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WEBINAR

EXAMINING AND ADDRESSING COVID-19
RACIAL DISPARITIES IN DETROIT

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P R O C E E D I N G S

MR. RAY: Thank you for joining us this afternoon, for a very, very important event, on a recent report at Brookings entitled, "Examining and Addressing COVID-19 Racial Disparities in Detroit." I'm Rashawn Ray, I'm a David Rubenstein Fellow in Governance Studies, here, at the Brookings Institution, and I'm super excited to have a very engaging conversation with some colleagues from the city of Detroit, and the state of Michigan, on what is happening there, based on what we did in our report.

What I'm going to do is, is I'm to provide a presentation on the report. Following that, part of what I'm going to do is introduce our panelist, and then actually get into a Q&A. Viewers can submit questions for speakers, by emailing events@brookings.edu, or you can submit them via Twitter. We aim for people to be very active on social media, and you can do that by tagging, @BrookingsGov, so, @BrookingsGov, and also by using the #CovidDetroit.

So, getting right into it, part of what my co-authors and I did, including Jane Fran Morgan, from JFM Consulting in Detroit, as well as Lydia Wileden, Samantha Elizondo, and Destiny Wiley-Yancy, what we aim to do is to address what was happening in Detroit. Part of doing this is what we know nationally, it's that 1 in every 645 Black people in the United States can expect to die from COVID-19.

We also know that, in Detroit, it's been one of the hardest cities -- hardest hit cities, and we also know that the state of Michigan has been the fourth hardest -- hardest hit state, following New York, New Jersey, and Connecticut, for Black Americans. Doing this report and collaborating with New Detroit, and others, became very, very important, for not just speaking about what's happening Detroit, but also what's occurring around the country. Methodologically, we were very extensive. We pulled from a lot of data, citywide, statewide, and nationally, including the Detroit Metro Area Community Study, known as DMAX at the University -- at the University of Michigan, also, stakeholder interviews, led by JFM Consulting, and then descriptive data, led by Data -- Data Driven Detroit. They really laid out comparing Detroit to Wayne County, out to Wayne County, and kind of the tri-county area in that particular region.

We also had a slew of data sources, that kind of filled out how we think about it, APM

Research Lab, which had some of the best data, on racial disparities in COVID, also pulling on data from the city and the state, Princeton's Evictions Lab, which helped to highlight, as you'll see in a second, these COVID-19 spillovers, and also, data on the SBA Pay -- Paycheck Protection Program, also, from the U.S. Census Bureau, and the Wayne County Treasurer. What we know, when we look at the Detroit area, is that, early on during COVID, Detroit was very hard hit. Most recently, we see that the number of COVID cases has started to decrease, relative to the rest of the region, Macomb County, Oakland County, and even the rest of Wayne Country.

However, when we look at deaths, that's where we see a continuous spike and a continuous reason to focus on what's happening in Detroit. We can also think about the way that families have been impacted, by COVID. What you see here is that Black people living in Detroit, as well as Hispanics living in Detroit, relative to whites, are much more likely to have a family member die from COVID, and also have a friend extremely ill, from COVID-19. So, this is an example how we see what we highlight in our report, that it's not just about a person being affected, and even their family, but it becomes their friends, their broader community, and really starts to impact these COVID-19 spillovers.

How do we make sense of this? Well, one of our stakeholder interviewees really chimed in here, and said a place to start is less acknowledged that there are structures and systems of racism that exist in this country, in this state, and in this city. Let's start with that because, if you don't have an understanding of that, then it's really difficult to dismantle or to address issues because you're trying to solve a problem, without actually addressing the root cause. Until the system changes, because sometimes that takes a long time, you have to work at changing structures of inequity, and you also have to work at helping people get to opportunity in the middle of the brokenness.

This quotation really highlighted what was happening here. Our stakeholder interviews, presidents, CEO's, top ranking officials in the city and the state, who were able to provide guidance, on some of the findings that we had. Part of what that quote was doing is highlighting the way that structural conditions undergird pre-existing health conditions. Part of this is thinking about people who live in Black neighborhoods, and often times, Latino neighborhoods as well, have a lack of healthy food options, a lack

of recreational facilities. They live in densely populated areas, where social distancing becomes a privilege.

Also, because they are more likely to be essential workers, and we know that Blacks and Latino's are more likely to be in occupations that have been extremely hard hit, by COVID-19, including individuals who work in the service industry, individuals who in manufacturing jobs, and shipping jobs, and also, individuals who work in transportation. We also know that Black people are less likely to have access to healthcare. Not only is this solely about being less likely to have health insurance, but even when they get to a place where they should be treated, they are less likely to receive equitable healthcare.

They're more likely to be spoken to, instead of spoken with, when interacting with healthcare providers, and early on, a study found that Black people were six times more likely to be turned away from COVID-19 testing and treatment. There were many stories coming out in Detroit, and the state of Michigan, highlighting these particular disparities. And when we look at what we found in our report, we can look at a host of these particular factors, when we look at the data that's coming from DMAX. As you see, with the blue line in particular, blue is Black, yellow, that gold bar is Hispanics, and the green is whites, that when we look at these challenges, have you experienced one or more challenge, we see that Black people are much more likely than other groups to face that. Besides interacting with others, that that being a challenge, we see that when it comes to caring for family, having food, dealing with healthcare, which was the same for Blacks and Latinos, dealing with medication, which was much more likely to be a problem for Black people, dealing with transportation, and dealing with housing. We see, collectively, that Black people, relative to other groups, are more likely to face these particular challenges, during COVID. One of our stakeholders said the following, there is a link between poverty and health.

It's a social determinative of health, in some ways, lack of access to medical care, to seek treatment and quality health insurance. Black folks tend to not have health insurance. They tend to have jobs that don't offer those types of benefits. They tend to lack access healthy foods, housing, and

clean water. These are all factors that kind of indirectly contribute to the heightened vulnerability, and an exposure of infections, and lead to higher COVID outcomes. This is exactly right. What we found in our report are some extremely stark outcomes. Blacks are three times more likely than whites to report challenges for getting food, water, and household supplies. Black residents are significantly more likely to report not having enough money to pay their bills, and more likely to take out loans, relative to whites. Nearly 70% of families living in Detroit, with school aged children, report having low confidence in the school's response to dealing with COVID, and then we also know that businesses in Detroit, compared to those in the tri-county area, will much less likely to receive PPP Funding, highlighted here.

Not only were small businesses in Detroit, which are likely to be Black owned businesses, often times women owned businesses, not only were they less likely to receive a PPP Loan, they also received less of it, even when they got it. And this is a stark reality, as we know nationally, that about 40% of Black small businesses have closed during COVID-19. Another stakeholder said, we still have not successfully addressed the historical consequences of racism and oppression in our society, as we've seen how COVID is impacting particular communities more than others.

And, I think, the challenge, now, is that it's sometimes hard to see, but one benefit, I guess I'll say, of COVID, in the context of social unrest, it has forced the light on circumstances that -- that we know were existing. So, what is the public will to acknowledge and do something about the fact that you knew it would impact the Black community more? Well, look, one of the things we deal with this report, is we laid out a series of policy recommendations. We talked about the importance of racially equitable healthcare access, which I know we'll talk about, the importance of data collection, the importance of equitable payment protection, from the PPP Program, from the Small Business Administration, and then a protection for workers, hazard pay and a living wage.

We also talked about vaccines because, as we worked on this project, over the past several years, the vaccine started to be rolled out, and early on, we saw continuous huge disparities, as recent as a few weeks ago, where people living in Detroit were less likely to get the vaccine, and what's interesting is that -- also the location of where they got it. Now, part of this might highlight the fact that

Black people might be less likely to trust healthcare. That could be the case, we see the dark blue bar, that's them getting into hospitals.

But then again, when we look at Detroit, we see that, for the first dose, they're more likely to get it in pharmacies. I think this speaks to a structural gap, and the fact that, often times, we don't have vaccine dissemination and health treatment, in predominately Black communities. So, these were our recommendations for equable vaccines dissemination. First, acknowledge that medical distrust is rational. It's a rational response, based on what we know about Tuskegee, and Henrietta Lacks, and the Guatemala Syphilis Study, and the list could go on and on.

Have to be continuously transparent about the vaccine. Ensure effective social media messaging, and who it's coming from, in particular, leveraging Black community gatekeepers and pillars, churches, community centers, local organizations, like New Detroit. Part of thinking about that is increasing healthcare utilization, and then centering racial equity, for a long-term recovery. Another stakeholder said this, and I think it's a good quote, because it speaks to the promise of Detroit, part of thinking through that -- part of thinking through that is part of what the stakeholder mentioned, as I turn this off and get ready to transition to the panel. It's part of thinking through this, is that the stakeholder said, "So, I believe in our city. We have enough foundation folks, and corporate sector folks, who buy into equity, and who are pushing it locally, here in Detroit. So, I feel confident in our city, that we're headed in the right direction. But it's going to take more than our city to get this right. So, to get it right, we've got to move beyond the city, and we've got to spread it through, throughout the state of Michigan, and throughout the country."

So, as we think about what I just presented, I want to bring on our -- our distinguished panel. And I'm really excited to be able to have them here. I first want to introduce Jane Fran Morgan. Jane is president and CEO of JFM Consulting Group, and also one of the key co-authors on this particular report. I also want to introduce Michael Rafferty, who is president and CEO of New Detroit, and one of our partners in this particular project. I also want to introduce Alycia Meriweather, who is the deputy superintendent for External Partnerships, Enrollment, and Specialty Programming at Detroit Public

Schools Community District. And then, also, I want to introduce Renee Canady, who is the CEO of the Michigan Public Health Institute. I could say so much about all of their bios, but instead of using that time that way, I think it's best for us to simply hear from them. I want to start with Jane. Jane, we worked on this report extensively, and it is amazing to see it come out, the way that -- that it did, even with these sobering statistics. What struck you most about the findings in the report? Given all that we did, all the data we collected, what stood out to you, as we went through all of this?

MS. MORGAN: Right? So, thanks, Rashawn. So, as you know, we're swimming in data all the time, and so, I think what struck me the most, and this is disappointing, is that I was actually not surprised by what I saw, when I saw the numbers, because what COVID has done has compounded and exacerbated existing problems across the board, and -- and in particularly adversely impacting Black and Brown communities. So, while I didn't have the specific data, until we -- we, you know, completed the research, I, you know, the end results, I was not surprised. And that's -- that's the most disappointing thing, was that it was -- it was almost expected.

MR. RAY: Yeah, I mean, and that -- that's one of the unfortunate realities. Mike, I want to go to you. What -- did anything surprise you, about the report?

MR. RAFFERTY: Thanks for that question, and, you know, I just want to start off by just giving you all kudos for doing the report, and particularly within the time that you did. I think you did a great job of highlighting the facts, about disparities in our communities, and it gives us really good recommendations on what can be done to address the inequalities, as we -- as we recover from the pandemic. And I -- I have to echo Jane, you know, we knew these disparities existed. They've existed historically, and, you know, there was really good reason to suspect that the pandemic was going to highlight and would widen some of the gaps that we've always seen, and we're seeing that play out here, this report validates it. I think, what's most striking, to me, isn't what's in the report. I'm struck by how much debate there is, about how many of the things -- you know, there's a lot of debate about, you know, the many things that we need to address these disparities, you know, for instance the social vulnerability, you know, factor needs to be -- it needs to be factored into vaccine distribution, or else, you know, we'll

likely continue seeing the disparities, and who is being vaccinated, and that's up for debate.

You know, we need to stop debating the need for living wages. You know, I was listening to the news this morning, and there's a -- there's a big conversation happening on the national level, about whether that's something we should be doing or not. We have to stop debating it, and, you know, local communities need to be adequately funded, to address recovery needs, and, you know, it's all a matter of debate, these days. And so, I think, I'm most struck by those things.

MR. RAY: Yeah, I mean, that's a great point. So, Dr. Keon Gilbert and I, we have wrote a piece, and one big thing he's big on is talking about what your describing as this Social Vulnerability Index, which we brought into this report to say, "Look, we have public health metrics, to tell us who we should be focusing on and why. And we can focus on the hardest hit places and the hardest hit people." I want to get Renee and then Alycia in, on this particular question. What -- what has struck you about what you read, and what you -- what you've seen, about what was in this report?

MS. CANADY: Well, I'm going to say -- say this in a somewhat provocative way, right? In -- in so many ways, this is not a story about COVID. It's a story where COVID has been cast in the leading role, right, but it could be the story of diabetes, it could be the story of hypertension, but it's clear that there is a pattern, that we're experiencing, and I just thought Brookings and Rashawn, with your leadership, you guys did a phenomenal job articulating that story, especially in a way that, as Mike said, is really not debatable.

I mean, the evidence is so clear, the neutrality with which you interpreted the data and the findings, and so, I think, the other thing that stood out for me, in terms of how you all took control of all the data, right, and put it in an -- in an interpretable way, is that you, often times, see these reports on disparities, that tend to weave a story that Blacks and People of Color, are just worse than white folk, or other folk. What this story did was give us evidence, not that Blacks and Latinos and other communities of color are -- are worse, but they are worse off. They fare worse, not that they are worse, and I think that's a critically important distinction, that you all put forth, exceptionally well.

MS. MORGAN: I mean, that's a great point. I mean, one of the big things that we aimed

to highlight, and of course, most of you know this saying, that when America catches a cold, Black people get the flu. Well, during the COVID pandemic, when America catches COVID, Black people die, and we die in a multiple of ways, even beyond COVID, even extending beyond that, to highlight these COVID-19 spillovers. Alycia, what is your perspective on the report? What stood out to you, about what was there?

MS. MERIWEATHER: You know, I'll echo what's already been said, and then say something a little bit different, I think. But the first thing, just to say, anyone doing this work, reading the report, there were no surprises, and all of us, you know, in public education, particularly here in Detroit, reading through the details around how the African American community is disproportionately impacted by systemic, historic, and current racial injustice is not surprising. It is sad, and it is disgusting, that, in 2021, we're still having to publish reports that document that that's what's actually happening.

So, I will say that, you know, maybe for some people reading this, these are new ah-ha moments, and so, maybe there's people that will read this report because it's about COVID, and this plays into my second point, that stuck me, in terms of the -- the way this was written. So, because COVID-19 is such a hot topic right now, I think, there's people that will read this report, but the beauty of the report is the way that it was comprehensively done. So, from the approach around the methodology, which was quantitative and qualitative. So, you have data, and you have narrative, you have interviews, and then that information was synthesized, and analyzed, and outlined in a comprehensive way, too, to discuss health, employment, housing, food, education. So, the point that COVID-19 does not sit in isolation of all of these other disparities is incredibly important, and I'm hopeful that some people will read this publication, that maybe would not read another publication, and they will be exposed to other issues of inequity, that they never knew existed. So, I appreciated the approach on the did not attack COVID-19 in isolation, but made the very clear point, that COVID-19 is one among many issues of disparity in this country, and the city, and the state.

MR. RAY: I mean, great point. I mean, and, you know, part of -- that's what happens when you work locally. One thing that Jane was big on is, look, we can talk about these stats, I mean, as you all are saying, unless people have been under a rock, and some people have, or they've chosen not

to pay attention to what happens in certain communities. They didn't realize the gravity, the pervasiveness, the significance, the magnitude, all these statistical terms we can use, of the racial gaps, but also bringing in local perspectives and hearing from people, who are experts.

There is one big thing, that the JFM Consulting wanted to make sure that happened in this report. So, I want to go to Renee, and then I'm going to make my way around, again, and this is thinking through how we think about the huge racial gaps, and this is a specific question, about how we think about the gaps and COVID, and infections, and testing, and treatment, and vaccinations. We know that there are gaps throughout it. How can we increase the COVID-19 vaccination rate, among Blacks? I'm going to start with Renee, and then I'm going to go to Alycia, and then go to Jane and Mike, because everyone kind of has various lanes. So, how do we think about it publicly? How do we think about it in terms of education? I mean, there are teachers who -- who are worried about getting the vaccine, or who can't even get it. But, more broadly, Renee, I want to start with you. How do we increase, particularly, the vaccination rate, among Black people, in Detroit?

MS. CANADY: Well, I think one of the things we have to be very intentional about is understanding that universal approaches are not going to be beneficial, that we've got to -- and it's interesting because we're so socialized that being fair means treating everyone the same, and that's really the most unfair thing we can do, and so, I think, for administrators that are executing standard operating procedures around how we're rolling these out, that it's our responsibility to look at the unique needs of different communities, even across the African American community.

The same strategy is not going to serve us all well. So, the fact that we're now having this dialogue, pushing ourselves as a system, you know, the purpose of public health is to assure the conditions necessary for good health, and so, we see that at a systems approach. We see that at the personal and interpersonal level, and so, how leaders see their responsibilities, the tone that they're setting, for pushing on unique strategies, are all going to have to be welcomed practices, building -- not just, saying, well, Blacks and Latinos, and Indigenous folk, Native Americans don't trust healthcare. You know, what do we have to do to earn their trust, and so, the responsibility lies on the system, and I think

this report will really help advance dialogue and thinking deeply about change.

MR. RAY: You know, that's great, and I'm really excited because we have another panelist joining us. It is my pleasure to introduce Nicole Sherard-Freeman, who is the executive director of Workforce Development for the city of Detroit, doing her civic duty today. All of us know the way that these meetings go, in government, where you show up for a meeting, you think it's going to be an hour, and three to five hours later, you're still sitting in the same chair. So, we appreciate your time. Nicole, I want to come to you, with this question that we're doing a round robin on, then I'll go to everyone else. We're talking about -- we know that there are these huge racial gaps, in Detroit, in not only testing, treatment, but also in vaccinations. How do we increase the COVID-19 vaccination rate among Blacks, and what ideas or proposals are being implemented, particularly from a work standpoint, to increase vaccinations among Black people in Detroit?

MS. SHERARD-FREEMAN: Yeah. So, first, my apologies to my esteemed fellow panelists and colleagues, Rashawn is right, City Council started at 10:00 this morning, and I am very pleased to be out by 1:20, so, again, apologies, and thank you for the question.

You know, I -- I just have to say that what -- what we are seeing, at the frontlines, and there's an -- almost a daily meeting on COVID vaccinations, that the mayor and other members of the administration lead, and the approach that the mayor and the administration are taking is this, when people see themselves in the story, when people see others whom they trust, when they see neighbors, and, you know, fellow church members, and, you know, folks who go to their beauty salon or get their hair cut in the same barber shop, when they see themselves in the story, when they hear from people close to them, in their personal network, right, so, this is -- this is -- it's fantastic to have celebrities who endorse vaccinations. It's great to have the president of a hospital, or the mayor of a city, or, you know, the head of a public school system talk about their commitment and demonstrate their leadership. That is an extremely important component.

But it is equally important for people to know that their next door neighbor thought it through and decided to get the vaccine, and so, what you will see in the coming days and weeks is sort of

a, you know, a continued expansion of that observation, by the city, in the approach, and so, don't know if the -- if the press release has made it out yet, and so, if I'm sharing news that isn't yet public, you didn't hear it from me. But the -- the next group of eligible Detroiters will be those in the manufacturing community. So, the mayor is inviting large, small, whether you work in manufacturing in Detroit and live somewhere else, or whether you live in Detroit but work at a manufacturing company outside of the city, you are next up to be eligible for the vaccine, and that's 18 and over, so, there's no age restriction on that, and so, you'll -- you'll continue to see sort of this ripple effect, we hope, of -- of taking that, you know, see yourself in the vaccine philosophy.

MR. RAY: Yeah, that's great. And that -- that's, I think, one of the things people want to hear because we know that people in manufacturing, as we mentioned earlier, has been one of the hardest hit occupations, not just in the city of Detroit, in the state of Michigan, but around the country. But given the type of work that is in Detroit and the state of Michigan, we know that, when it comes to manufacturing, that that's big, to get into -- to get in there to address that. I want to go to Alycia and ask about education, I guess, specifically. How do we think about what's going on with vaccinations for schools, and how do we think about what's going to happen the rest of this year, particularly as we're starting to see more schools open, particularly as we're starting to see, you know, people get anxious about the spring and weather changes, I think, particularly in the Midwest? You know, I went to grad school in the Midwest. I know, it's cold, it's snowy, and the minute it reaches, like, 45 degrees, people are outside in flipflops and shorts, just happy that it's a little bit warmer. So, Alycia, how are you all grappling with that, in education?

MS. MERIWEATHER: First of all, you're correct on your assessment of the weather reactions, which happened last weekend, here in Detroit, really. We were close to 60. But, you know, we're coming up on a year of transitioning to virtual instruction, and hard to believe that pretty much a year ago, the schools were ordered to close, and -- and, you know, we had to adapt very quickly, and at that time, we were primarily distributing packets. We did not have computers and internet for all of our students.

We initiated an effort called Connected Futures, with philanthropy and other funders, that solved that issue, but where we are now is trying to move from virtual back to face-to-face, and so, we have been very, very disciplined around the COVID protocols in place at our schools. We've been thankful to receive the CARES money, which provided the funding for all of those things, and we consistently implement those protocols. But at this point, what we're trying to really move towards is encouraging people who want to take the vaccine to get it. The educators are in category 1B.

I will say a big thanks to the city of Detroit and the TCF Center operation because all of our teachers that have kind of cycled back to me about response there, and I got my first shot the other week, very efficient, very professional, and really just accommodating to our education force. So, speaking from Detroit, DPSCD, we have not had an issue with supply. Anyone who has called to make an appointment has not been turned away. Now, I have read stories of other surrounding areas, where this is a problem, but that has not been a problem for DPSCD.

What is interesting to look at is the number of people who are hesitant to take it and or the number of people who are willing to take it, but not yet ready to return to face-to-face. So, there's a couple different layers here, and I'll kind of keep my comments brief here and pass it off to someone else, but I think you first have to understand, as with any issue, and like we talked about earlier, this is not isolated. So, vaccinations, thinking about how do we increase vaccinations, if you just look at that and think that's the problem, you are not going to move the numbers because there are so many other layers to what is going on here. With the governor's Taskforce on Racial Disparities, I've been fortunate to sit on -- at that table, we've been talking about this for months, and one of the key pieces is to actually look at the data.

What is going on? And then once you look at the data, so, I would say, you know, the most recent data says that 47% of white Michiganders are willing to take the vaccine, 25% of Black Michiganders. What I would say to you there is there's 50% plus, of any race, that are not willing. So, when you look at -- you know, do you understand what I'm -- like, when you're looking at the numbers, we have a problem with both races, all races, saying, there's a hesitancy, but there's a, definitely, a larger

impact in the Black community, and so, when you start digging down into it, and the Racial Disparities Taskforce conducted focus groups, and you lift up some of the points in the -- in the report, rational distrust, based on past experience, not wanting to feel like a test subject, wanting to wait and see, what are the long-term impacts, a concern about side effects, needing to know more about effectiveness, and this one I think everyone listening would say, there's -- there's a piece of this across all levels, which is concerns about politicians on -- on various levels, who are attached to the development and distribution and promotion of the vaccine. So, the -- these are the reasons why.

So, once you understand why, or at least some elements of why, then you can work on messaging, and so, I think the critical pieces for the school system is we're trying to work with the Health Department, as well as other partners, to deliver messaging because what we do know is, in the absence of truth, people make up their own stories. So, we need to figure out a way to get the truth of the situation out, but also, to be honest, it is, on some level, a personal choice in -- and how do you help people understand that their personal choice impacts the public good? And how do you help people to understand all these other elements that are in play?

So, we are -- last thing I'll say, the -- we are returning to face-to-face instruction on Monday, March 8th. It is by choice. So, it is family choice and staff choice, at this point, for the rest of the third quarter. So, we look at -- about 40% of our students are ready to come back and about 40% of our staff, which means about 60% are still not ready, whether they took the vaccine or not.

MR. RAY: You know, thank you for all of that because one of the things that you highlight is, yes, Black people are less likely to distrust, and it's rational, but there is also a large percentage of white people in Detroit and the area, who are also saying that they're not going to get the vaccine, or they're going to wait and see. One of the things, also, that -- that Renee mentioned was around how we think about equality in equity. Equality is giving everyone the same thing. Equity is giving people what they need. Those are two drastically different things, when we meet people where they are. So, I want to get Mike and Jane in on this. And then, Jane, I'm going to have you, after Mike goes, I'm going to have you ask -- answer this question, and then I'm -- I'm going to also pitch another question to

you, that'll transition us to thinking about how COVID is spilling over into other aspects of our lives.

MR. RAFFERTY: Okay. Thanks. You know, following -- following Alycia, Renee, and Nicole, I don't have a lot to say, except I agree. You know, we do need to make sure that we -- we build trust, not -- I mean, systemically, we need to build trust. It is very easy, as a Black, Indigenous, or person of color, in the United States, to have -- it's reasonable to have distrust in institutions. As you've mentioned, you know, when you're talking about Henrietta Lacks, you're talking about the Tuskegee Experiment, you know, we have real tangible reason to, you know, ask questions, should -- should I go in?

We have -- you know, if you're -- if you're a member of this community, it's very difficult to go, you know, beyond a few people in your lives, you're a few degrees separated from somebody who's been gaslit by healthcare and by institutions. You have likely experienced bias, yourself, in healthcare, and, you know, if it's not a moment of crisis, personal crisis for you, like a heart attack or a stroke, you know, the hesitancy is, you know, reasonable, all right? So, I'm really glad you -- you put that in this study. I'm really glad that we had -- got a chance to listen to -- listen to my colleagues, here, validate and expound on it, and I agree. I think, you know, you -- you do have to see yourself in the study.

I'm really glad that the city of Detroit is focusing on that, as a campaign. I encourage influencers, community leaders, celebrities, you know, let's all get out there, and to the point, you know, you're neighbors, see yourself, you know, like you should be getting back to them and telling your neighbors and friends that you're doing it. As soon I am -- I'm able, I'm getting a vaccine, and I'm going to let everybody know. You know, I think, beyond some of the things that have been mentioned, I think just mobility and access, you know, is really critical. You know, it's -- it's very -- you know, in a report, you mention that, you know, churches are, like, neighborhood hubs, pharmacies are available to people. I'm really glad to see the testing for the past, you know, few months or so, community groups, who have -- and hospital systems in Detroit have -- have done mobile testing. I think, you know, the same sort of thing needs to be focused on for vaccine distribution, as well. And I'm going to get back to the point about the Social Vulnerability Index. I think, you know, that's something that really does need to be, you

know, focused on and resolved. You know, I believe we need to, you know, include that information and the information about who the most vulnerable people are, in the state of Michigan and across the country, and how the vaccine is accessed, so. Those are my simple points.

MR. RAY: I mean, great points. I mean, when we talk about the Social Vulnerability Index and sending mobile units to those places that we know are vulnerable because of a host of things, lack of access, lack of transportation, and those are the sort of things that make a difference. Jane, what are your thoughts on -- on this topic, around how we address the dearth of vaccination in the Black community?

MS. MORGAN: All right. So, I'll be brief and circle back to the comments that Renee made, initially. The -- you know, Black and Brown communities are not monolithic. It's a continuum, and so, there are people in our communities that, you know, wait, when can I go, and they'll be the first in line, and there are a number of people, a disproportionately large number of people perhaps, but there are -- who are not comfortable with it yet. And so, the response, the community engagement has to reflect that, and so, you're going to have to reach people, as Renee indicated, in a number of different ways, and so, just an article in the free press, saying, you know, come on Saturday to get this, will work for some. For others, they'll see that article, you know, shrug it off, maybe they'll talk to their neighbor, maybe they'll go to their church and get some information, maybe at the community center, and -- and it builds, and the education around what the -- the medical implications are of this help to increase comfort levels over time, but for a lot of people, it's going to have to be repetitive because you are needing to build trust, and trust is not built overnight. So, I think that if those strategies are put in place, it will help to -- help to give Black and Brown people, who understandably have concerns, the comfort that they need to make that decision.

MR. RAY: Great points. I mean, a multiprong approach, also thinking through, I mean, how we think about the differences within communities, a really, really great point. I want to ask you, Jane -- one of the things that our report discussed were a series of what we call COVID-19 spillovers, and we've been getting into this a bit, but let's -- let's dive deeper. One of the big things that we aim to highlight, and you really drew out is not just kind of lumping them together, but isolating the way that

COVID has impacted housing, education, the economy, small businesses. How do you see COVID-19 affecting Detroit families in ways that go unnoticed, ways that maybe the media, either the mainstream media, newspapers, that are not being picked up, that you saw from -- from the work that we did in this report?

MS. MORGAN: Right. Well, I would say that in each of the areas that you've just mentioned, that are highlighted in the report, the impact goes much deeper than what we were able to, you know, include in that report. So, you can -- you can explore more deeply, in any one of those areas. One area, for me, that has come to my attention is around domestic violence and child abuse. It's kind of flown under the radar. I mean, everyone's been at home. The data that I understand is that a lot of the -- the calls have declined to, you know, domestic abuse hotlines, and that's because, all of a sudden, people began behaving differently, but because circumstances changed, and there just weren't safe opportunities to do that, and multiply that by a factor of 1,000 for children, for whom school was a safe place, and they had access to caring adults who could potentially intervene. Now, they're at home all the time. So, you don't read a lot about that. It's an issue that's there, that is -- has been exacerbated by COVID.

MR. RAY: I mean, that's such a -- an important point because, I mean, that is something that we didn't include in -- in thinking about domestic violence and child abuse, one of the reasons why the calls have probably decreased is because the people who are being abused are not at a place where they can contact someone because now, with quarantine, they are probably around the person who is abusing them on a regular basis, continuously, 24-7, rather than being detached from them. We also know that when -- when people have issues at work, particularly men, that often times, they double down on their masculinity, and it comes out, often times, in physical force, on the people they love and who are closest to them, and that -- that is definitely something that needs to be addressed.

I want to -- I want to also talk about some policy solutions, in terms of how we think about this, and thinking about local organizations. Renee and Mike, I want to come to you two, in terms of thinking through this, and -- and we had a question from -- from some people who were asking, what are

ways that organizations are able to promote change, related to issues of disparities, and then also implicit bias, in not only healthcare, but thinking about education, thinking about work. I mean, of course, that helps to fuel distrust. So, not only is about the legacy and collective memory of distrust, but it's also about the current realities that you all are highlighting. So, what are local organizations, particularly in Detroit, doing to promote change on these fronts, with racial disparities, and then addressing implicit bias? So, we'll go Renee, and then we'll go Mike.

MS. CANADY: Yeah, let me just commend Detroiters for stepping up to bat, and Alycia mentioned our Coronavirus Racial Disparities Taskforce, and we serve on that together. We did this huge initiative, and led by, you know, Detroit Native Sun, our lieutenant governor, where we received some of this federal money, and instead of us, as a taskforce, saying, let's figure out how we can help communities, we said, hey, communities, we've got a bunch of money, what do you want to do with it?

So, we came up with a process for pushing the money out to communities, and Detroiters stood up, really Michiganders in general, but there was some amazing partnerships with the United Way of Southeast Michigan, I'm looking at this list, the Detroit Food Policy Council, the city of Detroit, Henry Ford Health Systems, DLIVE, Detroit Life is Valuable Everyday, Detroit Community Health Connect. There were a number, Access, Detroit Public TV, Gleaners, that said, "We can do something with that money for our constituents, in the communities that we serve." And so, that was huge, one, because it was sort of a rapid response initiative. Like, it was around October when we really got this money, or September, and the money had to be spent by December, and that -- Detroiters were undaunted by that. They're like, no, give us the money, we will be able to use it effectively. And they did, looking at a lot of things, technology needs, looking at food needs, looking at access and how are people getting to care. And so, I think, when communities, when left to their own devices, are way more effective than we can, at these sort of state level views, and so, really excited for some of those examples, where Detroiters said, we can take care of ourselves.

MR. RAY: That's a great point. Mike, what are your thoughts on this question about --?

MR. RAFFERTY: Yeah.

MR. RAY: -- what are local organizations doing? I mean, Renee just made a great point about, look, asking people what they need, meeting them where they are. What are some of the other things that -- that people need to know about, what local organizations are doing?

MR. RAFFERTY: Yeah, so, I think the -- you know, the -- I love the way that you asked the question. I think there are -- are two ways to look at it. There are -- what are organizations doing to address the disparities that we're seeing and the challenges that we're seeing from the pandemic, and then there's the structural issue, right? And I'm going to start with the, you know, the, you know, the response. I'm pleased that so many folks are taking this seriously, and so many folks mobilized as quickly they did. You know, that includes, you know, the city of Detroit, philanthropy, as Renee said, intermediaries, like, intermediaries, like, United Way, community-based organizations, all deserve kudos. Our church -- our churches and grassroots groups definitely need to be lifted up. One group in particular, Community Connections, you know, they recognized that small childcare providers, who provide a tremendous service to our community, didn't qualify for stimulus and relief funding, and they stepped in, you know, with funding and provided cleaning supplies.

And, you know, when I say it's a tremendous service, you know, there's so many people in our community that, you know, are front liners, that have to go to work, many of them have children. You know, with school being cancelled and things like that, it, you know, childcare was, you know, was absolutely necessary, and this group stepped in, and saw the need, and provided support. You know, the United Way provided support to places, like Wayne State and Henry Ford Health Systems to provide mobile testing in the neighborhoods and transportation to testing sites. You know, this is one of those, you know, it takes a community, it takes a village, you know, moments, and, you know, and, you know, as far as small business and the economy, you know, the New Economy Initiative here, the city of Detroit, the EDC, you know, they realized, early on, that Black businesses would be hit harder and mobilized very quickly to provide relief. I mean, as, you know, terrible as this was for our economy, you know, one can say, you know, more needs to happen, but I can definitely say that these organizations stepped up as fast as they could.

I think when we're talking about this systemically, though, you know, I've said this often, when racism -- you know, all of these things are side effects and spillovers of racism, right? And racism is this thing that, you know, is -- it saturates, not just our community, but it saturates, you know, our democratic structure, you know, and our national structure, and in order to, you know, do something as -- as audacious, as dismantling, and structurally addressing bias, and structurally addressing, you know, racism, there has to be massive investment and deep commitment in it, period.

You know, there was a time when it seemed impossible to get to the moon, and yet we did, when we invested in it and took it seriously. You know, there seemed -- you know, there was a time when cancer seemed like, you know, an inevitable death sentence for people, and with the right investment, you know, cancer and HIV, I mean, with the right treatment and the right, you know, commitment and the right investment, you know, we start seeing things that we -- we thought would never change. Think about all the people you've known over your life who'd smoked and think about how the smoking rate has gone down, it's these types of investments that we need in dismantling racism. I hope that got to the question about, you know, what organizations should be doing. I think organizations need to be seeing themselves as the pillars that are holding up the structure and realizing that, you know, every individual has a role to play in dismantling the challenges that we have through racism.

MR. RAY: Great point, Mike. Great point. With investments, nothing becomes impossible, even the things that people previously considered impossible, like addressing racial gaps. I want to -- we got a question from -- from Abigail Censky, who is the WKAR Capitol Region NPR person from there and talk -- talking about Michigan and how the state is using the Social Vulnerability Index for vaccine allocation, but Republicans in neighboring counties and the state legislature are attempting to discontinue it. This is similar to what is going on in states, like Texas, where they're trying to discontinue that, that approach, and then also trying to prevent funding and vaccinations.

How would removing that approach, using this Social Vulnerability Index, how would that impact present inequities, and why is it -- why is it important, and I think we -- we addressed this part, why is it important to continue using the SVI, and what would be the impact of stopping it? So, how would

discontinuing -- discontinuing it impact what we're currently seeing? And maybe -- maybe people who are on the Statewide Taskforce can -- can talk about that, Renee, Alycia, Nicole. How -- what are we seeing, politically, that is getting in the way of addressing racial disparities?

MS. CANADY: Well, I'll -- I'll just comment quickly. I mean, certainly, it would take our epidemiologists to do that calculation, which they could do, right, without -- that without doing -- using the Social Vulnerability Index, what measurable impact will it have? But what I believe we're seeing, and it is my hope, that this is about a lack of information and a lack of understanding. As a career public health professional, my job is to run into the fire, right, that first responder attitude. We have to implement strategies that deal with the people who are being affected. Now, if this were affecting white men, we'd be running to that fire because it is our professional obligation. So, when we have seen repeated data review, over and over again, this pattern, particularly in COVID now, where disproportionately Black, Latino, Native American communities are suffering more, it is our moral and professional responsibility to go there. Again, this is not about advantaging people groups over others, it is about addressing the need, so that we all fare better. All Michiganders are at risk by this disproportionate representation in that community. So, that's -- it's -- I -- I hope that it is about education and not necessarily a partisan type of discord.

MR. RAY: That's a great point. And -- and we got another question, asking about decisions made, in terms of ranking, putting people in order. Can you all provide some -- some insights on people who are under 65, with documented comorbidities. People are asking why are they so far down on the list. Why does it seem like they won't be able to get the vaccine until the summer? Will someone be able to speak to -- speak to that issue?

MS. CANADY: That is definitely a Dr. Joneigh Khaldun question. That is a -- that is a medical -- I know that Dr. Khaldun looked at need, looked at clinical need, social need, but I think the concern, it -- being raised at this point, is important. So, the next time Alycia and I are on a taskforce meeting, we can say we were on the Brookings panel, and this concern is elevated. So, the need for us to effectively explain ourselves to communities never goes away. So, thank you for making that point.

MR. RAY: Nicole, do you want to chime in on this?

MS. SHERARD-FREEMAN: Yeah, I -- I certainly am not a public health professional, I don't even play one on TV. I -- I will say, though, that since our initial conversations, the Mayor expanded my -- or asked me to expand my responsibility to include economic development for the city, and so, I have the -- I have the privilege of sitting, sort of, at the center of both economic development and workforce development, and so, I -- I'm going to offer a response to that question from sort of the frontline, at ground zero, what's happening on the streets level.

So, at the same time that my colleagues, Renee and Alycia, are attacking this, this question, and raising this issue at the state level, for Dr. Khaldun's consideration and thinking and planning, what's happening in Detroit, at ground level, is the very practical approach of, you know, the Mayor considering it through -- considering the administration of vaccines through the lens of risk. Who's at the greatest -- who has the highest risk? And not risk from a, as you said, Rashawn, comorbidity standpoint, but risk, in terms of just flat out more likely to be exposed to the virus and by nature of Detroit's demographics, more likely to be hard hit by it. And so, what's happening at ground level, it's -- you know, it's not -- I mean, I suppose you can -- you can consider it a matter of local policy, but it -- it's really just a, you know, dive in, and, you know, how -- how are we going to solve this problem, so that Detroiters who are at the greatest risk have first opportunity?

MR. RAY: Yeah, we appreciate those responses. What -- what I want to do -- we have, I will say, two big questions, and I'm going -- I'm going to pose them. I'm going to start with Jane. Feel free to take either one of them, but I hope that we can cover both of them in the remaining minutes we have. The first question we got from Edward Lynch, who is from Detroit Future City, who was asking about what steps we're taking to close the racial gap in COVID diagnoses and deaths, and how can other places around the county, and even the country, benefit from what's happening in Detroit?

And I think part of what that question is couched in -- look, we know that the Upper Midwest, similar to the East Coast and parts of the West Coast, I mean, were just so significantly hard hit by COVID, a year ago, I mean, 11 to 12 months ago, I mean, it was really dire. Part of what we found in

our analysis, even though the duration of our project is the way that the racial gap and diagnoses started to -- to decline, even though we still see a huge death rate among Blacks in a city. So, that's the first question, is what has been done? Like, what -- what are the policy solutions that have made the biggest impact to address that in a positive way? So, we're going to -- we're going to end with two questions on a positive note, so, that's a positive, positive question one.

Positive question two is, look, we know that COVID-19 has highlighted systemic -- that systemic racism is alive and well, and even when people try to admit that it's not, we see that it is, not only in our individual decision making and why we choose to do various things, but also in terms of our social institutions. How can the city of Detroit move toward a racially equitable future? The stakeholders, who we interviewed, many, at the end, were optimistic about the promise of Detroit. I spent a considerable amount of time in Detroit, when I was in grad school, taking courses at the University of Michigan. Every chance I got, I was going up to Detroit, and the promise in the city is very, very high.

So, that's -- I'll start with Jane. First question is, you know, what's having the big -- biggest impact, in terms of policy, and then, second, how do we just deal with racially -- racial equality, which is beyond health, right? It's really talking holistically, in this way. Jane?

MS. MORGAN: So, I'll take the second question, which I'm sure that's really in Mike's wheelhouse, but I do know enough to know that the -- that it calls for a multifaceted sustained response, and that's -- that's just where I have the concern, is that this not be a moment in time, where there's heightened concern and interest in this, and then it kind of tends to fade away, and so, without that level of commitment, not just at city government level, but the institutions, corporations, in this -- in the city, the community organizations, getting together, connecting, to -- to address that, and to -- to develop a multiprong coherent strategy, then I think it's going to be, unfortunately, a blip on the screen. Now, I don't think that's going to be the outcome, but I think that that's -- that is what's needed and the policies in place to back that up.

MR. RAY: Jane, that was great. Mike, let's go to you, thoughts on either one of those?

MR. RAFFERTY: Well, I guess to -- I'll try to answer them both, as quickly as I can. You

know, I was really pleased that, you know, Governor Whitmer, you know, made some really quick decisions early on. She mobilized the -- the COVID Equity Taskforce and put some really great people in position to deeply analyze and understand where we have disparities and how we can address them, and I've seen action from that, that, you know, is broad and nuanced and narrow, you know, in the community, and in broader policy, and I think, you know, it does require fast action and deep commitment, and I've seen -- I've seen that.

I've also seen, you know, municipalities, across the state, literally declare racism a public health crisis, and, you know, to me, that was, you know, very meaningful. You know, Allegheny County, and the state of Michigan, and the city of Ferndale, you know, all, you know, got up and publicly made these declarations, but I think the, you know, the thing is to get beyond the declaration, you have to, you know, move directly into action, and you have to, and as Jane said, you have to have sustained action. You know, I look at racism existing, personally, interpersonally, you know, institutionally, and structurally, and each level has its own complexity, and each level has its own need for commitment, with -- you know, to address the issues.

I think -- you know, I mentioned an investment, and there aren't enough interventions, unfortunately. There aren't enough interventions to address racism in all of those levels. You know, bias awareness is -- is great, but there's a need for procedural justice, there's a need for cultural competency, there's a need for conflict de-escalation because we all have, you know, our exposure to the possible conflicts. You know, everything we're talking about here is a conflict of some sort. It's a conflict of people to institutions, it's a conflict of people to people, it's a conflict of people to law. You know, that's what makes it systemic, and, you know, we have to really figure out, you know, all of the best interventions and build out those tools. The demand for this, you know, we don't have the supply for, across the country, we don't have the supply to address that every human being is affected by bias and we understand that, whether you hold it or whether, you know, it -- it has, you know, hit you in the face, as a person of color. So, there's a lot to say on that, Rashawn. I mean, hopefully, you know, as we continue to be colleagues on this stuff, we can have more -- more conversation and hopefully inspire more people to invest and

commit and take action.

MR. RAY: I look forward to it. I mean, you all are clearly the experts. Let's get a round robin. Let's go Nicole, Alycia, and end with Renee, and then I'll close us out, on either one of these questions.

MS. SHERARD-FREEMAN: Yeah, I will thank you again, appreciate the chance to spend a couple -- an hour this afternoon with my colleagues here. I will just say this, I think one of the answers, because I don't think there's a silver bullet to this, right, but one of the answers lies in the way that you approached this research and the report. I mean, the simplicity of the way that you lifted up the intersectionality of all these spillovers, I think, is, in part, how we have to keep thinking through this. We disaggregate problems. It's important to do that, in order to be able to solve them. But then we got to put them back together and walk around the circle, if we're going to develop any solutions that are sustainable and really have impact.

MR. RAY: That's great. Alycia?

MS. MERIWEATHER: Yeah, I was going to lift up the two recommendations at the end of the report, around transparency and regulation. So, what I would say, you know, it was lifted up for COVID-19, but the question was about the city, and I think transparency, related to data and continuing to put that to the forefront of what's actually going on, how our different communities, small businesses, investment, where people are able to live, where people are able to work, are there barriers, intentional or nonintentional, that need to be addressed? So, I think just transparency about data, but also transparency with lifting this up as a conversation that doesn't stop, and so, this is not going to be solved in this webinar, this is not going to be solved through this report. I do have hope and believe that it can be solved, if the people will it, and so, how do you move from a lack of information, a lack of understanding, to empathy and will to not stop until we have a solution that works for everyone?

And I will just say this, as I think about growing up in Detroit in the '70s and '80s, as a kid, I always wanted Detroit to be like the other big cities I saw in the movies, right, but as I got older, and by -- by what you see, how it looks, the bustle, the hustle, the public transport, but when I got older and was

able to travel, I visited a lot of places I had seen in the movies, and the first thing I noticed was the incredible division between the haves and the have-nots, and people of color, and white people, in terms of access, and opportunity, and where people were working, and what they were doing, and at the end of that, you know, those trips, I said, I don't want Detroit to be like that. How do we make Detroit a more equitable place? And the only way you can do that is keep asking the question, don't shy away from it, bring stuff to the forefront, and keep pushing in, in very uncomfortable conversations. You have the Burwood Wall, you have Black Bottom, you have Chinatown, that was destroyed. I mean, all of these things are a part of Detroit's history, and if you don't talk about it, we are going to repeat it, and I just think it's incredibly important to be transparent and then the piece about regulation, what pieces are put in place, through city policy discussion, procedures, resolutions, that really make regulation around this to be something that's a focus.

MR. RAY: Powerful. Renee, close us out.

MS. CANADY: All right, well, I would just throw down the gauntlet of vigilance. You know, we did make significant impact in our disparities across new cases of COVID-19, and so, the things that we did to get there, to get here, are the things that we have to do to stay here and to further improve. So, not getting tired, not throwing in the towel, but continuing to advance dialogue, which we believe is a methodology for action, not just sitting around talking about a thing, but advancing change through dialogue, supporting each other, building trust, and building power, together.

MR. RAY: Oh, that's great. I mean, look, you all are -- are phenomenal. I mean, it's no surprise why you all were leaders in the city of Detroit, and the state, and throughout the country, and we really appreciate your time. For people who haven't read the report yet, you can go to [brookings.edu](https://www.brookings.edu). You can read the executive summary. You can download the report. It's extremely powerful with tons of takeaways, not just for the city of Detroit and the area, but also other cities that are similar to Detroit, which is one of the things that Alycia was describing. So, thank you all for your time, we appreciate it, and we look forward to the next time.

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