We appreciate hearing from you in response to questions raised after your review of the *From Separate to Equal* video and reading the remarkable 1619 research project. The idea of the exercise was for us to get a quick collective assessment of your approach and thought process in responding to complicated, multifactorial issues. These issues impact us today but have long historical origins. Right or wrong answers were not as important as your thought process and your depth of knowledge through whatever research methods you choose to use.

I offer the following as food for thought:

* Given the current civil unrest with the focus on criminal justice reform – the debatable dynamics of hiring formerly incarcerated “citizens” will be top of mind. Several of you mentioned John Hopkins and Metro Health in Cleveland as two institutions that have had success with this practice. I suggest many more will give it a try especially if (when) states and other regulatory agencies offer more legal leeway to do so. Aside from the benefits of a reliable workforce, the hiring practice will also have a positive impact on recidivism which is desirable for society as a whole.
* There was a lot of ground to cover in the public policy/legislation question. If interested, take a look at the Hill Burton Act; 1946, the Economic Opportunity Act; 1964 (my favorite), the Health Maintenance Act; 1973 (another favorite), the Tax Equity and Fiscal Responsibility Act; 1982 or the Implementation of Medicare Part D; 2003. Always follow the intent of the legislation as well as the unforeseen consequences.
* Virtually all of you who responded to the Morbidity/Chronic Conditions question easily spoke to African Americans’ distrust of the healthcare system and the value of cultural familiarity in the clinical-patient relationships. I was somewhat surprised however that no one recognized that any legitimate visual mapping of the United States generally shows higher morbidity rates for chronic diseases and high mortality rates reside in former slave states. *The 1619 Project* reading certainly explains why that is the case.
* And finally, it is impossible to honestly discuss the health status of a given community or population without seriously understanding their social economic status. Poorer community segments with inferior schools always have dire healthcare outcomes. Remember clinical care impacts only about 20% of one’s health outcome. The remaining 80% is comprised of social economic factors, physical environment and health behaviors.

The Wall Street Journal had an interesting article on pay day loan shops on Wednesday, June 3rd, 2020.

If you are interested in learning more about social economic determinants and the impact of poverty and racism on a community’s health, look up some of the research performed by Dr. David R. Williams, Chair, Department of Social and Behavioral Sciences and Professor of African American Studies at Harvard University.

Please stay in touch with each other as we will with you. We look forward to seeing you next spring if not before.



John W. Bluford, III