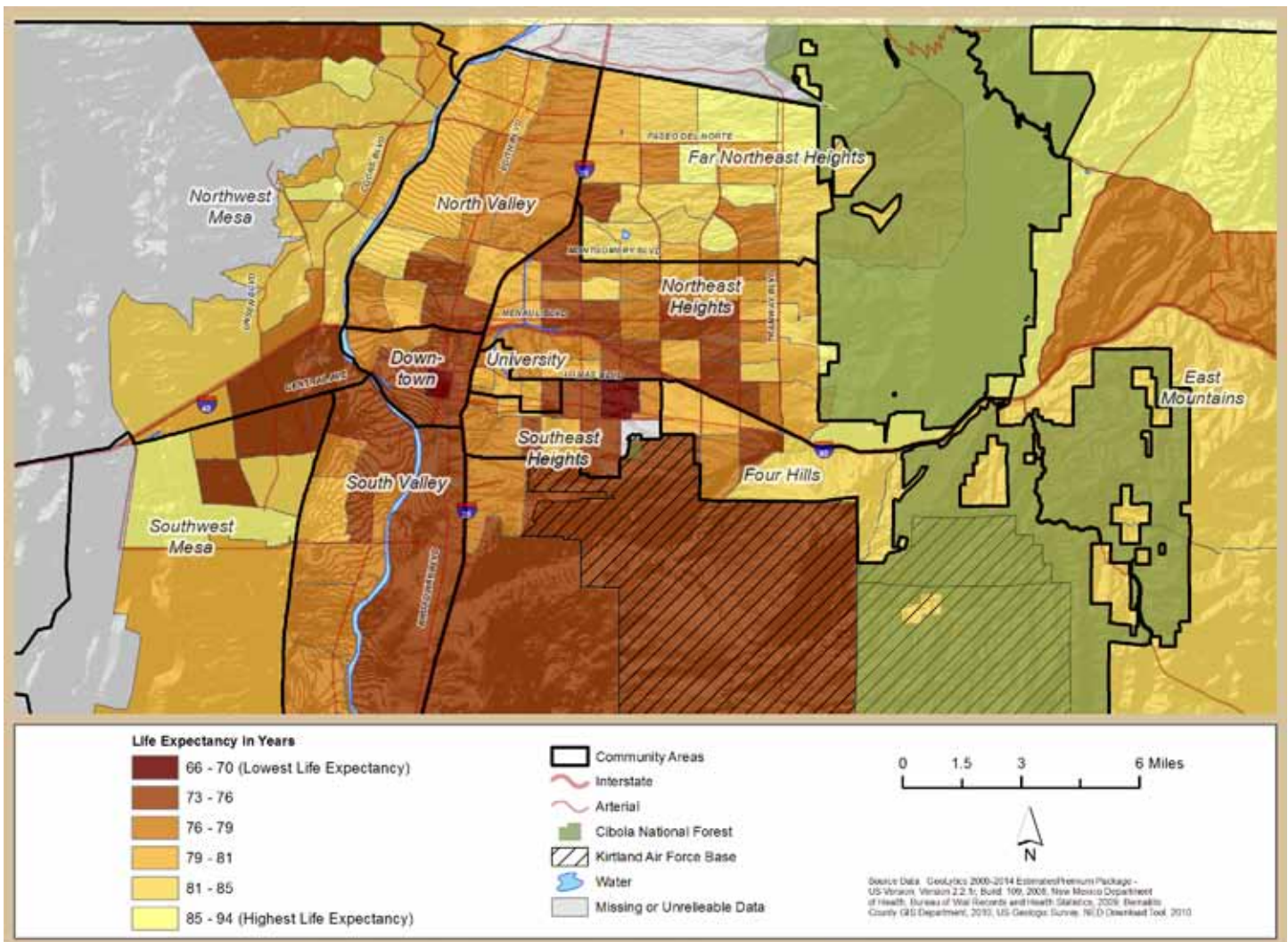
Documenting the Distribution of Health in PLACE MATTERS Communities

In the eight communities we studied for this project, the data reveal significantly greater health inequalities than nationally, particularly with regard to life expectancy. And in every one of the eight communities life expectancy is directly correlated with income, educational attainment, accessibility of nutritious foods and exercise, and environmental hazards. Furthermore, these factors are interconnected and feed on each other, and children are especially vulnerable in such situations.

For example, in the San Joaquin Valley of California, where the PLACE MATTERS team focused on the ramifications of environmental degradation, life expectancy varies by as much as 21 years depending on zip code. In the zip codes with lowest life expectancy, people can expect to live to be only about 69 years or less, while people can live to be 90 years or more in zip codes with the highest life expectancy. Zip codes with the lowest life expectancy tend to have a higher percentage of Hispanic and low-income residents. The rate of premature deaths (deaths before the age of 65) in the lowest-income zip codes in the Valley is nearly twice that of those in the highest-income zip codes. And areas of the San Joaquin Valley with the highest levels of respiratory risk have the highest percentage of Hispanic residents (55 percent), while areas with the lowest levels of respiratory risk have the lowest percentage of Hispanic residents (38 percent). One in six children in the San Joaquin Valley is diagnosed with asthma before the age of 18, an epidemic level. Illnesses in childhood such as asthma increase the risk for poor educational outcomes—which in turn increases the risk for poor health as an adult. The percentage of the population without a high school diploma in the San Joaquin Valley (30 percent) is more than double the percentage of people in the United States (14.7 percent) without a high school diploma. According to national statistics, adults (age 25 and older) without a high school diploma are three times more likely to die before the age of 65 than those with a college education.

In Bernalillo County, N.M., which includes Albuquerque, our study found that people living in neighborhoods characterized by inadequate schools, poor housing, polluted environments, insufficient transportation, and a lack of safety have a lower

Map 1: Life Expectancy by Census Tract, Bernalillo County, N.M. (2001-2005)

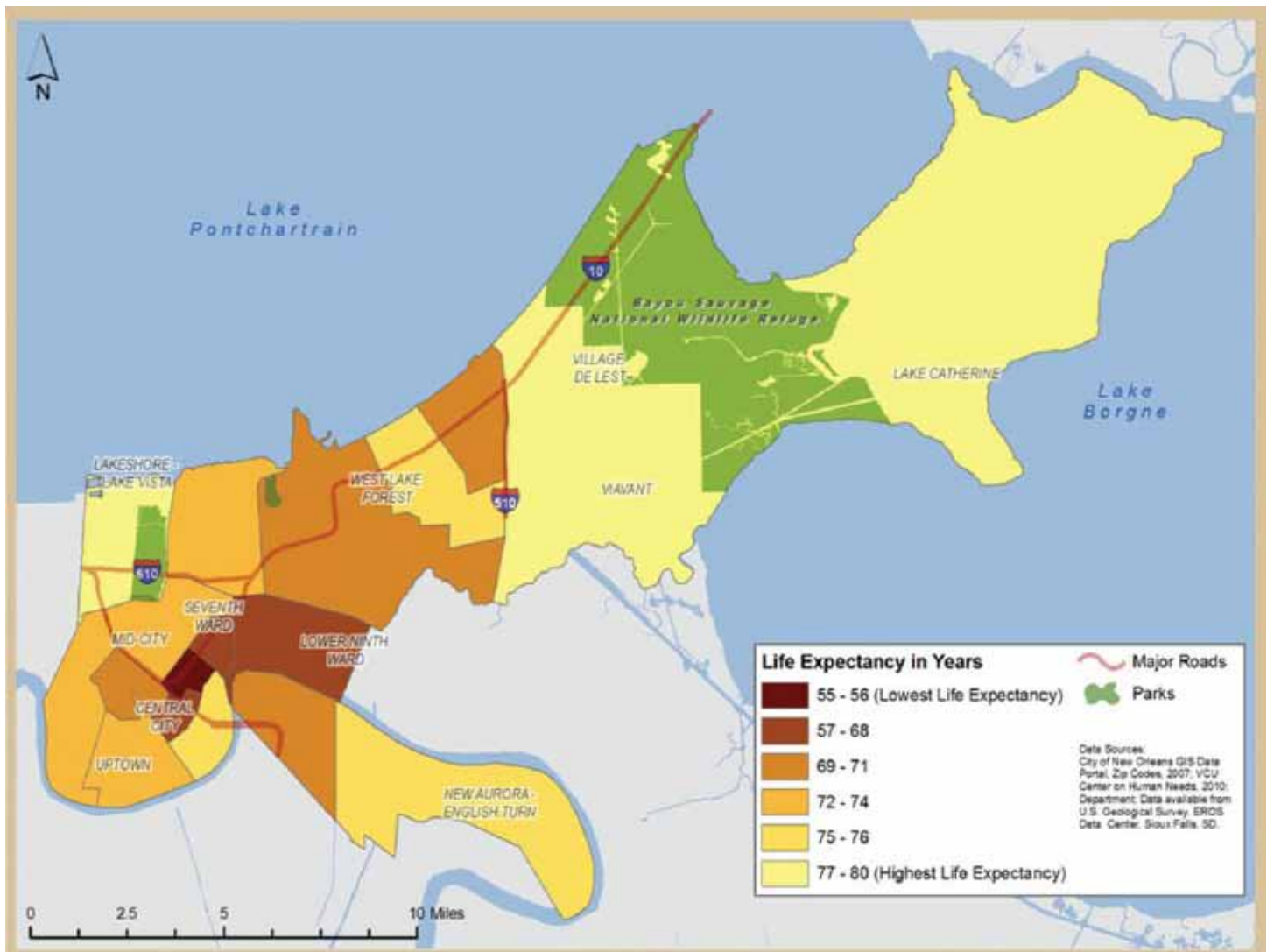


life expectancy than people living in neighborhoods that don't suffer from such negative characteristics. We further found that communities that face the greatest array of health risks have a larger percentage of low-income, immigrant, and Hispanic families than communities that face the least health risks. Specifically, we found more than a 22-year difference in life expectancy across census tracts in the county (see Map 1), and a 12-fold difference in the percentage of low-birth-weight infants across census tracts. We also found a wide difference across census tracts in community-level health risks, as measured by average educational attainment, average standardized test scores, violent crime rates, home foreclosure rates, unemployment rates, vacant housing, households with no automobiles, and the percentage of overcrowded households. We found an average life expectancy of 5.9 years less when a neighborhood's community risk index is high compared to when a neighborhood's community risk index is low. The study also demonstrated a higher concentration of environmental

health hazards, such as air pollution and toxic industrial wastes, in nonwhite and low-income census tracts than in whiter and higher-income census tracts, and an average life expectancy of 5.2 years less in census tracts with the greatest concentration of environmental hazards.

In New Orleans, our research found that life expectancy in the poorest zip code in the city is 25.5 years lower than life expectancy in the zip code with the least amount of poverty (see Map 2). Heart disease mortality in the poorest zip code is almost five times higher than the next highest rate in the city, the lowest levels of educational attainment correlate with the lowest rates of life expectancy, and the mortality rate in 2007 for African American residents, who live disproportionately in neighborhoods of concentrated poverty, was 1.5 times the mortality rate for white residents. The study also found a wide difference across census tracts in a community-level risk index, which was calculated by combining measures of population

Map 2: Life Expectancy by Zip Code in Orleans Parish, LA

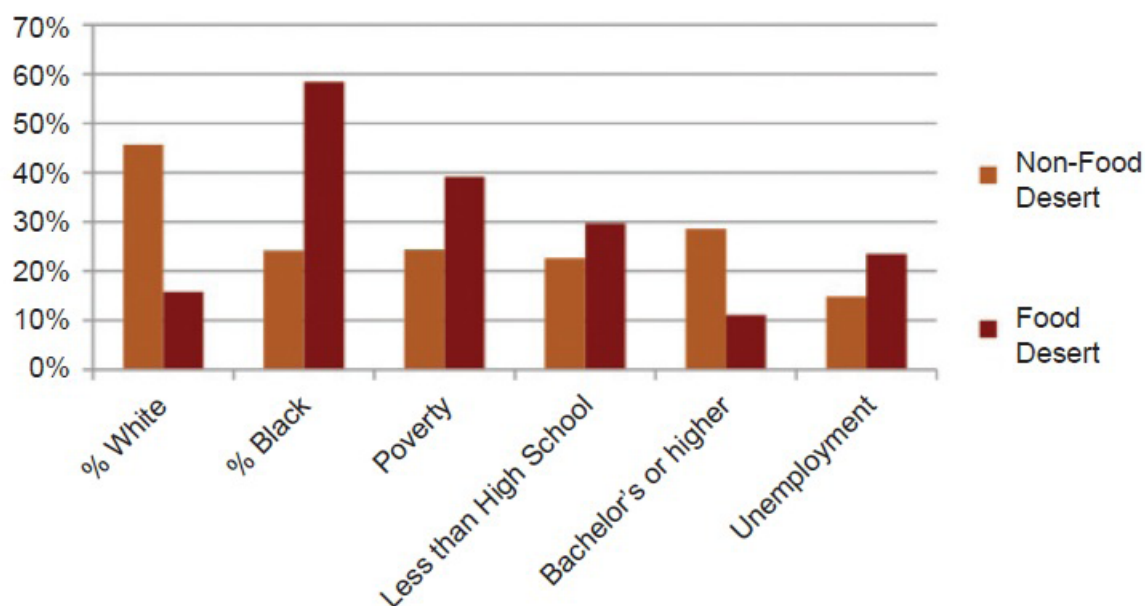


below 150 percent of the federal poverty level, overcrowded households, households without a vehicle, and vacant housing. Areas with the highest community risk indexes have significantly higher heart disease and stroke mortality rates. The lowest levels of educational attainment by census tract (as many as 72 percent of residents without a high school education) correlate with the highest levels of community risk factors and the lowest life expectancy rates. The study also found that higher violent crime rates are associated with areas that have higher rates of repopulation since Hurricane Katrina and lower levels of educational attainment.

In Cook County, Ill., where access to healthy food is the dominant issue for the PLACE MATTERS team, high levels of racial, ethnic, and economic segregation have contributed to persistent poverty concentration and, as a result, an inequitable distribution of health. More than a quarter of the census tracts experience persistent poverty, meaning that at least 20 percent

of households have been in poverty for two decades, and 162 census tracts have had at least 20 percent of residents in poverty for five decades. People living in areas with a median annual income greater than \$53,000 have a life expectancy almost 14 years longer than that of people living in areas with a median annual income below \$25,000. In 2007 the premature death rate for black residents was nearly 2.5 times the rate for white residents. The research further found that most of the census tracts with low educational attainment and low food access have a high concentration of nonwhite residents (see Figure 1) and that residents with the least access to chain supermarkets and large independent grocers have an average life expectancy that is approximately 11 years shorter than residents with the highest access to such food providers.

Figure 1: Characteristics of Food Deserts and Non-Food Deserts in Cook County (2009)



Note: Based on the USDA definition, food deserts are low-income tracts (poverty rate of at least 20%) where at least 33% of the population lives more than 1 mile away from a supermarket or a large grocery store in an urban area or 10 miles away in a rural area.

Source: United States Department of Agriculture; Food Desert Locator and 2009 Geolytics Premium Estimates.

Addressing Health Inequities

The overall pattern suggests that socioeconomic conditions in neighborhoods of concentrated poverty, which in our studies are predominantly African American and Hispanic American, make it more difficult for people in these communities to live healthy lives. It is astounding and should be unacceptable that in the world's wealthiest society a person's life can be cut short by two decades or more simply because of where one lives and factors over which he or she has no control. Clearly, there is a strong moral imperative to enact policies to redress the inequities of the past, as well as current inequities, in ways that will improve health for all. But there also is a powerful economic incentive. A study released by the Joint Center in 2009 found that direct medical costs associated with health inequities among African Americans, Hispanics, and Asian Americans approached \$230 billion between 2003 and 2006. When indirect costs, such as lowered productivity and lost tax revenue resulting from illness and premature death, were included, the total cost of health inequities exceeded \$1.24 trillion.³ Thus, for both moral and economic reasons, we must address health inequities and their root causes now.

A place-based approach to health disparities and inequities is clearly indicated by our research. The hopeful finding in every community we studied is that people, many of them members of PLACE MATTERS teams, are hard at work seeking to change the conditions that foster health inequities. For example, in the San Joaquin Valley, several strategies for addressing inequities emerged from the San Joaquin Valley Regional Equity Forum staged by the Central Valley Health Policy Institute at California State University in Fresno. Representatives of several of the largest regional social justice coalitions participating in the San Joaquin Valley PLACE MATTERS team have developed consensus recommendations to guide elected officials, policy makers, planners, philanthropic organizations, and other stakeholders. The broad conclusion is that focusing on creating the physical and institutional infrastructure for access to basic determinants of health and well-being, while ensuring that communities have the political power to make certain that policies and practices respond to their interests, offers a framework for shared action by the San Joaquin Valley PLACE MATTERS team and its allies.



The Fresh Moves mobile fruit and vegetable truck was a major attraction at the Cook County Place Matters Team's Action Lab, held in Chicago.

In Bernalillo County members of the PLACE MATTERS team have been strong advocates for policies to help ensure that low-income and Hispanic communities are not disproportionately hurt by environmental degradation and policies or practices that cluster health risks. In Orleans Parish, the PLACE MATTERS team has chosen to focus on keeping children in quality schools and on providing access to educational services for youth and adults who have been out of school for significant periods of time. Because higher crime rates correlate with lower educational attainment, the team is now broadening its focus to include ways in which to decrease the incidence of violent crime.

Metropolitan Chicago has several organizations and individuals active in a multifaceted and vibrant food justice movement designed to combat one of the negative consequences of concentrated poverty: inadequate access to healthy foods and the resultant detrimental impact on health outcomes. The Cook County PLACE MATTERS team has identified some values to serve as guideposts: racial equity, social justice, and empowerment of voices usually not heard in the policy-making process. While the focus of Cook County's PLACE MATTERS team is on access to food and food justice, the team also recognizes the importance to health equity of transportation,

housing, employment, education, health care, and meaningful participation of Cook County residents in the democratic process.

Recommendations specific to each location, designed to ensure opportunities for good health for all, can be found in the CHER for each location. Among the recommendations are strategies to:

- Increase understanding of the social determinants of health among elected policy makers, community leaders, and health, social service, education, and community/economic development professionals through professional education and other tools;
- Monitor on an ongoing basis environmentally challenged and socioeconomically vulnerable communities and increase public sector efforts to engage with—and invest in—these communities;
- Aggressively tackle poverty by fully funding programs that focus on early childhood development and economic development (including job training incentives and enterprise and empowerment zones);

- Adopt land use policies that reflect an emphasis on smart and equitable growth, facilitate access to affordable housing for vulnerable populations, and promote housing mobility to help reduce the clustering of people in neighborhoods of concentrated poverty and in areas where exposure to environmental risks is highest;
- Keep youth in school and reduce risks for involvement in juvenile justice and criminal justice systems by reducing school expulsions and suspensions, and offering alternatives to incarceration including school-based teen courts, peer mediation programming, and restorative justice programming;
- Implement a public financing program to provide financial “seed money” to stimulate healthy food retail in neighborhoods with low food access;
- Increase the capacity of communities to hold decision makers accountable through building the capacity of grassroots/community leaders and through encouraging support for collaborative decision making and advocacy to address regional challenges;
- Require public decision makers and program implementers to consider the impacts of proposed actions on racial/ethnic equity in life opportunities, health, and well-being, and to adjust actions to maximize this goal. This *equity in all policies* approach should also be adopted by philanthropic and religious groups and other organizations serving the region.

CONCLUSION

Interaction enables people to build communities, to commit themselves to each other, and to knit the social fabric.

Robert Putnam, Professor of Public Policy, Harvard University

Research provides clear evidence that residents of neighborhoods characterized by such conditions as persistent poverty, low educational attainment, exposure to greater levels of violence and environmental hazards, and lack of access to health care providers, nutritious foods, and exercise facilities generally have significantly poorer health outcomes than residents of neighborhoods that are not plagued by such conditions. These institutional barriers to good health, often called social determinants of health, lead to higher rates of infant mortality and low-birth-weight babies, greater susceptibility to cardiovascular and respiratory diseases, increased occurrences of premature death, and, on average, shorter life expectancy. Such neighborhoods are disproportionately populated by people of color, a legacy of

our history of racial oppression and racial segregation. But health inequities ultimately affect all Americans. Eliminating these inequities requires that we confront and overcome the conditions brought about by racism.

No matter how challenging these institutional barriers to good health may be, the vast majority of communities possess sources of potential strength that can help in important ways to overcome these barriers. In his work on the concept of social capital, Robert Putnam has explored these potential strengths. He defines social capital as “connections among individuals—social networks and the norms of reciprocity and trustworthiness that arise from them.” Thus, when connections in a community are strong, the ability of the community to counteract institutional barriers that mitigate against good health outcomes is increased. The World Bank calls social capital “the glue that holds (societies) together.”

“Community connectedness” says Putnam, “is not just about warm fuzzy tales of civic triumph. In measurable and well-documented ways, social capital makes an enormous difference to our lives.”

Thus, just as place matters in health outcomes, relationships also matter in health outcomes. If relationships in a community are strong, its residents are more likely to act collectively, through organized and intentional actions, to significantly influence public policies related to social determinants of health. And, in fact, the commitment of a core group of dedicated residents, working closely together, can bring enduring change. As the highly respected anthropologist Margaret Mead perceptively stated:

Never doubt that a small group of thoughtful, committed people can change the world; indeed, it's the only thing that ever has.

Because those seeking change often confront resistance from those who prefer the status quo, success requires the type of courage and dedication so aptly described by Dr. Vincent Harding, a close former associate of Dr. Martin Luther King, Jr.:

If you don't ever walk through trouble, or confront a risk, or reach beyond your comfort zone, you will never meet the rest of yourself.

Building a dynamic movement that succeeds in eliminating health disparities and achieving health equity requires a level of courage and commitment that is inherent in all of us if we choose to exercise it.

APPENDIX

About the Joint Center, Place Matters, and its Community Health Equity Reports

The Health Policy Institute (HPI) of the Joint Center for Political and Economic Studies was created to help build a health equity movement that will give all people an equal opportunity to live healthy lives. It focuses attention on the array of factors that damage the health of many people of color, and it promotes promising policy strategies to address these factors. Through its research, the Institute analyzes the root causes of the poorer health of minority groups, ranging from the clustering of health risks in communities of color to insufficient access to quality health care, and it works to raise stakeholder awareness and engagement and promote policy solutions to address these problems.

PLACE MATTERS, an HPI initiative supported largely by the W.K. Kellogg Foundation, is a national learning laboratory that currently consists of 16 teams working in 24 cities and counties. This learning laboratory seeks to foster local understanding of strategies to improve health outcomes and narrow health disparities through research, community capacity-building, and policy engagement. Using a community-based participatory model, PLACE MATTERS teams identify priority health concerns of low-income communities and communities of color (e.g., infant mortality, childhood obesity, youth violence) and build support for interventions that address underlying social, economic, and environmental conditions that shape these health outcomes. These conditions are recognized as social determinants of health.

In August 2009, HPI received a grant from the National Institute on Minority Health and Health Disparities of the National Institutes of Health (NIH) to develop and disseminate locally tailored Community Health Equity Reports (CHERs) in eight communities where PLACE MATTERS teams are in operation. The objectives of CHERs are to assess population health inequities and social and economic conditions in each of the eight communities. The development and dissemination of such locally tailored CHERs will help the participating PLACE MATTERS teams to:

- Identify and assemble indicators of health status and community conditions in their target geographic areas;
- Identify potential relationships between social and economic conditions and community health status, to inform policy within the target communities, and to deepen understanding of the interconnections between the local social environment and health disparities;

- Engage target audiences, such as policy makers, community leaders, elected officials, faith leaders, the news media, civic leaders, and others, to help mitigate adverse conditions;
- Provide an evidence-based “dashboard” for identifying pockets of extreme distress and for tracking progress/setbacks over time in addressing health disparities and socioeconomic well-being within the community.

To conduct the background research and produce technical reports for each of the eight communities, HPI contracted with the Center on Human Needs (CHN) at Virginia Commonwealth University. CHN’s role was to work with the PLACE MATTERS communities to identify community indicators and data analysis needs, collect and analyze data, and create a technical report for each community. It coordinated with the Virginia Network for Geospatial Health Research (VaNGHR) to geocode the data and create analytic maps to portray geographic disparities in the participating communities.

The eight participating communities in this project are Alameda County, Calif.; Baltimore, Md.; Bernalillo County, N.M.; Boston, Mass.; Cook County, Ill.; Orleans Parish, La.; San Joaquin Valley, Calif.; and South Delta, Miss. For each community the local PLACE MATTERS team, usually composed of community leaders, public health department officials, and other key stakeholders, developed the key questions it wanted the data gathering and analysis to address. CHN then gathered and analyzed the data and incorporated its findings into the technical report for each community. Using the data from these technical reports, HPI has prepared a CHER for each of the eight communities. Prior to completion and public release each CHER is reviewed by the appropriate PLACE MATTERS team. Although not all of the CHERs have yet been publicly released, we can, from the findings of the reports and from related research, summarize the work that has been done and draw some conclusions.

ENDNOTES

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- 2 LaVeist T, Gaskin D, and Trujillo A. (2011). “Separate Spaces, Risky Places: The Effects of Racial Segregation on Health Inequalities.” Washington, D.C.: Joint Center for Political and Economic Studies
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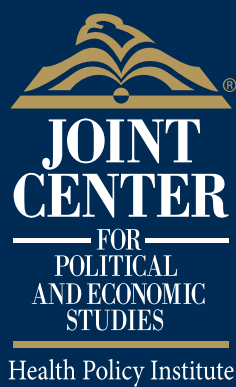
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