



**PLACE MATTERS Design Lab Nine: A Concept Paper**  
December 2-5, 2008 – Detroit, MI (Wayne County)

*Prepared by: Vincent Lafronza, Ed.D., M.S., and Natalie Burke, Senior Consultants*

**OVERVIEW & PURPOSE**

We are delighted you will join us for our ninth Design Lab learning experience in Michigan. Our national learning community will convene in Wayne County to support their PLACE MATTERS efforts to improve policies that negatively impact womanhood, resulting in high rates of infant mortality. We greatly appreciate the Wayne County Team’s willingness to host us and organize the tour of their community.

**CONCEPT PAPER**

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 Detroit.

**Design Lab Nine: Meeting Goals**

1. Explore relationships among race, racism, and health inequities.
2. Explore ideas and opportunities for PLACE MATTERS Team strategies plans to address and mitigate structural racism.
3. Provide Teams with work time.
4. Share PLACE MATTERS Teams’ progress, milestones achieved, and future plans to address social determinants of health.
5. Engage in teambuilding activities that support the continued development and implementation of county strategy plans.
6. Convene and network with colleagues participating in PLACE MATTERS counties.
7. Provide a safe place to brainstorm new and innovative approaches.

Building on all previous Design Lab (DL) concept papers (Concept Papers from DL1 to DL8 are available online: [www.commonhealthaction.org/pmdl](http://www.commonhealthaction.org/pmdl)), the contents herein are intended to frame briefly Design Lab 9 and to provide a brief overview of the PLACE MATTERS initiative for new Team members.

Similar to previous meetings, DL9 provides an opportunity for peer networking and collaborative learning across PLACE MATTERS communities through discussion and strategizing within and among your Teams. This meeting is especially important as participants will spend the majority of our time together learning and exploring issues related to structural, institutional, and interpersonal racism. We hope you 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 DL9 participants to arrive prepared to:

- learn about and participate in in-depth discussions on structural racism (**To be well prepared, please read and review all preparatory meeting materials**);
- 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.

## **DL 9 FOCUS: STRUCTURAL RACISM**

Given the deeply divided and painful racial history of America, it is no surprise that PLACE MATTERS Teams have identified local and team challenges to health and well-being that have their roots in structural, institutional, and interpersonal racism. Please review and consider the following definitions of structural racism. Other definitions will be provided during the Design Lab to elaborate on the many complexities of this subject matter.

### **The Center for Social Inclusion**

[http://www.centerforsocialinclusion.org/struct\\_racism.html](http://www.centerforsocialinclusion.org/struct_racism.html)

Structural racism is the silent opportunity killer. It is the blind interaction between institutions, policies and practices which inevitably perpetuates barriers to opportunities and racial disparities. Conscious and unconscious racism continue to exist in our society. But structural racism feeds on the unconscious. Public and private institutions and actors each build a wall. They do not necessarily build the wall to hurt people of color. But one wall is joined by another until they construct a labyrinth from which few can escape. They have walled in whole communities.

The structural arrangements produced by the walling off of resources and opportunities produces the racial disparities we see today -- like higher poverty rates, greater infant deaths and lower high school graduation rates in communities of color. Racial disparities are the symptoms of our collective illness -- structural racism. Whether its education reform, the environment, the workplace, urban planning and development, affordable housing or health care, we must make the role of race visible and understand the structures our institutions construct so that we may rebuild them to create opportunities for us all.

### **The Aspen Institute**

[http://www.aspeninstitute.org/atf/cf/%7BDEB6F227-659B-4EC8-8F84-8DF23CA704F5%7D/aspen\\_structural\\_racism2.pdf](http://www.aspeninstitute.org/atf/cf/%7BDEB6F227-659B-4EC8-8F84-8DF23CA704F5%7D/aspen_structural_racism2.pdf)

The term *structural racism* refers to a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time.

### **Kirwan Institute for the Study of Race and Ethnicity**

<http://4909e99d35cada63e7f757471b7243be73e53e14.gripelements.com/pdfs/srqa.pdf>

Structural racism has a dual meaning. On one hand, the term describes racism as a system of *social structures* that produce cumulative, durable, race-based inequalities. On the other hand, structural racism is a method of analysis that is used to examine how historical legacies, individuals, *structures*, and *institutions* work interactively to distribute material and symbolic advantage and disadvantage along racial lines - a way of sorting who's in and who's left out of society. This shift to an analysis centering on structures, rather than on one-on-one interactions, produces important differences in understanding the process for developing and maintaining racial inequities.

john a. powell

**Presentation: Structural Racism and Social Change: New Orleans and Beyond  
ISRP/PTUC Summit: Structural Racism and Recovery, March 12, 2007**

<http://www.google.com/search?hl=en&q=john+a+powell&aq=f&oq=>

Institutional racism shifts our focus from the motives of individual people to practices and procedures within an institution. Structural racism shifts attention from the single, intra-institutional setting to inter-institutional arrangements and interactions.

### **A Structural Racism model attempts to account for the theoretical shortcomings of traditional models...**

<b>Traditional Understanding {-}</b>	<b>Structural Understanding {+}</b>
An independent-isolated-individual psychological issue	An outcome that results from interactivity of institutions and actors
De jure	De facto
Static	Dynamic/Process
Past, if present an anomaly	Present
Overt	Overt and covert
Irrational	Rational
One dimensional	Multidimensional



SOURCE: Bonilla-Silva, Eduardo (1997)

5 of 12

### **HOW PLACE AND RACE MATTER IN WAYNE COUNTY**

[CONTRIBUTED BY THE WAYNE COUNTY PLACE MATTERS TEAM]

Michigan currently ranks among the worst five states with regard to racial and ethnic disparities in Infant Mortality Rates (IMR). In Wayne County Infant Mortality is more than twice as prevalent in African-American population as compared to whites. While this disparity is largely due to higher rates of low birth weights in the African-Americans as compared to Caucasians (12.1% versus 6.7% of live births) the Wayne County Infant Mortality Team recognizes that social determinants of health impact pregnancy outcomes and for a significant and sustained reduction in Infant Mortality these SDOH will need to be addressed.

The Team will focus its efforts on addressing social determinants of health such as Social Isolation, Social Perception of Women, and Racism as novel approaches to improve preconception and inter-conception health and hence pregnancy outcomes in order to achieve the ultimate goal of reducing Infant Mortality and the disparities in Infant Mortality.

Wayne County was established in 1796, as a key unit of the Northwest Territories. Farming, lumber and small industry dominated the local economy until the end of the 19th century. Wayne County saw its period of greatest growth in the first half of the 20th Century, when the automobile industry roared to life. Each of the "Big Three" American car companies was born in Wayne County; General Motors in Detroit, Ford Motor Company in Dearborn, and Chrysler Corporation in Highland Park.

Just as the growth of the auto industries fueled the growth of Wayne County, the recent decline of the industry profits has impacted the County as well. The population has and continues to decline, and an overall 4% reduction is expected through 2013. As you are aware, Congress is currently considering a \$25 billion auto loan program targeted at shoring up the profits of the automakers. Economic experts predict the loss of 3 million jobs if the auto companies fail, leaving Michigan suffering under the weight of poor sales, tight credit and a sputtering economy.

Even though the infrastructure and services of the County are extensive, a number of deficiencies continue to impede growth. Among these is the disadvantage Wayne County and the region are at without a rapid transit system to anchor the regional public transit system. Every city in the nation of Detroit's size [and a number of smaller ones] has some form of rail. Wayne County would be greatly served by a rail system that could connect the airport to major population centers, such as downtown Dearborn and Detroit, and along Woodward Avenue. The presence of rail transit serves as a catalyst to economic development and job creation, particularly in nodes around rail stations.

Over the past 80 years numerous transit plans have been developed but halted before implementation. There are a variety of reasons for this failure to carry out these plans. Some of these reasons include: a lack of consensus amongst community and political leaders; fragmented decision-making; and lack of political will to support proposals both politically and financially; untrue myths about the cost and effectiveness of transit systems; and a cultural orientation favoring automobiles to other forms of transit.

Of equal concern is the age of the infrastructure among the oldest communities. Aging infrastructure systems, including water, sewer and public lighting systems are in dire need of upgrading and improvements. The communities with the most need - whose infrastructure is the oldest - tend to also be those without the financial resources to provide routine maintenance, thus, the public utilities deteriorate through lack of a sufficient tax base. The road system is severely deteriorated and falls short of the needed capacity. Major improvements are underway on expressways as well as primary and secondary roads. Nonetheless, a much greater investment will be required to bring the countywide road system to an adequate state to service all communities.

Extreme racial disparities and racial segregation have and continue to be prominent in Wayne County, playing a significant role in undermining its growth as well. Disparities and segregation indicate that groups of people become isolated from critical opportunities and tools needed to succeed, thrive and survive. These individuals are faced with so many obstacles to success that many are never able to meet their full potential.

In the United States, Detroit has been identified as one of the most segregated major metropolitan areas. The metro area has approximately 4.5 million people, of whom about 1 million are African American. The dissimilarity index is the most commonly used measure of segregation between two groups, reflecting their relative distributions across neighborhoods within a city or metropolitan area. On a scale of 0 to 100, with 100 being the most segregated, whites and blacks in Metro Detroit consistently rank in the 80s. According to the Census Bureau of 2000, for example, the index of black and white dissimilarity in Detroit was 84.7.

Although the 1968 federal Fair Housing Act forbade discrimination against minorities by real estate brokers, property owners, and landlords, the real estate agents developed more furtive tactics to preserve the racial homogeneity of neighborhoods. The most significant was "steering," that is the practice of directing white homebuyers to all-white communities and black homebuyers to predominantly black or racially transitional neighborhoods. Racial separation limits the access of minorities to employment opportunities, particularly in predominately white areas. According to the Ohio State University's Kirwan Institute for the Study of Race and Ethnicity, the suburbs have about 85% of the region's retail establishments and 87% of the jobs.

The persistence of racial separation also creates racially homogenous public institutions that are geographically defined, most importantly school districts. Wayne County, particularly in the Detroit region, has the highest rate of racial segregation in schools and housing in the nation. **For example, on average, African Americans live in Detroit neighborhoods with poverty rates nearly quadruple the rates experienced by Whites.** Also, the City of Detroit school district contains the largest number of African American students in the region so these students of color are trapped in the worst performing schools. A 2008 study by the EPE Research Center found the Detroit City public school district to have the lowest high school graduation rate (24.9%) among the 50 largest school districts in Michigan.

According to the 2000 Census, the population of Wayne County was 2,061,162, making it the largest population center in the state. However, following the trend of most older, industrialized cities and counties in the Midwest, the population has generally decreased during the past several decades. Between 1980 and 1990, the County lost 226,204 persons, or 9.6 percent, and between 1990 and 2000 some 50,525 persons were lost, or 2.4 percent. The greatest population loss may be attributed to the shift of population, particularly families, from older industrial centers to newer suburban communities in Wayne County and elsewhere. This population loss is largely the result of a slowing, but continuous, exodus from Detroit and other distressed communities, and changing household patterns. Much of the population loss is mitigated by unprecedented growth in outlying areas such as Canton Township. The loss of residents has fueled the geographic disparities. The growing inequalities and challenges present a great threat to any attempts to reposition Wayne County and make it difficult for Wayne County to thrive as a community.

Wayne County experiences disproportionate environmental burdens and hazard proximity. The County's progressive new legislation on the state level is creating a more active development environment, particularly relating to brownfield sites. The County continues to expand the Urban Recovery Partnership program and has supported millions of dollars in investment to distressed communities.

In November of 1998, the Clean Michigan Initiative [CMI] was passed as state law to clean up and develop distressed areas. The CMI is a package of bills totaling \$675 million in environmental bonds. The Initiative funds the cleanup and redevelopment of contaminated sites, pollution prevention, water quality projects, efforts to enhance state and local recreational opportunities, and Superfund cleanup projects. This program has had a significant impact on both the urban and rural areas of Wayne County. A \$6.2 million grant funded the Detroit Riverfront Promenade, a pleasant new addition to the downtown recreation and business environment. An additional \$2.5 million has been awarded to other projects in Wayne County including brownfield redevelopment actions and initiatives aimed at clean water protection and education.

The major liabilities facing the County are:

- Inequity of economic development opportunities among Wayne County communities;
- Aging infrastructure - buildings, utilities and roadways of older communities;
- Lack of sufficient resources to reinvest in distressed communities and citizenry;
- Residual environmental hazards from previous industrial and commercial development;
- High cost of redevelopment in older communities vs. "Greenfield" redevelopment; and
- Low education attainment by sizable low-income population.

Today, one of Wayne County's top priorities is the health and safety of infants and children. In the first six months of 2007, Wayne County realized an increase in infant deaths as a result of babies sleeping in the same bed as parents and other caregivers. Infant death rates measure the number of infants that die before their first birthday per one thousand live births, and this number is one of the indicators of health in a community. In the first six months of 2006, there were 20 infant deaths related to unsafe sleep reported in Detroit and Out-Wayne County. However, from January through June 2007, that number has more than doubled for Out-Wayne County from four in 2006 to nine in 2007. Deaths resulting from unsafe sleep environments account for a portion of infant deaths.

The overall infant mortality rate in Detroit and Out-Wayne County in 2005 was 11 infant deaths per 1,000 live births. In Wayne County excluding Detroit, the infant mortality rate was 6.5 infant deaths per 1,000 live births. The statewide infant mortality rate for that same time period was 7.9. But that is only part of the story.

When Wayne County's numbers are broken down by race, the picture is alarming, with large differences between black and white infant death rates. **In Out-Wayne County, the infant mortality rate in black families is 17.6, and is 5.1 in white families. That means that more than 3 black babies die for every one white baby that dies before its first birthday.** While unsafe sleep practices contribute to a portion of infant deaths, these deaths are preventable by putting the baby in a safe sleeping environment and addressing the upstream factors that contribute to the overall well-being of women.

#### **PLACE MATTERS FRAMEWORK – BRIEF OVERVIEW**

**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 participants 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.**

**JOINT CENTER HEALTH POLICY INSTITUTE UPDATE**

We are also very pleased to announce that Dr. Brian Smedley, Vice President and Director of the Joint Center's Health Policy Institute (HPI) will join participants to share his vision for PLACE MATTERS and HPI directions. In his new position, Dr. Smedley will oversee HPI, which was created six years ago with funding from the W.K. Kellogg Foundation to explore inequities in health and to generate policy recommendations on longstanding health equity concerns. He replaces Dr. Gail C. Christopher (a speaker for this Design Lab), who left HPI last year to join the W.K. Kellogg Foundation. Dr. Smedley began his new duties at the Joint Center in late September.

A Detroit native who holds a *magna cum laude* undergraduate degree in psychology and social relations from Harvard University and a Ph.D. in psychology from UCLA, Dr. Smedley joined Alan Jenkins, Phoebe Eng, and Bill Lann Lee in 2004 to launch The Opportunity Agenda, a communications, research, and policy organization based in New York City. It works to assist advocacy and policy organizations and campaigns to advance new and innovative perspectives on opportunity – incorporating racial justice, gender equity, and human rights – and strategically links research, communications, and policy tools to accomplish this. We look forward to the breadth and depth of expertise Dr. Smedley brings to HPI and the PLACE MATTERS learning community.

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 look forward to seeing you in Detroit!

## PLACE MATTERS Communities as of July 2007



**FIGURE 1: PLACE MATTERS Phenomenological Social Determinants of Health Model**

