



FOCUS[®]

THE MAGAZINE OF THE JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES

Revitalizing America

inside

Vital to Our Recovery:
Nonprofits and Foundations
in These Difficult Times

**The Harlem Children's
Zone:** Revitalizing Our
Nation Through Education

**A Vital Time,
A Critical Role:**
Volunteerism and Service



President's Message



No historian shed more light on America's true past than Dr. John Hope Franklin, and none did more to reflect that light toward a future of greater hope.

Dr. Franklin, who died in March at age 94 and who had a long association with the Joint Center, not only created the field of African American history—he embodied it.

Outraged by what he had uncovered in his scholarly pursuits and by what he had experienced in his own life, Dr. Franklin sought to use his grasp of the past to guide America toward a brighter day for all people. His life was marked by an uncommon devotion to service—to his academic discipline, to the betterment of his community and to the goal of uplifting our nation. Through this devotion he changed our country.

In much the same way, Dr. Dorothy I. Height has shown through nearly eight decades of activism how much she values service as a cornerstone of the American way of life and of our ongoing progress as a nation. "Without community service," she has said, "we would not have a strong quality of life. It's important to the person who serves as well as the recipient. It's the way in which we ourselves grow and develop."

Both of these enormously influential figures loomed large at the 2009 Joint Center Annual Dinner in April in Washington, where we honored Dr. Franklin's memory and his many accomplishments, and where Dr. Height became the first woman to receive the *Louis E. Martin Great American Award*.

To hear the 97-year-old Dr. Height deliver her acceptance remarks—without notes—was to be inspired to look for new ways to channel the energies of citizens from all walks of life to the task of building a better future for all.

Today, with a new President who began his own career as a community organizer, and a First Lady who ran a local non-profit group focusing on leadership development, it seems like a good time to rekindle that spirit.

In these pages of FOCUS, you will find contributions from practitioners with deep experience building a culture of service, both nationally and in their communities.

From its beginnings nearly four decades ago, the Joint Center advanced the proposition that social progress and the advancement of America's historic ideals are the fruits of citizen participation and civic engagement. When people have a better understanding of why things are, and when they seek to apply their knowledge to solve problems in their communities, great things begin to happen.

Dr. John Hope Franklin was among those who taught us this. Dr. Dorothy Height continues to inspire us with her shining example. Let us join together to honor them by resolving to take citizen service and involvement to new levels in our country.

* * * *

I'd like to extend my heartfelt gratitude and best wishes to The Honorable Joyce London Alexander Ford, retired U.S. Magistrate Judge, United States District Court of Massachusetts, whose illustrious service as Chair of the Joint Center's Board of Governors came to an end when she stepped down at the end of her board term in April. She has provided extraordinary leadership and guidance as the Joint Center has worked to create a new vision for expanding the impact of our work. At the same time, let me congratulate Roderick D. Gillum, Esq., Vice President, Corporate Responsibility and Diversity for General Motors Corporation and Chairman of the General Motors Foundation, upon his election as Chair. Mr. Gillum has been an active and valuable contributor to the work of the board, and I look forward to working with him in the days ahead as we take the Joint Center to new levels of influence and efficacy.

FOCUS

Volume 37, Issue 2

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Printed in the United States of America.

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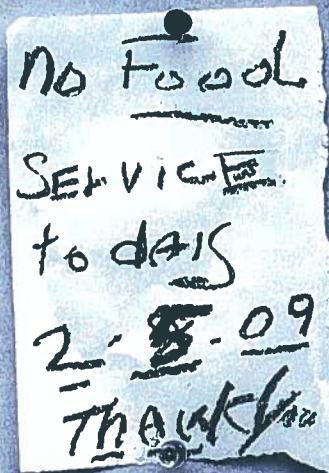
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Vital To Our Recovery:

**NONPROFITS AND
FOUNDATIONS IN
THESE DIFFICULT TIMES**

Diana Aviv, President and CEO of Independent Sector



For nearly 16 years, Paul Martodam has helped Catholic Charities assist people throughout Phoenix with food, shelter and many other parts of daily life.

He has never seen anything like the current situation. In October alone, his Community Services program had to turn away nearly 1,000 requests because it was out of money. And it's not simply more assistance for the same people; trouble is moving from the backstreets to Main Street. "People who have been contributors for years," Martodam says, "are now asking for help. They never pictured themselves being on the receiving side of charity."

Millions of Americans across the country are floundering, struggling to stay afloat because of foreclosures, job losses and lack of health care. At the end of November 2008, demand at the food banks in Feeding America's network was up 30 percent over last year. Charities throughout the nation are

reporting similar spikes in need. While some organizations like Feeding America and the Salvation Army had record fundraising years in 2008, demand has substantially outpaced donations. Many nonprofits began witnessing a slowdown in donations late in the year and are deeply concerned about the financial outlook for 2009.

What's more alarming is that conditions may worsen. The Center on Budget and Policy Priorities estimates that if the current 8.5 percent unemployment rate rises to nine percent, the recession will have thrown as many as 10 million more people into poverty. And some economists are talking about double digit unemployment over the next 18 months. Real estate analysts are predicting new waves of foreclosures despite efforts by Congress and the administration to help people save their homes. These conditions have placed enormous pressures on the capacity of America's nonprofit community to meet the growing need.

People have always relied on nonprofits, not just for basic health and welfare needs, but also for advancement of knowledge and community problem solving—whether it be through their religious organizations, their local arts program, or through the myriad of national and international organizations created to improve quality of life. Our nation's network of nearly 1.5 million charitable and philanthropic organizations is a significant part of our economy, employing nearly 13 million people, or approximately 9.7 percent of the U.S. workforce, and accounting for 8.1 percent of wages paid in the United States. Together, these organizations spent nearly \$1.1 trillion in 2005 to fulfill their charitable purposes, using a mix of government funding, private contributions, foundation and corporate grants, and earned income to support their missions.

continued on next page

Having the resources to meet program commitments is a perennial challenge for the charitable community. And now, just as organizations are seeing the ranks of those in need grow, the dollars available for services are heading in the opposite direction.

Worries about jobs and retirement investments are forcing millions of donors to reconsider what they are able to contribute to favorite causes. During each period of economic recession over the last 40 years, individual contributions have declined between 1.3 and 9.2 percent (adjusted for inflation), and many believe the current downturn could be even worse. Corporate donations are expected to decline or remain flat, and foundation giving, despite the valiant efforts of many foundations to increase payouts this year to fulfill promises, is expected to shrink significantly in 2010 due to endowments that may be down by as much as 40 percent.

Government funding for services provided by nonprofits is also challenged. Government funding supplies at least one-third of total nonprofit sector revenues, and health and human service providers count on government for over 50 percent of their support. Most state and local governments are facing severe budget shortfalls, causing them to cut funding for many critical programs, and many have not reimbursed nonprofits in a timely manner for expenses they have already incurred under government service contracts. Further, these organizations have yet to see any of the stimulus money.

In the past, nonprofits have relied on private contributions and lines of credit from financial institutions to cover the lag between expense and reimbursement, but many are finding it increasingly difficult to obtain new or expanded lines of credit due to the tight market. According to a mid-January survey by the Michigan Nonprofit Association, 16 percent of responding nonprofits reported that their lines of credit had been reduced over the past year—and nearly half stated that the economic downturn has made obtaining lines of credit “more difficult.” In Long Island, New York, SCO Family of

Services, a nonprofit agency that provides foster care, adoption services and residential programs for individuals with special needs, began 2008 with a \$25 million credit line to cover its bills while awaiting government reimbursements and donations. Since then, its bank has cut the organization’s line of credit twice, compromising SCO’s ability to pay employees and continue its services.

The declines in private giving and government funding, coupled with the credit squeeze, have forced many organizations to lay off staff and cut back or close programs. These unfortunate developments are appearing regularly in the media, including such esteemed organizations as Harlem Children’s Zone, which serves 8,000 children across 97 city blocks of Central Harlem. It was reported to have cut 10 percent of its staff due to declining revenues, with the possibility of more reductions in the future.

In the face of declining revenues, nonprofits are struggling just to maintain, much less expand, services to address the immense needs of our communities. Many charities and foundations are moving as quickly as possible to develop new ways of doing business and collaborating with each other to find cost-effective ways to conduct their business operations and manage their services. These steps have included postponing new projects, cutting back existing programs, not filling open positions, scaling back health and pension benefits, and instituting pay roll cuts and furloughs. Others have sought to relocate and find organizations interested in developing various cost-sharing arrangements. There are efforts to merge organizations. One such example involves the Task Force on Family Violence and Sojourner Truth House, both based in Milwaukee, which merged to form the Sojourner Family Peace Center, allowing the agencies to increase administrative and program efficiencies and streamline fundraising. Centro Latino de Chelsea and Concilio Hispano in Cambridge, two small nonprofits that primarily serve Latino and immigrant communities north of Boston, are forming Centro Latino Inc. to jointly provide health, educational and workforce training services. Sharing expenses

does not save costs immediately. Letting go staff, renegotiating existing contracts and paying lawyers, accountants and realtors to facilitate these processes are expensive and are for some organizations a barrier to proceeding.

Many nonprofits are also looking to innovative approaches to raise funds and collect resources. For example, in March and April of this year, The League of American Orchestras partnered with Feeding America, the nation’s largest domestic hunger-relief charity, to mobilize more than 225 orchestras across 50 states in a national food drive, “Orchestras Feeding America.”

Grantmakers are adjusting their priorities to ensure that nonprofits are able to continue serving their communities. Notable examples include the Weingart Foundation, which announced in December 2008 its decision to offer core support to underwrite administrative costs for nonprofits that provide necessities such as food, shelter and health care to the poor, unemployed and sick in the Los Angeles region. The Chicago Community Trust has responded to rising unemployment and increased demand on food pantries and homeless shelters with the creation of The Unity Challenge, a \$3-million initiative to expand the capacity of nonprofit agencies meeting basic human needs.

Foundations and nonprofits are also working together to inform the government about the important role they must play in sustaining our communities. These efforts educate government officials about the valuable work of the nonprofit community and share the stories of the difficulties organizations face serving people in the current climate. The better government understands the benefits of partnering with the sector and its responsibility in supporting those efforts, the more likely it is that lawmakers will consider additional appropriation of funds.

The federal government took dramatic steps through the Troubled Asset Relief Program to respond to failing financial and other targeted corporations, recognizing their centrality to the economy. Congress also

acted to help state and local governments maintain programs and provided some assistance to small businesses and nonprofits in the American Recovery and Reinvestment Act that President Obama signed into law in February. This extraordinary package of relief measures is a good first step, but does not begin to close the budget shortfalls most states are facing in 2009. State and local governments will still need to make tough decisions about raising taxes or cutting programs even further to close their budget gaps.

There are several steps Congress should take to make more public and private resources available to help nonprofits continue their vital services to our communities:

- **Bridge Funding:** Congress should help ensure that nonprofit organizations, particularly those serving our most vulnerable populations, have access to the low- or no-interest lines of credit they need to bridge gaps between service expenditures and government reimbursements. A short-term bridge loan program administered by the federal government, with interest-free loans disbursed through qualified state and local organizations to nonprofits that have valid receivables from government contracts, would help to prevent costly layoffs and maintain community services until state and local governments are able to fulfill their financial obligations on existing contracts.

- **Distribution of Economic Stimulus:** With the passage of the American Recovery and Reinvestment Act, the nonprofit community will encourage states to act expeditiously in distributing the stimulus funds that will provide continued access to countless programs for individuals in need. Charities and foundations will monitor the process to ensure that state and local governments apply economic recovery funds for the intended purposes of benefitting communities instead of patching holes in the budget. These organizations can also be powerful allies to local lawmakers in identifying how federal, state, and local dollars can be put to the most effective use in addressing areas of greatest need.

- **Additional Economic Recovery**

Measures: Congress should treat funding provided through the American Recovery and Reinvestment Act as an important supplement to—not a replacement for—annual appropriations. Congress should also consider additional stimulus measures to address service gaps that have occurred as a result of diminished private resources and state and local government funding.

- **Ensure that Government has the Resources to Fulfill Its Obligations:**

In preparing its tax and appropriations provisions for the coming years, Congress should provide adequate funding for vital health and human services, access to education and arts and cultural opportunities, environmental protection and medical and scientific research, taking into account the growing need for these programs. In developing its FY 2010 budget, Congress should follow the principles of “shared sacrifice” that characterized the major, successful deficit-reduction laws in 1990 and 1993 to create a balanced budget package that combines reasonable adjustments to major programs with increases in taxes.

- **Estate Tax:** Congress should maintain a robust federal estate tax at the levels set for 2009, which minimize detrimental impact on federal revenues, protect farms and small businesses, and preserve incentives to give back to the community through charitable contributions. Making permanent the 2009 estate tax exemptions and tax rate is the most appropriate reform to ensure adequate federal revenues and to continue to encourage charitable contributions that help nonprofits implement, complement, and enhance services provided by government and business.

- **Individual Giving:** Current tax law limits the deductions taxpayers can take for charitable contributions to 50 percent or less (depending on the type of contribution) of the taxpayer’s adjusted gross income, and permits taxpayers who are 70 ½ or older to give up to \$100,000 to charities from their Individual Retirement Accounts without

incurring any tax. Congress can encourage individuals who have the ability to make more generous contributions by raising or eliminating the ceilings on the amount of tax-deductible contributions permitted for the next two years.

Large and small charitable organizations, operating in all parts of the globe, offer relief in times of disaster, nurture our spiritual and creative aspirations, care for vulnerable people, and find solutions to medical, scientific and environmental challenges. They occupy a central place in every community, drawing upon the talents and generosity of and providing service to an enormously diverse group of people.

Collaborations among nonprofit organizations, businesses and government are essential for building lasting partnerships and advocating for smarter policies. As policymakers continue to consider and implement ways to maximize scarce resources and get the economy back on track, it must be sure that one of its key partners in fulfilling its commitments to the American people—the nonprofit community—remains strong and vibrant. In the end, it is our communities who benefit most. ☰

Diana Aviv is the president and CEO of Independent Sector, the national leadership forum for America's nonprofits, foundations, and corporate giving programs. By representing tens of thousands of organizations across the country, Independent Sector's mission is to advance the common good by leading, strengthening, and mobilizing the charitable community. Diana has testified before Congress and has been featured in media outlets, such as [The New York Times](#), [The Washington Post](#), [The Wall Street Journal](#), [NPR](#) and [MSNBC.com](#). Diana came to Independent Sector in April 2003 after spending nine years at United Jewish Communities. As UJC's vice president for public policy and director of its Washington Action Office, she worked closely with federations and national agencies concerned with the domestic health and welfare needs of vulnerable people.

The Harlem Children's Zone: Revitalizing Our Nation Through Education

By Geoffrey Canada and Angela Glover Blackwell, Esq.

The unprecedented scale and success of the Harlem Children's Zone® Project in closing the achievement gap has elicited curiosity around the world. People want to know: what is the “secret ingredient” that is producing results where decades of social programs have failed. With President Barack Obama calling for 20 Promise Neighborhoods based on the HCZ® Project model, people in the field have become more eager than ever to uncover the secret.



"The objective is to create a safety net woven so tightly that children in the neighborhood just can't slip through."

—The New York Times Magazine

The "secret," though, has been in plain sight for years, operating in more-affluent communities: support every child from the womb through college, and do whatever it takes to overcome any barrier to a child's successful development.

The Children's Zone* was born out of the realization that Harlem's children and families were facing many dire problems and that the only way for them to succeed was to address as many of these issues as possible. Even the greatest classroom program is doomed if a student is missing it due to asthma, or is preoccupied with the threat of violence on his way to that classroom, or is worried about losing the home he goes to at the end of the school day.

Though the basic concept of the Harlem Children Zone is simple, its implementation is difficult in chronically poor neighborhoods. While children need ongoing support, the broken families and devastated communities around them also need strengthening, so they can reinforce the direct work done with children. However, if we build on the lessons learned in Harlem, success is absolutely replicable in other communities around the nation.

The HCZ Project makes real the old saying, "It takes a village to raise a child." In the village of Central Harlem, where 39 percent of the children are born into poverty, the village itself has been in no shape to help anyone for decades. Like many poor neighborhoods across the country, the things that middle-class children take for granted—working schools, useable playgrounds, decent housing, safe streets—have been all but nonexistent in Harlem.

Like the 13 million children living in poverty in the United States today, the children in

Central Harlem had been far less likely than other children to get a good education or adequate health care and are more likely to enter prison. A black boy born in America in 2001 has a one in three chance of going to prison during his lifetime.

The HCZ Model

HCZ has become a national standard-bearer for a simple but far-reaching idea: it is difficult—often impossible—to raise healthy children in a disintegrated community. The goal of the HCZ Model is to rally the community around the well-being of its children.

The HCZ model is comprehensive, focusing on the educational, social service and health needs of children in the zone. The model begins with the Baby College*, a nine-week workshop for parents of children up to three years old, where outreach workers literally go door-to-door to recruit parents. The outreach workers even aim to get parents with little or no interest in a workshop by highlighting the program's free meals, child care and occasional raffle. The pipeline then continues with high-quality programs aimed at each stage of children's development through college. HCZ's health initiatives address the prevalent existence of asthma and childhood obesity. The Community Pride program works to revitalize and stabilize the neighborhood.

By partnering with parents, residents, teachers and other key community leaders, and working in collaboration with churches, parks, local businesses and schools, HCZ has developed a safe, nurturing environment to help children from ages 0-23. A few HCZ facts illustrate its effectiveness:

- 100 percent of students in the HCZ

Harlem Gems pre-K program were found "school-ready" for the sixth year in a row.

- 81 percent of Baby College parents improved the frequency of reading to their children.
- 97 percent of HCZ Promise Academy I Charter School eighth graders were at or above grade level on the 2008 statewide math exam.
- 100 percent of HCZ Promise Academy II third-graders scored at or above grade level in the statewide math tests.

Facing Down Poverty

Poverty now costs the United States about four percent of its gross domestic product annually in lost production, decreased economic output and increased social expenditures. For example, children who drop out of school are more likely to end up in prison, which can cost \$50,000 or more annually.

HCZ's success highlights the need for any federal effort aimed at eradicating child poverty to be multifaceted. It requires aiming for one common goal—creating communities with conditions where children's success is the norm, not the exception.

Principles for Achieving Success

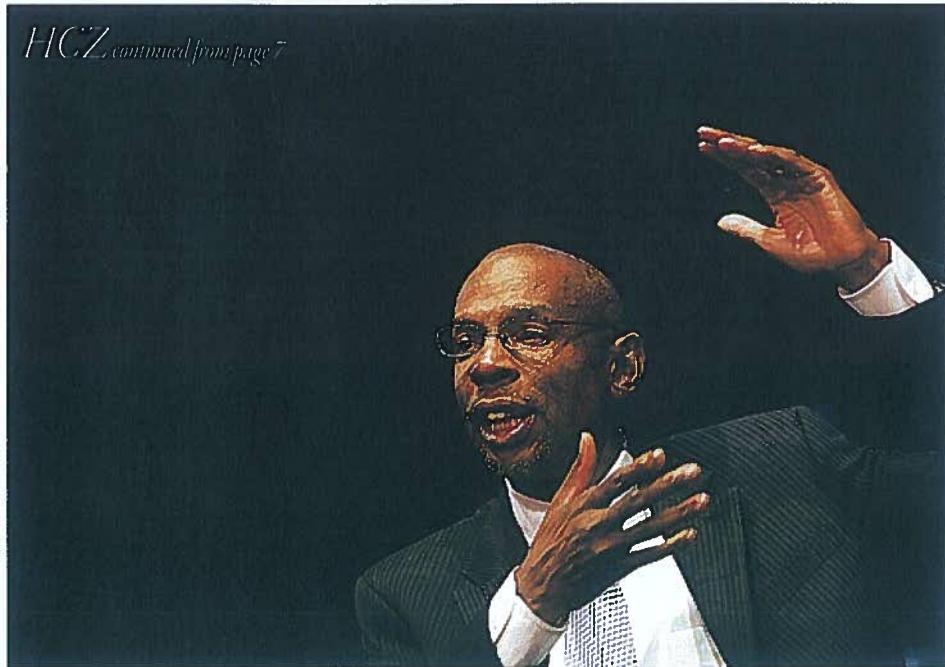
Five principles, applied in a strategic, coordinated way are necessary to maximize opportunities for children to achieve such success:

1. **Serve an entire neighborhood comprehensively and at scale.**

The HCZ Project's goal is to achieve a tipping point of children and families

continued on next page





served so that a middle-schooler in Central Harlem sees his peers engaged in enriching activities – whether it is chess or video-making or karate – and heading inevitably toward college. Given accessible, engaging alternatives to socializing, that child will gravitate toward those activities rather than drift toward anti-social behavior.

2. Create a comprehensive pipeline of support.

As any parent knows, there is no time during a child's life that you can simply walk away for a year and be assured that they will stay on track. Each year of a child's life presents unique challenges, so there needs to be a safety net of supportive adults every step of the way. While the Project's original goal was to get students into college, staffers found that even a minor setback could cause a student to drop out of school. For that reason, HCZ created the College Success Office to help students navigate the unfamiliar challenges of college.

3. Build community among residents, institutions and stakeholders, who help to create the environment necessary for children's healthy development.

When the HCZ Project began, staff soon found that residents were often so isolated behind heavily locked doors that they did not even know their neighbors. HCZ organized building meetings and block parties so residents could form alliances. This began the process of reweaving the social fabric of the neighborhood.

4. Evaluate program outcomes and create a feedback loop that cycles data back to management for use in improving and refining program offerings.

In creating The Baby College, HCZ knew it was critical for parents to read more to their babies. To make sure that message was getting across, a questionnaire is given to parents, asking about reading practices and other parenting topics at the beginning and end of each series of workshops. By comparing the results, The Baby College can determine if the program is meeting its goals.

5. Cultivate a culture of success rooted in passion, accountability, leadership and teamwork.

HCZ tries to hire people from the community, which means they often

have a personal stake in the work, and they get extensive training. Further, it is made clear that good intentions are not enough—workers must produce results. They cannot blame the children, or make excuses for failure. With a good leadership team in place, staff are held accountable, but know there is a larger group around them to help solve tough problems.

Expanding the Model

The Obama administration is proposing to develop Promise Neighborhoods, inspired by the HCZ Project, in 20 cities. While Promise Neighborhoods should be grounded in HCZ core principles, development of specific programs should be guided by community needs and resources. The Promise Neighborhoods do not need to replicate every component of the HCZ Project. They need to show a commitment to developing a pipeline of comprehensive programs appropriate for their children and their community.

In many places, policy makers are already examining the HCZ children's anti-poverty model. Some states, for example, have taken legislative steps to create programs inspired by HCZ, while others are just beginning. HCZ is eager to support such efforts and has established a Practitioners Institute to aid others in adapting the model. There are operational considerations about the structure and design of Promise Neighborhoods that are important. The federal program structure should include:

- *A federal governance structure* that allows for a multifaceted approach;
- *Use of a technical assistance provider(s)* to support training, program development, implementation and cross-site learning;
- *Federal funding* that is structured in a way that allows for local flexibility and innovation;
- *Program design and structure* with selection criteria to assess readiness, experience and leadership; and

- *Continuous improvement and evaluation* systems that meet the needs of local sites and of the overall program.

Strength in Numbers

The Harlem Children's Zone model holds promise for a nation struggling to move people out of poverty. In its comprehensiveness, HCZ draws on and expands the best available knowledge and practices to ensure that children living in poverty have opportunities for education, health, physical activity and social services so that they become successful adults.

The Children's Zone proves that given the right opportunities, poor children can achieve success on a large scale.

The interest of the Obama administration in establishing Promise Neighborhoods is a sign of more than support for an idea. It is also a commitment to pursue a new path and avoid the consequences of maintaining the status quo: incarceration, substance abuse and unemployment.

In the months to come, the support and the commitment of the Federal government and local communities may collectively be the "secret ingredient" to break the cycle of generational poverty for America. ☀

Geoff Canada is the author of "Fist Stick Knife Gun: A Personal History of Violence in America" and was the recipient of the first Heinz Award in 1994 for his work as President/CEO of Harlem Children's Zone in New York City. Since 1990, Mr. Canada has been the President and Chief Executive Officer for the Harlem Children's Zone. In a June 2004 cover story in the New York Times Magazine, the agency's Zone Project was called "one of the most ambitious social experiments of our time." The Project offers an interlocking network of social service, education and community-building programs to thousands of children and families in a 60-block area of Central Harlem.

*Angela Glover Blackwell is founder and chief executive officer of PolicyLink, a national research and action institute advancing economic and social equity. Blackwell is a nationally recognized poverty expert, co-authoring or contributing to *Ending Poverty in America: How to Restore the American Dream* (The New Press, 2007); *The Covenant with Black America* and its follow-up, *Covenant in Action*; and *Searching for the Uncommon Common Ground: New Dimensions on Race in America* (W.W. Norton, 2002) She is also a frequent media guest, having been featured on Nightline, NOW with Bill Moyers, and PRI's Marketplace and on the opinion pages of the *New York Times* and the *Los Angeles Times*. Blackwell earned a bachelor's degree from Howard University and a law degree from the University of California at Berkeley.*



2009 JOINT CENTER ANNUAL DINNER

New Thinking for a New Generation of Leaders

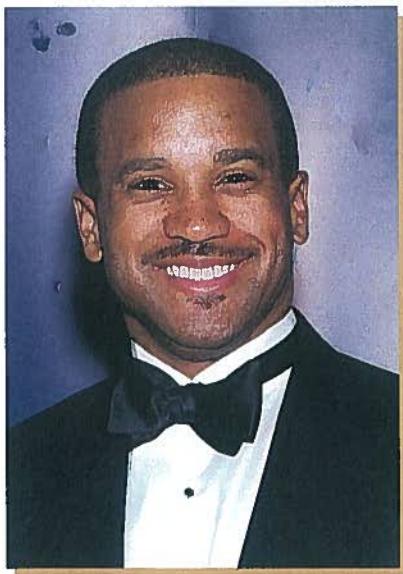
April 21, 2009

The Ritz-Carlton

Washington, DC



The 2009 Joint Center Annual Dinner at The Ritz-Carlton in Washington, DC.



The Reverend Dr. Howard-John Wesley, Pastor of Alfred Street Baptist Church gave this year's invocation.



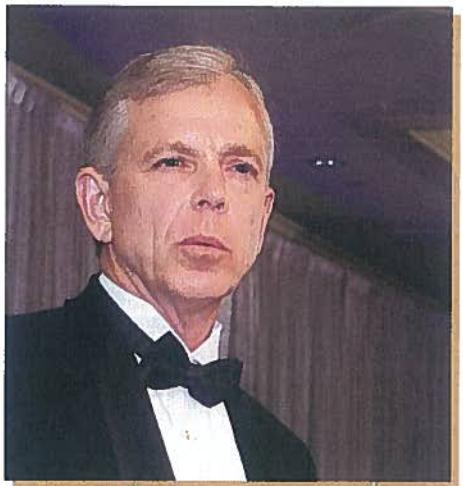
The Honorable Joyce London Alexander Ford, Chair of the Joint Center Board of Governors, offered opening remarks.



Dr. Dorothy I. Height received this year's Louis E. Martin Great American Award. Among breaking countless barriers in her lifetime, Dr. Height is the first female recipient of the Louis E. Martin award.



Michael Strautmanis, Esq., Chief of Staff to the Assistant to the President for Intergovernmental Relations and Public Liaison.



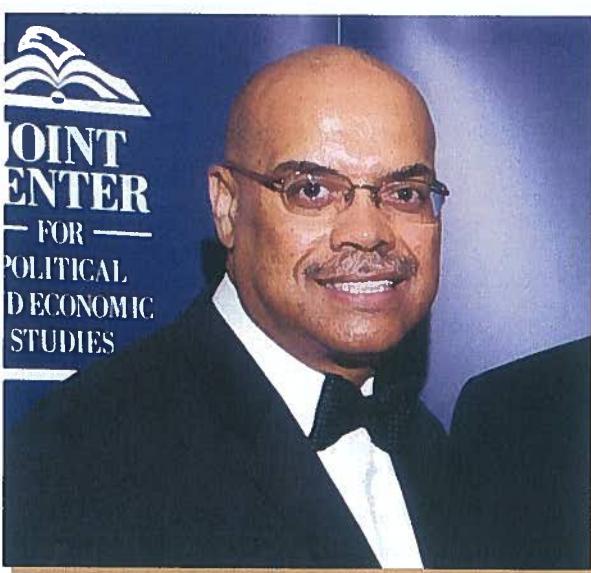
National Dinner Chairman, Lowell C. McAdam, President and CEO of Verizon Wireless gave remarks of thanks and hope for a more equitable society through media and technology.



Joint Center Board of Governors members, Robert L. Mallett, Esq. and William E. Kennard, Esq. attended the evening's festivities.



Mrs. Gertrude Martin celebrated her 95th birthday at the Joint Center Annual Dinner.



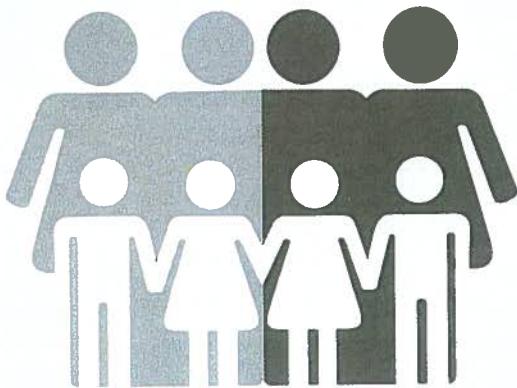
Roderick D. Gillum, Esq., the new Chairman of the Joint Center Board of Governors.



Joint Center President and CEO, Ralph B. Everett, Esq. and Dr. Dorothy Irene Height, 2009 Louis E. Martin Great American Award recipient.

Addressing Racial and Ethnic Health Care Disparities: A Multi-Level Approach

Brian D. Smedley, Ph.D., Vice President and Director, Joint Center for Political and Economic Studies Health Policy Institute



Testimony Before United States House of Representatives Health Subcommittee/House Energy and Commerce Committee

March 24, 2009

Thank you, Mr. Chairman, for the opportunity to provide testimony on racial and ethnic disparities in health care access and quality. For nearly forty years, the Joint Center for Political and Economic Studies has served as one of the nation's premier think tanks on a broad range of public policy issues of concern to African Americans and other communities of color. We therefore welcome the opportunity to comment on strategies for addressing health care disparities.

Health care disparities are differences in access to and the quality of health care experienced by racial and ethnic minorities, immigrants, those who aren't proficient in English and others, relative to more advantaged groups. Left unaddressed, these disparities have the potential to unravel even the best efforts to contain health care costs and improve the overall quality of care. In addition, their persistence leaves U.S. health care systems poorly prepared to address the needs of some of the fastest-growing segments of the population.

This morning, I'd like to briefly examine the causes and consequences of racial and ethnic health care disparities, and offer some policy strategies for their elimination. As I hope to illustrate, these disparities are unjust and avoidable; I'll therefore refer to them as inequities throughout the remainder of my testimony.

Health care inequities are not new—they are a persistent relic of segregation and historically inadequate health care for communities of color. Like access to other opportunities, health care for minorities suffered from government inattention for over 100 years after the end of the Civil War. Even less than 45 years ago, minorities routinely received inequitable care in segregated settings, if care was received at all. Today, health care is much more broadly available, but the contemporary context remains shaped by this history.

I want to note at the outset that while health care access and quality disparities are unacceptable, they are not the most important factors that contribute to the widely divergent health status of America's racial and ethnic groups.

Some groups—particularly African Americans, American Indians and Alaska Natives, and Native Hawaiians and Pacific Islanders—experience poorer health relative to national averages from birth to death, in the form of higher infant mortality, higher rates of disease and disability and shortened life expectancy. A large and growing body of public health research demonstrates that to address these problems, we must improve the social and economic contexts that shape health. As the World Health Organization's report on social determinants of health states,

"[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."

It's clear that many Americans—disproportionately, racial and ethnic minorities—face health care access and quality inequities. Some of these inequities can be explained by socioeconomic factors, while others cannot.

The National Healthcare Disparities Report (NHDR), prepared and released annually by the Agency for Healthcare Research and Quality, has found that African Americans, Hispanics and American Indians and Alaska Natives fare worse than whites on a preponderance of measures of health care access and quality.

The NHDR provides a window to the health care experiences of a diverse patient population, but it does not disentangle the influences of race, income and insurance on health care. A substantial body of evidence demonstrates that racial and ethnic minorities receive a lower quality and intensity of health care than white patients, even when they are insured at the same levels and present with the same types of health problems. For example, insured African American patients are less likely than insured whites to receive many potentially life-saving or life-extending procedures, particularly high-tech care, such as cardiac catheterization, bypass graft surgery or kidney transplantation.

Many factors contribute to health care inequities, and these often interact in complex ways. I'd like to focus on an importantly underlying factor in health inequity—that is, residential segregation. Racial and ethnic

minorities are more likely than whites to live in segregated, high-poverty communities that have historically suffered from a lack of health care investment. Too often, the geographic distribution of health care resources within and across communities results in racially disparate health care: fewer institutions serve communities of color, and those that do are more likely to experience quality problems and have fewer resources for patient care, relative to institutions serving non-minority communities.

For example:

- A recent study of African American and white Medicare patients found the risk of admission to high-mortality hospitals was 35 percent higher for blacks than for whites in communities with high levels of residential segregation.
- Another recent study of over 300,000 patients treated at 123 hospitals across the country found that minorities disproportionately receive care in lower-quality hospitals, a problem that explained the largest share of disparities.
- Nearly one in five Latinas and one in ten African American women reported not seeking needed health care in the last year due to transportation problems, compared to five percent of white women.

Racial and ethnic segregation and inequality therefore “sets the stage” for inequitable health care in the United States.

To solve these problems, we must prioritize and invest in improving the health of communities that suffer from health care inequities. To make the largest gains, we should improve social and economic conditions for health. For example, the federal government should:

- Execute, administer and enforce provisions to address environmental justice in minority and low-income populations;
- Stimulate the establishment of grocery stores and farmer’s markets in underserved communities through programs such

as the Supplemental Nutrition Assistance Program;

- Establish health empowerment zone programs in communities that disproportionately experience disparities in health status and health care; and
- Expand Early Start and Head Start programs—which have proven long-term health benefits for children—and ensure that eligible children are enrolled.

To improve health care access and quality for racial and ethnic minorities, the federal government should:

1. **Expand Access to Health Insurance**
The most important step toward eliminating racial and ethnic health care disparities is to achieve universal health insurance coverage. Benefits should be comprehensive, and should include services that many communities of color need to access appropriate care, such as interpretation services. To ensure that coverage is extended as broadly as possible, public programs should target and evaluate outreach efforts to underserved communities.

2. **Improve Access to Health Care Providers**

Even if the United States achieved universal health insurance coverage, because of residential segregation and the dearth of health care providers and resources in communities of color, special efforts must be made to ensure that health care resources are better aligned with these communities’ needs. The federal government can address these problems by evaluating and supporting programs that have proven effective in increasing healthcare provider distribution and diversity, such as the Health Careers Opportunity Program, Centers of Excellence, Pathways to Health Professions and Minority Faculty Fellowship grants. Expansions of federal community health centers also have significantly improved access to health care in many communities and therefore should be expanded.

3. **Promote Equal High Health Care Access and Quality**

As the studies noted above demonstrate, health insurance coverage by itself is insufficient to ensure that communities of color have access to and receive high quality health care. Several policies offer mechanisms to elevate and promote equitable care for all. All federally-supported health programs and funding should collect consistent data on the race, ethnicity, educational level, and primary language of patients served, and the federal government should monitor and publicly report data on the access to and the quality of these services. In addition, federal incentives for culturally and linguistically appropriate practices should be expanded.

4. **Empower Patients and Communities**

To ensure that health care meets their needs, patients and communities should be empowered to participate in treatment decisions and to inform policies regarding the distribution of health care resources at the community level. Federal programs that promote patient education and health literacy should be expanded, as should incentives for lay health navigators, who are trained community members who help neighbors navigate health systems.

Conclusion

Health care access and quality are more often compromised for racial and ethnic minorities than for whites, especially for those who don’t speak English well relative to those who are English-proficient and for immigrants relative to U.S. natives. These disparities have a long history in the United States and are both a symptom of broader structural inequality and a mechanism by which disadvantage persists. Moreover, they carry a significant human and economic toll; the Institute of Medicine estimates that 18,000 people die prematurely each year because they lack health insurance, and that the annual cost to the nation of the poorer health and shortened life spans

continued on next page

Health Care continued from page 13

attributable to uninsurance is between \$65 and \$130 billion. Because people of color are disproportionately among the uninsured, these numbers carry a greater burden in minority communities.

Encouragingly, policymakers are increasingly focused on eliminating these disparities.

A range of policy strategies are available to federal, state and local governments, but it is important to recognize that no single policy—such as expanding access to health insurance—will fully address health care inequality.

Health care disparities are complex and are rooted in many causal factors that span across a range of levels—including institutional, governmental and individual levels. It is therefore important to identify, implement and evaluate multi-level strategies addressing health care financing, systems and workforce development. Such strategies should operate together to improve health care access and quality for vulnerable populations. The strategies identified here are only a first step toward creating a more equitable health care system for all. ☐

*Dr. Brian D. Smedley is Vice President and Director of the Joint Center's Health Policy Institute. Prior to joining the Joint Center Staff, Dr. Smedley was Research Director and co-founder of a communications, research and policy organization, The Opportunity Agenda (www.opportunityagenda.org), where he led the organization's effort to center equity in state and national health reform discussions and to build the national will to expand opportunity for all. Prior to helping launch The Opportunity Agenda, Smedley was a Senior Program Officer in the Division of Health Sciences Policy of the Institute of Medicine (IOM), where he served as Study Director for the IOM reports, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce and Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, among other reports on diversity in the health professions and minority health research policy.*

Putting Health Care Reform To Work Against Child Health Disparities

Wilhelmina A. Leigh, Ph.D.

Anna L. Wheatley

Given the recent national discourse on health care reform, Joint Center Senior Research Associate Wilhelmina Leigh and Research Assistant Anna Wheatley conducted a multi-variable analysis to identify and assess racial/ethnic differences among children on selected health outcomes, specifically, low birthweight, asthma, dental care, ADHD/ADD-LD and activity limitation and by sociodemographic characteristics of their families.

Although insurance coverage, rising costs and quality of care—key issues in the dialogue about health reform—are not the most important factors that contribute to racial inequalities in health outcomes, they play a role in the health disparities evident throughout the population.

Using data from the National Health Interview Survey for selected health indicators during the 1997-2006 period, the Joint Center for Political and Economic Studies first examined black-white disparities for children under age 18 and then assessed differences in these disparities by selected sociodemographic measures—socioeconomic (including health insurance coverage status), familial and demographic—for their families.

Comparisons of black children and white children reveal several consistent disparities. Compared to white children, black children are more often reported (by their parent or caregiver) to have been born low-weight; to be in "good, fair, poor or unknown" health; and to have ever been told they have asthma. In addition, African American children are less likely than white children to be reported in excellent health. Racial disparities are not identified for all health outcomes, however. Black children and white children are equally likely to be reported to be in very good health, to have experienced recent unmet dental care needs (due to cost), to have been diagnosed with a learning disability and to have any activity limitation.

Comparisons of health outcomes by the health insurance coverage status of the child are not uniform. In particular, health insurance coverage is found to be important in ensuring that needed dental care is obtained, although it has less impact on the reported prevalence of low birthweight for youth under age 18.

Unmet Dental Care Needs

The rates of unmet dental care needs among children covered by any form of health insurance (such as private insurance or Medicaid) were notably lower (4.5 percent for whites and 4.9 percent for blacks) than for children who were uninsured (21.3 percent for whites and 21.9 percent for blacks) (Figure 1). Thus, health insurance coverage is associated with substantially reduced cost barriers to getting needed dental care.

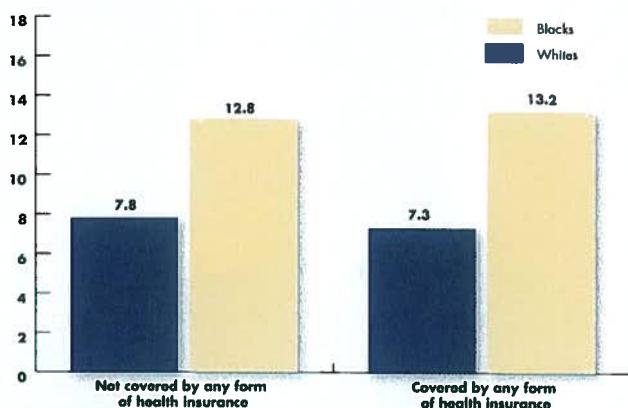
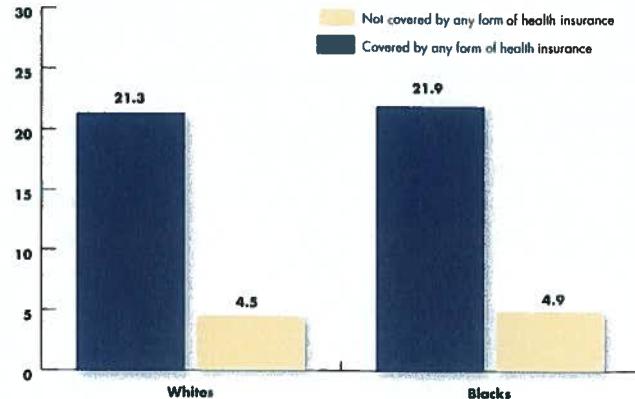
Low Birthweight

Striking inequalities are noted in the reported birthweights among black children and white children. Survey respondents reported that 13.2 percent of black children but only 7.2 percent of white children had been born low-weight. When examined by health



insurance coverage status, black children remained more likely to have reported low birthweight, regardless if covered by insurance or uninsured. Among black children, 12.8 percent of those without health insurance coverage were born low-weight compared to 13.2 percent of those covered by any form (Figure 2). Among white children, 7.3 percent of those with any form of health insurance were born low-weight, while 7.8 percent of those uninsured were born low-weight. In other words, for both black children and white children, having health insurance coverage is not associated with notable differences in the prevalence of reported low birthweight.

Comparisons of children who are equal in certain sociodemographic attributes, such as health insurance coverage, provide an important first step in assessing the causes of racial/ethnic gaps in health. These findings show that while health insurance coverage does indeed play an important role in improving certain health outcomes, it is not the only operative factor. To further isolate the causes of racial health disparities among children, additional analyses should be undertaken. Additional analyses comparing health outcomes within racial groups but across categories (e.g., black children who are insured to black children who are not insured) as well as across race and across categories (e.g., black children who are insured to white children who are not insured) can help to further illuminate the inputs and processes that may matter in child health disparities.



Wilhelmina A. Leigh, Ph.D. is a Senior Research Associate for Joint Center for Political and Economic Studies. Dr. Leigh has done work throughout her career in the areas of health policy, housing policy, income security/asset building and labor market issues. At the Joint Center, she has specialized in health policy research, and has conducted analyses related to access to health care, women's health, men's health and adolescent sexual and reproductive health. Previously a principal analyst at the U.S. Congressional Budget Office, Dr. Leigh also worked for the Bureau of Labor Statistics (U.S. Department of Labor), the U.S. Department of Housing and Urban Development, the Urban Institute, and the National Urban League Research Department. Dr. Leigh taught at Harvard University, Howard University, the University of Virginia, and Georgetown

University, and has been an elected member of the National Academy of Social Insurance since 1996. She received her Ph.D. in economics from the Johns Hopkins University and her A.B., also in economics, from Cornell University.

Anna L. Wheatley is a research assistant at the Joint Center for Political and Economic Studies. A native of St. Thomas, U.S. Virgin Islands, Ms. Wheatley came to the Joint Center upon graduating from Georgetown University with a B.S. in Management and a minor in Sociology. Her areas of interest include health disparities, education and anti-poverty policy.

A Vital Time—A Critical Role: Volunteerism and Service

by *The Honorable Harris Wofford*

World War II brought a wave of unity in America. Service became an expectation of all citizens—whether it was serving in the armed forces, volunteering at home, working overtime in war production or participating in the daily work of the American Red Cross. United against a common cause, a spirit of service unlike any other was born in the United States.

Since that time, many of us who experienced that time of unity have been seeking to renew America's sense of service and common purpose. We yearn to see that same kind of mobilization of resources today in order to revitalize our economy and our nation.

President Barack Obama is raising expectations and leading Americans to realize

by Governor-appointed, bipartisan State Service Commissions, and the other third are allocated through national merit competition to multi-state national service organizations. Mayors and county executives play a key part in the operation of many of the local programs involving AmeriCorps.

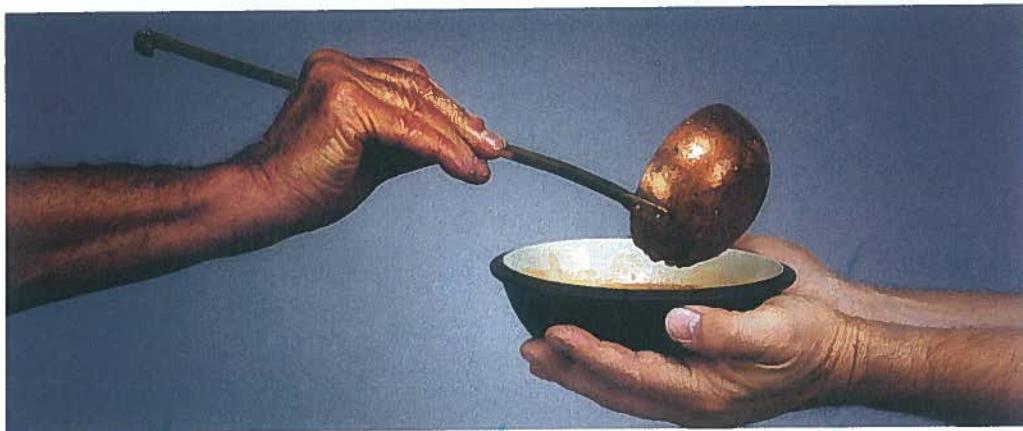
It was my privilege to be a member of the informal group who advised President Obama on service, and it was my honor to introduce him for his first major "Call to Service" at Cornell College in Iowa on December 5, 2007. In his remarks, President Obama emphasized two very important words: "ask" and "all."

We will create new opportunities for all Americans to serve, and to direct that service to our most pressing national

work in after-school programs and classroom, teaching and mentoring the next generation of American leaders.

President Obama seeks to weave service into elementary, secondary and higher education. He would condition new federal assistance to school districts on their agreement to develop programs that will engage students in service. Obama proposes that middle and high schools require students to perform 50 hours of community service during the school year or during the summer. In higher education, the President's aim is for all students to serve at least 100 hours annually. In order to enable more college students who receive financial aid through the Federal Work-Study program to engage in service to the community, the President wants to transform a large number of the Federal Work-Study jobs from campus jobs into Serve-Study jobs. At present, the schools are required to provide only seven percent of student work study jobs for community service—this of the nearly \$1 billion of annual aid to the some 800,000 eligible students in more than 3,000 colleges and universities. President Obama wants to require that at least 25 percent of such jobs be in educational services such as tutoring and mentoring. Further, he wants to work with the schools of higher learning to help them reach the goal of 50 percent of students involved in service, as advocated by Presidents Clinton and George W. Bush and by General Colin Powell as founding chairman of America's Promise.

President Obama has proposed new efforts to tap the idealism and experience of the baby boom generation. He will "challenge boomers to help meet the challenges in our communities and country," expand and improve the long-standing Senior Corps programs of Foster Grandparents and RSVP, strengthen the AmeriCorps VISTA program and take the new Experience Corps as "a good model that should be expanded beyond reading and mentoring to other challenges."



that service is indeed an integral part of good citizenship. Service is an expectation of all Americans.

President Obama has called for AmeriCorps—the domestic Peace Corps, based in national, state and local non profit organizations—to grow from its present 75,000 mostly full-time volunteers to 250,000 volunteers. Under his plan, robust AmeriCorps teams will tackle problems in education, health, the environment and energy that are even more challenging and complex than those of the 1930s. In order to target localized needs and services, two-thirds of the AmeriCorps members are deployed

challenges...I won't just ask for your vote as a candidate; I will ask for your service and your active citizenship when I am President of the United States. This will not be a call issued in one speech or program; this will be a cause of my presidency.

In the plan he released that day in Iowa, he called for Teach for America to enroll thousands more outstanding college graduates to teach for two years and bring new vitality to under-resourced schools in some of America's most disadvantaged neighborhoods. President Obama has also encouraged organizations like City Year and Communities in Schools to expand their

President Obama's service mentality was reinforced in other major speeches such as his campaign addresses at Wesleyan University and the University of Colorado. In Colorado Springs, on July 2, 2008, he spoke about Michele Obama's experience in service when she left her job at a law firm to be the founding director of Public Allies, an AmeriCorps program in Chicago: "I know first-hand the quality of these programs," he said, not only from his wife's experience – but his own experience as a community organizer:

Day by day, block by block, we brought the community together. We registered new voters. We set up after-school programs, fought for new jobs, and helped people live lives with more opportunity, and some measure of dignity. ...Through service, I discovered how my own improbable story fit into the larger story of America...The lesson that in America, each of us is free to seek our own dreams, but we must also serve a common purpose, a higher purpose.

President Obama attended the ServiceNation Summit at Columbia University in September of 2008, where both he and Senator John McCain championed the expansion of national service, including the growth of AmeriCorps to 250,000. Both presidential candidates became prime co-sponsors of the Serve America Act introduced that day in the Senate by Ted Kennedy and Orrin Hatch, authorizing that quantum leap in AmeriCorps, expanding many other existing programs as candidate Obama had proposed, and providing support for new innovations in service and volunteering.

The Edward M. Kennedy Serve America Act was passed this spring by an overwhelming bipartisan vote, in both the Senate and House, and was greeted enthusiastically by the President, who said:

Our work is not finished when I sign this bill into law—it has just begun. While our government can provide

every opportunity imaginable to us to serve our communities, it is up to each of us to seize those opportunities ... I call on all Americans to stand up and do what they can to serve their communities, shape our history and enrich both their own lives and the lives of others across this country.

The needs of this nation are great, and now, more than ever, we need each other. City, county and state governments and their nonprofit partners are under intense pressure to meet the needs of families affected by this economic crisis. Granted, the claims on the federal budget are tremendous, but community and national service can close the gap. Time and human capital can be more valuable than money and in this hour of economic downturn, our nation looks to its citizens as its most valuable stock. ☀

Harris Wofford began his public service career as an attorney for the United States Commission on Civil Rights, serving from 1954 to 1958. He was an early supporter of the Civil Rights movement in the south in the late 1950s and became a friend and unofficial adviser to Martin Luther King, Jr. Wofford coordinated the civil rights portion of John F. Kennedy's presidential campaign and was appointed by President Kennedy to be his special assistant for civil rights and the chairman of the Subcabinet Group on Civil Rights. He was instrumental in the formation of the Peace Corps and served as the Peace Corps' special representative to Africa and director of operations in Ethiopia. He was appointed associate director of the Peace Corps in 1962 and held that position until 1966. Wofford's book Of Kennedys and Kings: Making Sense of the Sixties details his years in the civil rights movement and the creation of the Peace Corps. As a former U.S. Senator from Pennsylvania, and more recently, CEO of the Corporation for National and Community Service, Wofford has dedicated much of his life to the goal of making citizen service a common expectation and experience for all Americans.

JOINT CENTER COMMISSION SPONSORS COMMUNITY CLEAN UP

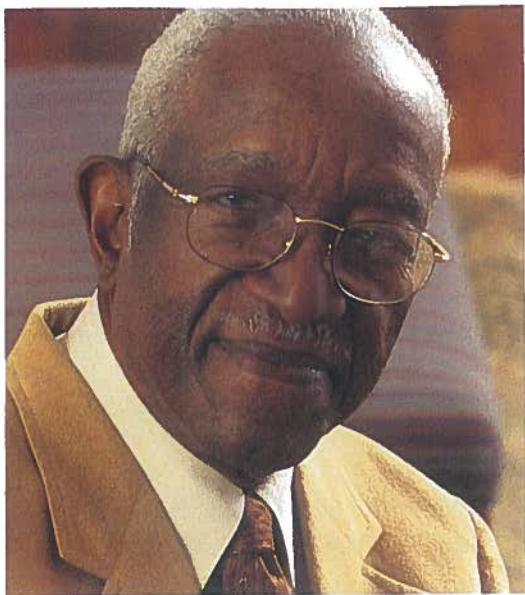
The Commission to Engage African Americans on Climate Change sponsored a community service project in which members of Howard University's Student Ecological Society and students from Two Rivers Public Charter Elementary School participated in a climate-awareness community service project in the park adjacent to the school in Washington, DC.

Side-by-side, the college students and the elementary school students picked up trash and cleaned up the local park. After the event, the elementary students read an article about climate change and discussed how students like them could participate in the movement that will mitigate the effects of climate change.

The community service event was part of the Commission to Engage African Americans on Climate Change "Commitment to Action" in partnership with the Clinton Global Initiative. The Commission is convening a series of regional meetings and kicked off its first meeting at Howard University in Washington, DC. The day prior to the clean-up event at Two Rivers Public Charter School, the Commission invited students and faculty from a number of Historically Black Colleges and Universities (HBCUs) to participate in the meeting, giving them an opportunity to join the discussion on issues related to climate change and its impact on the African American community.

In Memoriam: Dr. John Hope Franklin

JANUARY 2, 1915 - MARCH 25, 2009



At the age of 94, the legendary historian, civil rights activist, teacher and mentor passed away. Dr. Franklin committed his life to telling the story of African Americans, and in countless books, articles and speeches, he etched the history of African Americans on the hearts of all of his readers.

He showed everyone what it meant to be agelessly curious, unselfconsciously gracious; intellectually brilliant, of course, but always open to the voices of others.

In the course of his lifetime, Dr. Franklin contributed key research to the case that led to the 1954 *Brown v. Board of Education* U.S. Supreme Court decision, and he served as the first African American department chair at Brooklyn College of the City University of New York, the first African American endowed chair at Duke University and the first African American president of the American Historical Society. In 1997, he was asked by President Clinton

to chair the President's Advisory Board on Race, and in that capacity, he led the nation through "a national conversation on race" to raise awareness about the often veiled, yet persistent institutional racism that continues to permeate the American society.

In a statement provided to FOCUS, former Mississippi Governor William Winter, who served as vice chair of the Advisory Board, called Dr. Franklin, "A mighty source of enlightenment for the people of our country." The Governor went on to say:

...the impact of his wisdom and courage will be felt by future generations, just as they have been by millions of us whose lives he touched. "I had the rare privilege of getting to know him as a revered and cherished friend, who taught me so much about myself and my country. Despite the fact that he and his family had suffered in many different ways from the cruelty of racism and segregation, I found that he had a deeply held faith that the ideals of fairness and justice for

Renee Poussaint, an Emmy award-winning journalist, produced a documentary of the historic week and recalls Dr. Franklin as a strong, yet gentle man:

"We all came to know him as this amazingly energetic, witty, adventurous man who seemed to be thoroughly enjoying himself. He showed everyone what it meant to be agelessly curious, unselfconsciously gracious; intellectually brilliant, of course, but always open to the voices of others. We will all, always miss him."

For many years Dr. Franklin was an informal advisor to the Joint Center. He consulted on a project with the Smithsonian Institution on "The Living Constitution," which led to the publication of African Americans and the Living Constitution. Along with Kenneth B. Clark, he wrote "The Nineteen Eighties: Prologue and Prospect," an essay published in 1981 by the Joint Center that analyzed the nature and status of black progress in civil society. Alongside now Rep. Eleanor Holmes Norton (D-DC), Dr. Franklin led the Joint Center's Committee on Policy for Racial Justice, a group of 30 prominent African American scholars who met periodically over a period of years beginning in 1982. The Committee produced four documents outlining public and private initiatives designed to advance the African American community. At the 2001 Annual Dinner, the Joint Center honored Dr. Franklin, along with Bishop Desmond Tutu, for their extraordinary accomplishments and for the differences they had made in the lives of millions of people across the globe.

Dr. Franklin devoted his life to scholarship, service and progress. The Joint Center and our nation as a whole are immeasurably better for his work. Dr. Franklin's legacy will continue to be an important part of the Joint Center's mission with support of his son, John Franklin, who currently serves on the Joint Center Board of Governors. ☮

everyone would ultimately prevail. He was a major contributor to the progress which we have made. He also understood how much more we have to do.

In December of 1998, Dr. Franklin and Archbishop Desmond Tutu, along with students from the United States, South Africa and Senegal, visited Goree Island—the infamous slave port off the coast of Senegal.



A Tribute to Dr. Dorothy Irene Height

2009 Louis E. Martin Award

On April 21, 2009, the Joint Center honored Dr. Dorothy I. Height with the *Louis E. Martin Great American Award*. The Award is named in honor of its principle founder of the Joint Center for Political and Economic Studies and the first chairman of its board of governors. In 2003, the Joint Center created the award to serve as a legacy of the principles Mr. Martin followed—*inclusiveness combined with political pragmatism*—and to honor Mr. Martin's passion for promoting communication across racial and ethnic divides in the public policy arena.

Dr. Dorothy Height is known primarily for her leadership role with the YWCA and the National Council of Negro Women (NCNW). Dr. Height quickly rose through the ranks of the YWCA, from the Emma Ransom House in Harlem to the Phyllis Wheatley Branch in Washington, DC. In 1965, Dr. Height inaugurated and became Director of the Center for Racial Justice, a position she held until 1977 when she retired from the National YWCA of the USA.

Dr. Height was elected national president of Delta Sigma Theta Sorority in 1947-1956 and carried the sorority to a new level of organizational development throughout her term. From the presidency of Delta Sigma Theta, Dr. Height assumed the presidency of the National Council of Negro Women in 1957 until February 2, 1998. She is now the Chair and President Emerita.

Working closely with Dr. Martin Luther King, Jr., Roy Wilkins, Whitney Young, A. Phillip Randolph and others, Dr. Height participated in virtually all major civil and human rights events in the 1960s.

From the Citizens Medal Award to Presidential Medal of Freedom Award, Dr. Height is a model of achievement, legacy and opportunity for all people. 

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Climate Change Regional Meeting



COMMISSION TO ENGAGE
**AFRICAN AMERICANS ON
CLIMATE CHANGE**

The Commission to Engage African Americans on Climate Change will host its second regional meeting this spring as part of its Clinton Global Initiative "Commitment to Action." The meeting, to be held June 17th in Houston, Texas, will focus on how members of both the local African American and local Hispanic/Latino communities are coping with climate change impacts in their daily lives. With its proximity to the Gulf of Mexico and its major energy industry ties, Houston is one of America's leading cities both in terms of climate change impacts and climate change policy solutions. The Commission plans to join local Houston residents in an in-depth exploration of these important issues. For more information, contact Royce Brooks at (202) 789-3528 or rbrooks@jointcenter.org. ☎



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The Joint Center Welcomes New Staff

The Joint Center is pleased to welcome **Kim Raymond** to the role of Administrative Coordinator for its Health Policy Institute. Raymond earned her Master of Science degree in Management from the University of Maryland and her bachelor's degree from Howard University in Washington, DC. Raymond has more than 14 years of experience in special events, public relations, sales and marketing. She has worked for highly distinguished events such as the 39th and 40th NAACP Image Awards, Faith and Politics "Congressional Pilgrimage to Mississippi," The Children's Defense Fund "Cradle to Prison Pipeline Summit," The Atlanta Committee for the Olympic Games, The World Cup USA '94 and the National Football League Players, Inc.

The Joint Center is an avid supporter of the Bill Emerson National Hunger Fellowship, a project of the Congressional Hunger Center that is a unique leadership development opportunity for motivated individuals seeking to make a difference in the struggle to eliminate hunger and poverty. We are pleased to welcome **Renita Woolford** as our newest Hunger fellow within the Health Policy Institute. Woolford is a 2008 graduate of Duke University where she earned a bachelor's degree in Women's Studies. On campus, she served as a peer educator for safe-sex and healthy lifestyles, the president of her sorority, a mentor to fifth grade girls and a volunteer at her local hospital. She recently conducted research on ways to federally fund nutritional counseling and home-delivered meal programs for individuals living with HIV/AIDS and other illnesses such as diabetes, chronic kidney disease and multiple sclerosis. Originally from Georgia, Woolford plans to pursue a career in medicine and public health. She will be attending The Ohio State University College of Medicine in the fall. ☎

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