



## PLACE MATTERS Design Lab Ten: Investing in Our Youth

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### OVERVIEW & PURPOSE

We are delighted you will join us for our tenth Design Lab (DL) learning experience. Building on previous labs, our national learning community will convene in Baltimore to support their PLACE MATTERS efforts to eliminate systemic and historical impacts of racism and these effects on housing and education differentials. We greatly appreciate the Baltimore Team's willingness to host us and organize the tour of their community. While time will not permit us to visit nearby Teams from the District of Columbia (DC) and Prince Georges County, MD, we're equally delighted that representatives from these two Teams will share their work with us during a special panel involving youth.

Additionally, we extend a warm PLACE MATTERS welcome to our special guest speakers Dr. Steve Perry, Principal of Capitol Preparatory Magnet School in Hartford, CT, Makani Themba-Nixon of the Praxis Project ([www.thepraxisproject.org](http://www.thepraxisproject.org)), and Minh Nguyen of the Vietnamese American Young Leaders Association (VAYLA, [www.vayla-no.org](http://www.vayla-no.org)) of New Orleans.

Dr. Perry, the author of the highly acclaimed text, *Man Up: Nobody is Coming to Save Us* (more information is available at <http://www.manupbook.com/>), will share an overview of the current landscape in education through the lenses of race and poverty, perspectives of education as a root cause of poor life outcomes for individuals and communities, and experience with developing innovative models that work to address poor education in communities of color. Ms. Themba-Nixon will share community-based model practices designed to address structural racism. Mr. Nguyen will share his impressive work as founder and executive director of (VAYLA-NO), a youth-led community-based organization dedicated to youth organizing and youth empowerment.

Then returning the focus to individual Team progress, Ruby Haughton-Pitts, Judith Burrell, M. Von Nkosi, Nehanda Lindsey, and Felicia Eaves will lead four separate breakout sessions that will focus on: communications, working with elected officials, building partnerships, and team configuration and Web site development. Finally, DL 10 provides an opportunity to continue learning about approaches to mitigate structural racism, and based on evaluation feedback from previous DL experiences, we've incorporated Team work time that should facilitate tightening up of Team logic models and work plans.

#### Design Lab Ten: Meeting Goals

1. Explore social determinants of health that impact children and youth and identify strategies for action.
2. Continue exploration of opportunities and approaches to address and mitigate structural racism.
3. Share PLACE MATTERS Teams' progress, milestones achieved, and future plans to address social determinants of health.
4. Engage in teambuilding activities that support the continued development and implementation of county strategy plans.
5. Convene and network with colleagues participating in PLACE MATTERS counties.
6. Provide a safe place to brainstorm new and innovative approaches.

For the benefit of all participants, and especially for new members of our national learning community, this concept paper provides a brief overview of the PLACE MATTERS initiative and context for the meeting in Baltimore. Building on all previous DL concept papers (Concept Papers from DL1 to DL9 are available online: <http://jointcenter.org/hpi/pages/design-labs>). The contents herein are intended to frame Design Lab 10 and to provide a brief overview of the PLACE MATTERS initiative for new Team members. Similar to previous meetings, DL10 provides an opportunity for peer networking and collaborative learning across PLACE MATTERS communities through discussion and strategizing within and among your Teams.

In addition to the six goals that appear in the text box above, meeting planners intentionally designed this event in the DC metropolitan area to leverage local opportunities, which include participation of several

#### **NEW PLACE MATTERS WEB SITE**

Be sure to visit the newly released PLACE MATTERS Web site:

<http://jointcenter.org/hpi/pages/place-matters>

Team members on a panel during the Congressional Black Caucus Health Braintrust (see [www.cbcfinc.org/health-braintrust.html](http://www.cbcfinc.org/health-braintrust.html)), and informing policy. Immediately preceding DL 10, several of your PLACE MATTERS peer representatives will participate in Hill visits designed to educate elected officials and their staff about the social determinants of health and the critical nature of

PLACE MATTERS work. We are working with program representatives to convey three primary messages:

1. health and health disparities are strongly shaped by social determinants;
2. PLACE MATTERS is a national initiative to help communities address the social determinants of health; and
3. Federal initiatives - particularly the stimulus package - have great potential to assist local efforts to address the social determinants of health.

#### **THE TALE OF TWO CITIES FROM THE BEGINNING: HOW PLACE MATTERS IN BALTIMORE**

*[Contributed By The Baltimore City Place Matters Team]*

Founded in 1696 and chartered in 1729 as Baltimore Town, this “charm city” was established with 60 one-acre lots along the Patapsco River. Baltimore soon became a major thoroughfare for flour production and shipping, along with attracting experienced millers from Nova Scotia, Ireland, Scotland and Germany. The economic and immigration boom led to its official incorporation as a city in 1797. City planners developed road extensions that consisted of row-homes built on street grids to account for these population changes. Cross streets were reserved for smaller houses and alleys were designated as housing for immigrants and laborers.<sup>1</sup>

This same “rich” history of Baltimore portrays Baltimore’s “white” history. Baltimore thrived as a port due to the import and export of goods, which made it fertile ground for the importation of slavery. In 1798, Baltimore’s tax records listed the city with 1,539 slaves. Within two years, the government census recorded almost 3,000 slaves.<sup>2</sup>

The 19<sup>th</sup> century was a large growth period for Baltimore with housing needed for an estimated 80,000 people. The population consisted of Germans, Scottish, Irish, French and settlers from the island of Santo Domingo, displaced by a slave revolt. In 1828, with \$4,000,000 in capital stock raised, Baltimore merchants brought the Baltimore and Ohio Railroad, completing the world’s first long distance, passenger

<sup>1</sup> The City of Baltimore Comprehensive Master Plan. Live, Earn, Play, Learn. Accessed from [http://www.liveearnplaylearn.com/Portals/0/03\\_history\\_web.pdf](http://www.liveearnplaylearn.com/Portals/0/03_history_web.pdf) on March 26, 2009.

<sup>2</sup> US Census. Accessed from [www.census.gov](http://www.census.gov) on March 26, 2009.

and mountain climbing railroads. The telegraph line was invented not long after the railroads— running from Baltimore to the District of Columbia.<sup>3</sup>

Even with these advancements, Baltimore continued as a city of neighborhoods with ethnic and racial groups isolated to specific areas. Due to segregation, blacks had limited choices of where to live and generally lived near their work area, the port. The work at the ports involved shipping and building which generally occurred around the harbor on the eastern side of the City.

Baltimore served as a hub for fugitives moving north along the Underground Railroad in the mid-1800s. In the midst of the Civil War, Baltimore's black population was the largest in the nation with 26,000 free blacks and 2,000 slaves.<sup>4</sup> Whites and blacks were forced to compete for skilled and unskilled positions, which were often determined by a social hierarchy, which was made up of four classes of people; affluent white (established businessman and professionals), poor white (immigrants and laborers), free poor blacks, and enslaved blacks.

In 1876, Johns Hopkins University established the first research university in the nation. With a mission to provide “knowledge for the world,” its medical institutions have become world-renowned. Sparrow's Point, created by the Pennsylvania Steel Company in 1887, employed much of Baltimore's population as did the coal, copper, garment and umbrella manufacturers. Thousands of immigrants settled in Baltimore, increasing the city's population from 169,000 in 1850 to 508,957 by 1900. Eastern Europeans, Greeks and Italians added to the Baltimore City's existent culture, which led to an expansion in the city limits from 10 to 30 square miles.<sup>5</sup>

Polish, Lithuanians and affluent Jews migrated to Baltimore, as did many African Americans in the early 20<sup>th</sup> century. Baltimore annexed to 90 square miles growing to over 700,000 people restructuring its traditional row home and grid system. Suburban units grew from 279 to 14,000 units in just 40 years.<sup>6</sup> In 1981 the Inner Harbor's newly designed infrastructure attracted and still attracts tourists from around the world stimulating the economy and renewing this urban environment, but African Americans did not reap the benefits of either expansion.

As industry fled the city, affluent individuals and families soon followed. With discriminatory housing policies in place, African Americans were prevented from living in certain city and suburban neighborhoods and housing conditions for African Americans deteriorated as many were forced to live in substandard housing. The 1956 Highway Act, FHA loans, tax incentives and forced movement for demolition created a growing gap between rich and poor as well as black and white. Almost 60,000 blacks left Baltimore between 1995 and 2000, and 42 percent of them were middle class. In 2000, 2001, and 2002, new people, in general, moving into the city had lower incomes than those who left.<sup>7</sup>

Baltimore City has 60 percent of its metropolitan area's poverty population and a poverty rate that is 4.3 times higher than the suburbs.<sup>8</sup> The regional disparity between Baltimore City and the suburban counties is detrimental to the region's growth. The disparity exists between the city and the state as well. About 27 % of Baltimore's children are living at or below poverty, while Maryland's child poverty rate is 9.7%.<sup>9</sup>

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<sup>3</sup> The City of Baltimore Comprehensive Master Plan. Live, Earn, Play, Learn. Accessed from [http://www.liveearnplaylearn.com/Portals/0/03\\_history\\_web.pdf](http://www.liveearnplaylearn.com/Portals/0/03_history_web.pdf) on March 26, 2009.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Internal Revenue Service data analyzed by the Maryland State Planning Department.

<sup>8</sup> DC Fiscal Policy Institute. 2004.

<sup>9</sup> US Census Bureau, Housing and Household Economic Statistics Division, Poverty Thresholds. 2006

Baltimore's conditions are further complicated by the unemployment rate at 10.4%, the highest in Maryland. While 16% of Maryland's workforce has less than a high school diploma, 32% of Baltimore City workers have not earned a diploma. There is a black-white achievement gap at all education levels; Baltimore ranks 95<sup>th</sup> out of the nation's 100 largest cities in the percentage of black adults who completed high school, and 85<sup>th</sup> in the share who completed a 4-year college degree.<sup>10</sup>

Between two neighborhoods in Baltimore, there could be a life expectancy difference of up to 20 years. The leading causes of death are heart disease (25%), cancer (21%), cerebrovascular disease (5%), HIV/AIDS (4%), and homicide (4%). Baltimore's HIV death rate is 10 times higher than the US rate. Many of the excess deaths in Baltimore can be attributed to heart disease and cancer and HIV which lead to nearly half of the almost 2,000 excess deaths each year.<sup>11</sup>

Currently, Baltimore is home to an estimated 637,455 people. The city is composed of over 64% African Americans, 30% Caucasians, a rapidly increasing Hispanic population and people from many different races and ethnicities. Many of the residents are impoverished, with a median income of \$36,949.<sup>12</sup> Baltimore is one of the most segregated cities in the nation and continues to suffer the effects of discrimination based policies and actions taken decades ago. From 1970 to 2000, the housing segregation index for African Americans improved from 82 to 68.<sup>13</sup> Integrated communities have grown, but segregation is still extremely prevalent.

In response to these inequities, the Baltimore PLACE MATTERS Collaborative for Health Equity seeks to develop policies and the institutional transformation necessary to eliminate systemic and historical impacts of racism and its effects on housing and education differentials in Baltimore. Limited availability and unequal access to housing and educational resources over a sustained period of time have become systemic and not only obstructed quality of life opportunities for the children, youth and families of Baltimore City, but have led to institutional practices which create inequitable outcomes in housing and education that manifest in preventable "excess" death and disease.

Equitable educational and housing policies can be implemented and thus influence the conditions that impact the unnecessary health related outcomes, such as: obesity, cardiovascular disease, diabetes, substance abuse/tobacco/alcohol/drugs and premature births/low birth weight babies. We strive to concomitantly improve housing and education outcomes with the result of ultimately reducing "excess death," by impacting these preventable diseases. Through work with policymakers, public and private organizations, and local citizens, we seek to engender a new paradigm of thought, which promotes the reduction of health disparities, and promotes HEALTH EQUITY. With a focus on education, mobilization and advocacy, we seek to utilize data and national best practices to inform the development of public policies, which have a measurable impact on both reducing health disparities and promoting HEALTH EQUITY.

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<sup>10</sup> Summary Report Brookings Institute based on 2000 Census.

<sup>11</sup> Office of Epidemiology and Planning analysis of MD Vital Statistics data. Accessed from [www.baltimorehealth.org](http://www.baltimorehealth.org) on March 26, 2009.

<sup>12</sup> US Census. Accessed from [www.census.gov](http://www.census.gov) on March 26, 2009.

<sup>13</sup> Rusk, David. Baltimore Neighborhoods, Inc. Housing Policy is School Policy. Accessed from [www.gamaliel.org](http://www.gamaliel.org) on March 26, 2009.

## **PLACE MATTERS FRAMEWORK – BRIEF RECAP**

**PLACE MATTERS is a national initiative of the Joint Center for Political and Economic Studies, Health Policy Institute (HPI) designed to improve the health of participating communities by addressing social conditions that lead to poor health.**

The Joint Center Health Policy Institute (HPI) approach to reducing/eliminating health disparities involves identifying the complex underlying causes of health disparities and defining strategies to address these root causes (See Figure 1, Phenomenological Model). A growing body of research clearly supports the notion that interventions targeting social determinants of health can indeed modify patterns of health, illness, and health disparities. Systematic and evidence-based translation of this knowledge into policy and practice remains limited. Targeting upstream causes of health and measuring the indicators associated with social determinants of health are at the heart of our PLACE MATTERS work. ***Over a period of three to five years, PLACE MATTERS participants should be able to demonstrate and document progress, as well as the reasons for progress, toward redressing the social conditions associated with health inequities—and thereby toward reducing health disparities.***

PLACE MATTERS Unique emphases:

1. engage communities of color with poor population health status;
2. support multidisciplinary teams vis-à-vis a national learning community (supportive laboratory);
3. reduce/eliminate health inequities by addressing social determinants of health (i.e., actions should specifically address social issues at their roots, e.g., housing policies, etc.);
4. develop benchmarks and other means to monitor progress that demonstrates the effectiveness of addressing social determinants of health; and
5. document lessons learned and outcomes of addressing social determinants of health.

This Design Lab will indeed be another valuable opportunity for our PLACE MATTERS learning community and will serve as a critical building block in each Team's work to address the social factors that produce poor health outcomes thereby creating health equity. Meaningful preparation and participation will help to make our national dialog on the social determinants of health more meaningful and effective.

We hope you will find this *working meeting* productive and invite you to leverage your participation in PLACE MATTERS to enhance your efforts and to strengthen your capacity to improve the health and well-being of your community. We invite DL10 participants to arrive prepared to:

- learn about and participate in in-depth discussions on investing in youth, continued exploration of structural racism, and communications strategies that frame social determinants of health (**to be well prepared, we encourage all participants to review all preparatory meeting materials in advance**);
- engage in teamwork, taking advantage of formal and informal opportunities to solidify Team activities and to explore and address issues related to various forms of racism;
- enhance existing logic models to include a focus and strategic action on structural racism as an important social determinant of health; and
- seek opportunities to network with PLACE MATTERS sites to benefit your local PLACE MATTERS work.

We look forward to seeing you in Baltimore!

## PLACE MATTERS Communities as of July 2007

