
# Examining and Addressing COVID-19 Racial Disparities in Detroit

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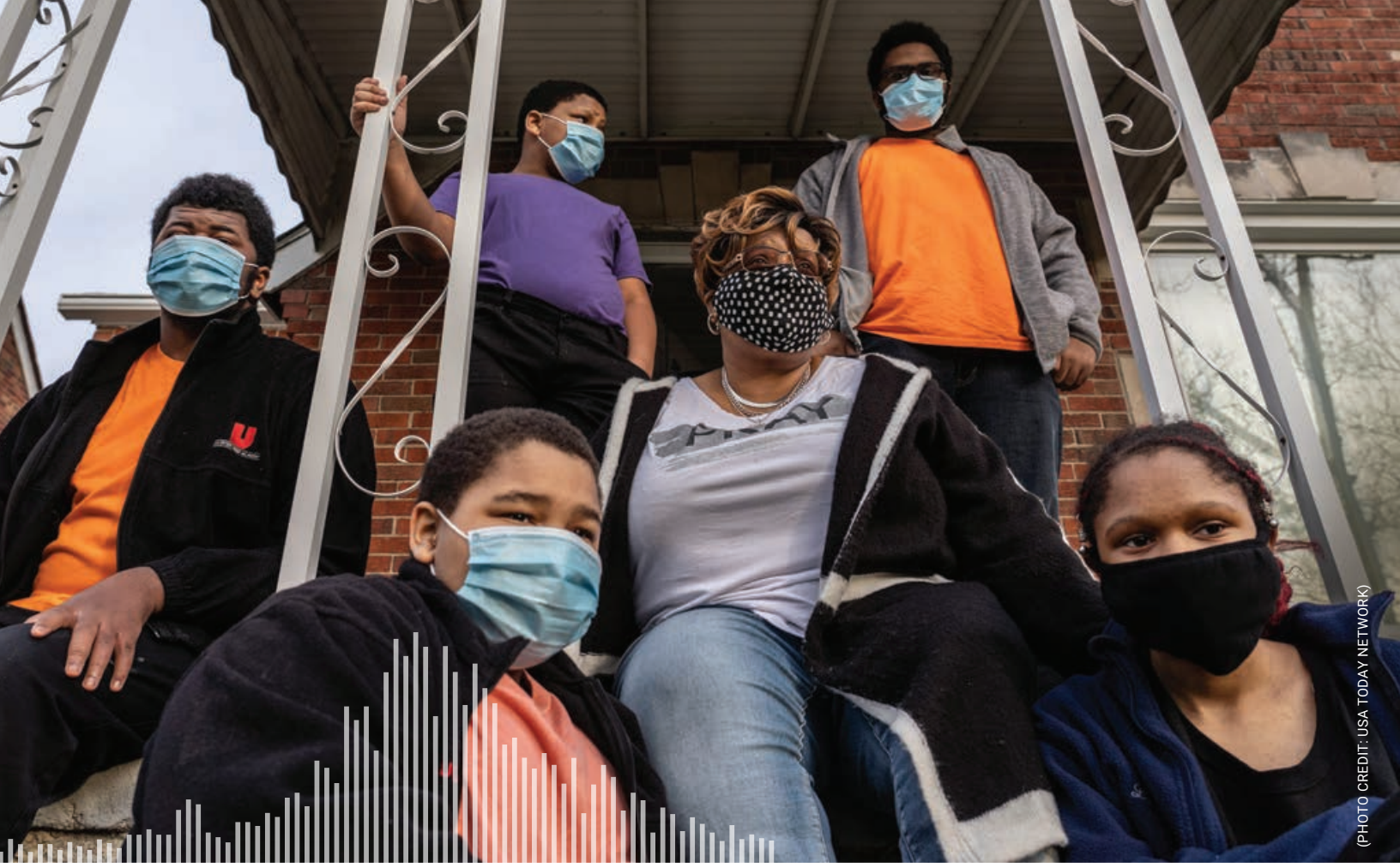

(PHOTO CREDIT: USA TODAY NETWORK)

Nicole Vaughn stands outside of her home in Detroit on Thursday, November 19, 2020. Vaughn, a 50-year-old single mom of five adopted kids, had COVID-19 in March and was hospitalized and put on a ventilator. She remembers writing out her final will and testament on a dry-erase board in the ICU while on a ventilator so she could be sure her final wishes were known. Happily, she never needed it. Vaughn is a counselor for the Detroit Public Schools, and says she's having ongoing problems months after she contracted the virus. She has insomnia now, and night sweats. She also has brain fog, difficulty controlling her blood sugar, and worries about what her COVID-19 infection means for her long-term health and survival.

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# Introduction

**One in every 645 Black people in the United States can expect to die from COVID-19.[1] Blacks are 2.1 times more likely than whites to die from the virus. In fact, if Blacks had the same death rate as whites from COVID-19, roughly 25,000 fewer Black people would have died in 2020.**

Why are Blacks disproportionately infected and dying from COVID-19? And, what are the broader COVID-19 related challenges for Black families and communities? How does COVID-19 impact other health-related issues, employment, housing, food, education, and business ownership? These are the central research questions that our report aims to address.

One in every 645 Black people in the United States can expect to die from COVID-19.

With racism being declared a public health issue in cities and states such as Michigan, we aim to examine the impact of COVID-19 through the experiences of Detroiters. The state of Michigan has the fourth highest COVID-19 mortality rate for Black Americans. Roughly 30 out of every 1,000 Black people living in Michigan can expect to die from COVID-19. Wayne County has been most impacted by the virus. In Detroit, Black people represent over 75 percent of known COVID-19 diagnoses by race and nearly 90 percent of deaths. Considering there is a sizable percentage of missing data, the Black community may be even harder hit.

In light of these are sobering statistics, we assembled a formidable team of national, state, and local policy experts, practitioners, and researchers from The Brookings Institution, JFM Consulting Group, Data Driven Detroit, and the University of Michigan to better understand the factors related to racial disparities in COVID-19-related outcomes and the barriers to closing these gaps. Ultimately our findings will inform evidence-based solutions for government officials in the city of Detroit, Wayne County, and the state of Michigan when making policy decisions that can reduce the racial gap in COVID-19 and advance vaccine utilization.

Our extensive analysis of quantitative, qualitative, and demographic data reveals that COVID-19 has disproportionately impacted the Black community in Detroit. Not only are Black and Hispanic residents more likely to die from COVID-19 and know someone who died from COVID-19 relative to whites, but Black residents relative to white residents report more issues with housing, money, and food. A majority of parents report significant struggles with education for their children during the pandemic and report low levels of confidence in the school system to handle these challenges. Our report concludes with a series of policy recommendations for addressing racial disparities in COVID-19, COVID-related challenges, and racially-equitable vaccine dissemination.

While we focus acutely on Detroit and the Tri-County region in Michigan, our findings and policy recommendations are applicable to other localities that are attempting to employ racial equity in the midst of pervasive racial health disparities.

Juliette Gilbert, 33, of Detroit and her sister Danielle Baldridge, 34, of East Pointe speak about losing their mother Monique Baldridge, 52, to COVID-19 while sitting on Gilbert's porch in Detroit's east side on Friday, December 11, 2020. Their mother fell ill in March 2020 and was hospitalized for about two weeks. Gilbert said her mother lived with her and her three kids.

(PHOTO CREDIT: USA TODAY NETWORK)

# METHODOLOGY

We gathered a diverse set of data to examine COVID-19 racial disparities. First, we compiled descriptive data from the APM Research Lab, U.S. Census American Community Survey, SBA Paycheck Protection Program Loan Level Data, City of Detroit Health Department, Michigan Department of Health and Human Services, Michigan Bureau of Labor Market Information and Strategic Initiatives, Wayne County Treasurer's Office, and Princeton Eviction Lab. Focusing on the city of Detroit and Tri-County area, these data detailed COVID-19 cases and deaths, racial demographics, household income, people living in poverty, labor participation, health insurance, internet broadband access, housing burden issues, foreclosures and evictions, household composition, and single-parent households. Though these data are presented in graphs and discussed throughout the report, we include the tables in a supplemental appendix.

Second, we conducted in-depth interviews with key stakeholders in Detroit to gain an on the ground perspective of how COVID-19 is impacting health care, families, education, employment and finances, and small businesses. We also obtained insights into reactions to the most significant factors contributing to racial disparities and solicited input on policy recommendations. JFM Consulting led the stakeholder interviews and the Brookings team participated in the interview sessions, conducted transcriptions, and helped with coding and analysis.

With consultation from New Detroit, we interviewed thirteen key stakeholders who represent health, housing, education, employment, small business, food security, and public policy sectors. With interviews ranging from 20 minutes to roughly one hour, these CEOs, Presidents, and Directors of local organizations, companies, and government agencies reflected on the sectors noted above. Each participant was asked the same eight broad questions that allowed them to discuss the challenges and barriers to racial equity, while addressing what a long-term and inclusive recovery looks like for Detroit and the state of Michigan. We provide quotes from these stakeholders throughout the report and include the interview guide and stakeholder list in the supplemental appendix.

Third, we analyzed data from Detroit Metro Area Communities Study (DMACS), a longitudinal panel survey conducted by the University of Michigan that gathers data on the experiences and opinions of a representative sample of 1,200 Detroit residents. Survey data includes a range of topics pertinent to COVID-19 including health and financial challenges, employment and health insurance changes, and views on race relations.

Particularly relevant to interrogating racial disparities in Detroit, the survey includes census tract-level data. Tract fixed effects control for differences across neighborhoods as well as additional controls (held at their means) for gender, age, income, education, marital status, and if the respondent has children. We focus on data from Wave 10 of the survey, which were collected during spring/summer 2020. The data were collected via an online survey, which respondents access by computer, tablet, or smart phone or via interviewer-assistance by telephone. After data collection, the data were cleaned, coded, and analyzed by University of Michigan researchers in close consultation and oversight from the Brookings team.

Sample weights are used to adjust the sample to the demographics of Detroit. Because of the small percentage of people who identified as multiracial or other race (1.75 percent of the weighted sample and seven percent of the raw sample), we limited the analysis to people who racially-identified as Black non-Hispanic, Hispanic, or white non-Hispanic. Nearly 93 percent of the raw sample and over 98 percent of the weighted sample were represented by these three racial groups. This sample is congruent to the percentages reported by the U.S. Census American Community Survey estimates for 2018. Throughout the report, we go back and forth between census data and DMACS data. We aim to specify accordingly. We include all tables from our analysis in the supplemental appendix including a table with the raw sample. In the report, we only present data from the weighted sample.

Ebone Jolly, registered nurse, prepares to administer a COVID-19 test to Shu Rice, 59, of Detroit in the parking lot at The Joseph Walker Williams Community Center, Friday, Nov. 13, 2020.

(PHOTO CREDIT: USA TODAY NETWORK)

# Sample Demographics for the Detroit Metro Areas Communities Study

Table 1 shows weighted demographics for the DMACS sample. Roughly 55 percent of the sample is women relative to men. The average age tends to be younger with over 30 percent being 18–35 years of age. Nearly 20 percent of the sample is 65 years of age or older. Nearly 50 percent of the sample is 35–64 with a similar breakdown from 35–49 year-olds (22.8 percent) and 50–64 year-olds (25.6 percent). We mentioned the racial demographic previously. Similar to Detroit, nearly 80 percent of the sample is Black followed by whites at roughly 11 percent and Hispanics at about 8 percent. For education, over half of the sample has a high school degree or less, while about 16 percent have a bachelor's degree or advanced degree. The rest of the sample reports some college, meaning they either have an associate's, vocational, or technical degree or attended college for roughly two years.

For household income, slightly over 20 percent of the sample reports less than $10,000 in income, while 8 percent reports a household income over $100,000. Nearly 27 percent of the sample reports a household income of $10,000 to less than $30,000, about 22 percent reports $30,000 to under $50,000 and roughly 22 percent reports $50,000 to under $100,000. Only about 23 percent of the sample reports being married and roughly 40 percent report having children living in the house.

As seen in the supplemental appendix, people living in Detroit are substantially more likely to live in poverty than others living in the Tri-County region. In fact, over 50 percent of Detroit residents live below the poverty level. This is compared to 38 percent in the rest of Wayne County and 28 percent for people living more broadly in the Tri-County region. We provide more demographic details as the findings are discussed.

## Table 1: DMACS Demographics

| Category | Percentage | Percentage White | Percentage Black | Percentage Hispanic |
|---|---|---|---|---|
| **Gender** | | | | |
| Male | 45.1 | 64.5 | 42.5 | 42.9 |
| Female | 54.9 | 35.5 | 57.5 | 57.1 |
| **Age** | | | | |
| <35 | 32.4 | 47.0 | 27.5 | 61.3 |
| 35–49 | 22.7 | 23.9 | 22.7 | 21.3 |
| 50–64 | 25.8 | 15.1 | 28.7 | 11.3 |
| 65+ | 19.1 | 14.0 | 21.1 | 6.2 |
| **Race/Ethicity** | | | | |
| NH White | 11.5 | | | |
| NH Black | 80.9 | | | |
| Hispanic | 7.7 | | | |
| **Education** | | | | |
| High School or less | 51.9 | 30.3 | 53.1 | 72.0 |
| Some College | 32.2 | 25.6 | 34.1 | 21.9 |
| BA+ | 15.9 | 44.2 | 12.8 | 6.1 |
| **Income** | | | | |
| <$10k | 21.0 | 7.6 | 23.5 | 15.5 |
| $10k–$29k | 26.7 | 20.6 | 28.7 | 14.5 |
| $30k–$50k | 22.3 | 18.4 | 22.1 | 30.8 |
| $50k–$100k | 21.9 | 24.4 | 20.2 | 35.5 |
| $100k+ | 8.1 | 29.0 | 5.5 | 3.7 |
| **Marrital Satus** | | | | |
| Unmarried | 77.3 | 67.2 | 80.2 | 61.5 |
| Married | 22.7 | 32.9 | 19.8 | 38.5 |
| **Household Type** | | | | |
| No Kids | 60.5 | 75.4 | 60.8 | 34.2 |
| Kids | 39.5 | 24.6 | 39.2 | 65.8 |

# Major Research Findings

Our analysis indicates the toll that systemic racism has had on Black residents of Detroit and the Tri-County area. Because of the legacies of underinvestment, redlining, jobs without benefits, poor or nonexistent and culturally incompetent health care, Black residents are less likely to be able to transcend the challenges presented by COVID-19 and are more likely to contract and die from the virus. In the sections below, we provide further insights into these troubling outcomes.

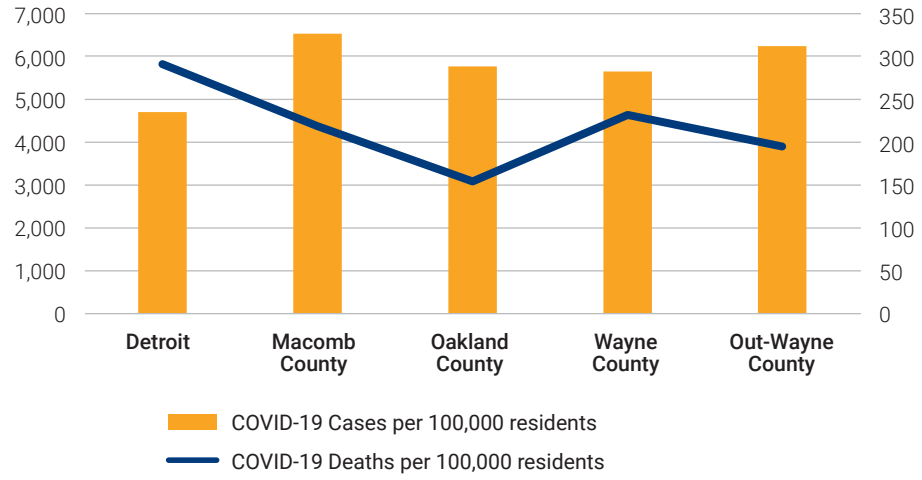
## Racial Disparities in COVID-19 Infection and Death

Black residents are significantly more likely to die from COVID-19. Additionally, Black residents are three times more likely than white residents to have family members or friends who have become ill from COVID-19 (this increases to five times as likely with census track-fixed effects) and ten times as likely to have friends or family members who have died from COVID-19 (this increases to twelve times as likely with census track-fixed effects). This is another way in which the Black community is disproportionately shouldering the burden of the pandemic.

Black residents are three times more likely than white residents to have family members or friends who have become ill from COVID-19

Graph 1 shows the cases and deaths per 100,000 residents for Detroit, Wayne County, Macomb County, and Oakland County. While people living in Detroit are less likely to be diagnosed with COVID-19, they are significantly more likely to die from the virus. On a national level, the data indicate that COVID-19 is killing Hispanic, Black, and American Indian children and young people disproportionately. These groups account for 78 percent of COVID-associated deaths under the age of 21.[2]

## Graph 1: COVID-19 Cases and Deaths Among Residents




*Source: Data Driven Detroit, February 2021.*

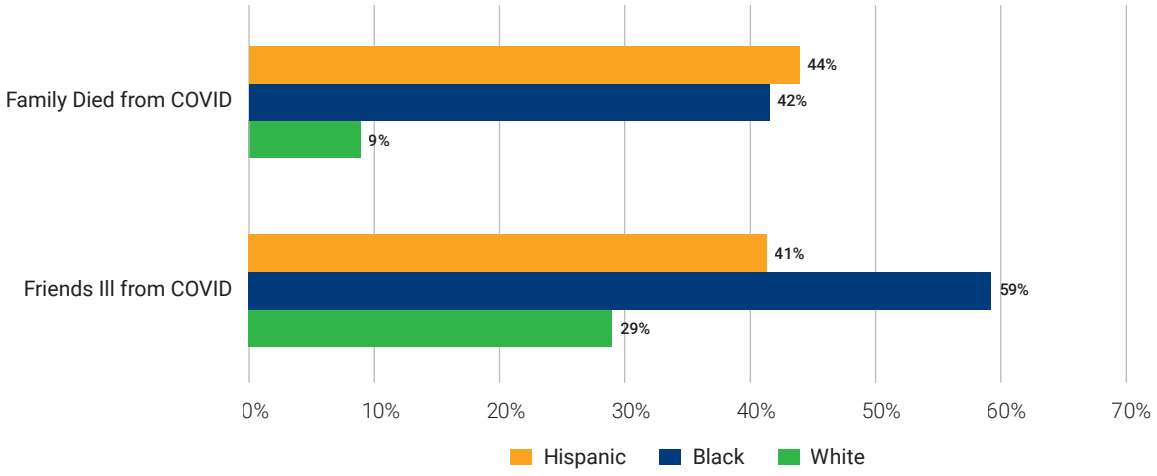
So, why this seemingly unparalleled pattern between cases and deaths? Well, one explanation is that people in Detroit are less likely to get tested for COVID-19 than people in other parts of the Tri-County region. However, recent trends suggest testing is adequate in Detroit relative to other parts of the Tri-County region. Another plausible explanation is that people in Detroit are less likely to obtain the health care necessary to decrease the likelihood of a severe case of COVID-19. Our analysis reveals the impact of racial disparities in health care and health care utilization.

Additionally, as illustrated in Graph 2 below, the experiences of Black Detroiters reveal why Black residents as well as Hispanic residents are much more likely to have a family member die or become very ill from COVID-19. While over 40 percent of Black and Hispanic residents report having a family member who has died from COVID-19, less than 10 percent of white residents say the same. Nearly 60 percent of Black residents and 41 percent of Hispanic residents also report having a family member who has become ill from COVID-19. This is compared to less than 30 percent for white residents.

These disparities highlight a tellingly dismal saying: "When America catches a cold, Black people get the flu. Well, when America catches coronavirus, Black people die." Another stakeholder said the following about the ramifications of racism on health disparities:

> *"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 harder to see. But one benefit, I guess I'll say of COVID in the context of social unrest, is it forced a 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."*

### Graph 2: Predicted Probability of Detroit Resident Knowing Family or Friends Affected by COVID-19, by Race (Tract-Fixed Effects)




*Source: Detroit Metropolitan Area Communities Study, February 2021.*

# Disparities in Health Insurance Coverage

While Blacks are more likely than whites to suffer from diseases that may exacerbate the impact of COVID-19, residents in Detroit are also less likely to have health care coverage.[3] People living in Detroit are 38 percent less likely to have health care coverage than others living in the Tri-County area. Though the Affordable Care Act helped to close the racial gap in health insurance coverage, Black people are about 35 percent more likely than white people to be uninsured throughout the country. Black people, compared to white people, are also roughly 25 percent more likely to report not seeing a doctor due to costs. When sick, Black people are about 30 percent more likely than white people to report not having a normal source of health care besides an emergency department.

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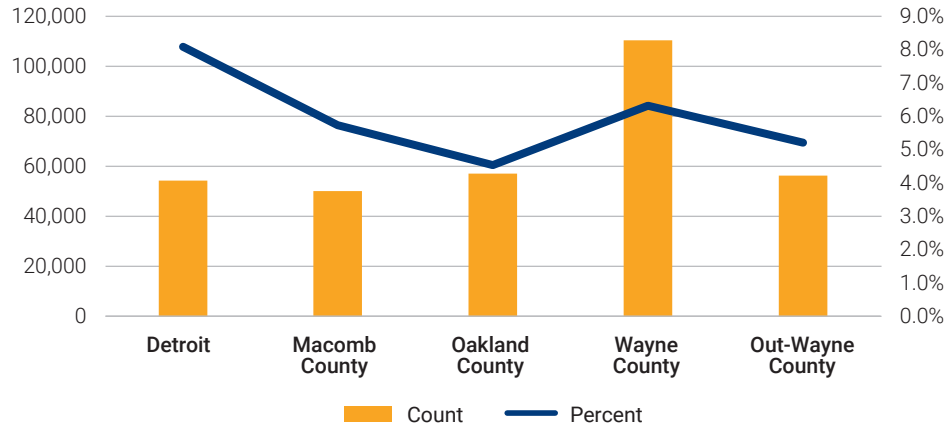
### Graph 3: Residents Without Health Insurance




*Source: Data Driven Detroit, February 2021.*

# Structural Conditions Impact Health Care, Work, and Neighborhood Access

Micro-level factors further shape racial-health disparities including racial bias in medical treatment. Reports imply that Black people relative to white people are more likely to be turned away from COVID-19 testing and treatment, though research from the University of Michigan does not find disparate utilization of COVID-19 testing in Detroit. One stakeholder connected health disparities to access within neighborhoods:

> *"Our lifespan is a lot lower than many zip codes that are in the suburbs by 15 years. You can take a zip code in Southwest Detroit and also look in Northville. A person in Northville, I think will live to be 82. And for us, it's about 65. We already come to the table with a number of challenges and stress factors: living in food deserts and not having access to health care, clinics, and health insurance."*

Additionally, as compared to predominantly white neighborhoods, predominately Black neighborhoods are less likely to have hospitals, urgent care clinics, specialty doctors' offices, and pharmacies.[4] Another stakeholder from our interviews noted the following about health care access and utilization in Detroit:

> *"What does access look like…. just because there's a hospital or a health system in the neighborhood doesn't mean it's accessible. So, accessibility is not just geographic accessibility. What is the reputation of that health system? Will people of color go there? There are some health systems that have really bad reputations/historical experiences among communities."*

In addition to a lack of access to health care facilities, Blacks, relative to whites, are more likely to live in neighborhoods with a lack of healthy food options, green spaces, recreational facilities, lighting, and safety.[5] These subpar neighborhood amenities are rooted in the historical legacy of racial discrimination, housing discrimination, and redlining. One of the stakeholder respondents said it best:

> *"A place to start is let's acknowledge 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."*

Additionally, Blacks are more likely to live in densely populated areas further heightening their potential contact with other people. Nationally, Black people represent about one-quarter of all public transit users. Blacks commuting from Detroit to its surrounding suburbs rely on public transit to get to work, putting them at a greater risk of COVID-19 exposure. One respondent remarked on this dynamic:

> *"We have a very inadequate public transportation system that has always affected people who can't afford to buy cars, but it's even worse now. You don't want folks who have had historically to rely on public transportation to go on public transportation now, because they will be more at risk for getting sick. Unfortunately, many of the jobs that Black and brown residents are working in low wage jobs, or at least not making what they need to make."*

Blacks are also less likely to have equitable health care access—meaning hospitals are farther away and pharmacies are subpar leading to more days waiting for urgent prescriptions. So, health problems in the Black community manifest not because Blacks do not take care of themselves but because healthcare resources are woefully inadequate in their neighborhoods. The intersection of race and social class are highlighted in census tracts and zip codes. For example, analysis by Brookings fellows Makada Henry-Nickie and John Hudak reveal that zip code 48235, which is 97 percent Black with a median household income of less than $30,000, has one of the highest COVID-19 rates relative to the 48226 zip code, which is only 40 percent Black with a household income near $60,000, that has one of the lowest COVID-19 rates.[6] Environmental issues also create challenges in the Black community. Predominately Black neighborhoods are more likely to be exposed to pollutants and toxins. We simply have to look at the Flint to Detroit corridor where kids and families are overexposed to lead.

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# COVID-19 Spillover Effects

Our analysis underscores the health-related impacts of COVID-19 on Black and Hispanic Detroiters. However, the effects of the virus on people of color in Detroit are not limited to adverse health impacts. It is evident, for example, that COVID-19 is compounding existing racial disparities in the areas of economic security, employment, education, and housing. Further, the data also indicate that beyond health-related challenges, Black and Hispanic residents disproportionately experience difficulty meeting their essential needs due to COVID-19.

## Essential Needs

In addition to being disproportionately more likely to contract and die from COVID-19, Black residents in Detroit also report a series of challenges and stressors that the pandemic has exacerbated. Our analysis suggests that structural conditions that inform pre-existing conditions and health disparities are the main culprit for the epidemic within the pandemic. Black residents in Detroit relative to white residents are significantly more likely to report challenges in securing and maintaining housing, obtaining medication, and getting essential needs. Blacks are nearly three times more likely than whites to say it has been a challenge having a place to live during COVID-19. Blacks are also three times more likely than whites to report having challenges getting food, water, and other household supplies (see supplemental appendix to see variations based on census track-fixed effects).

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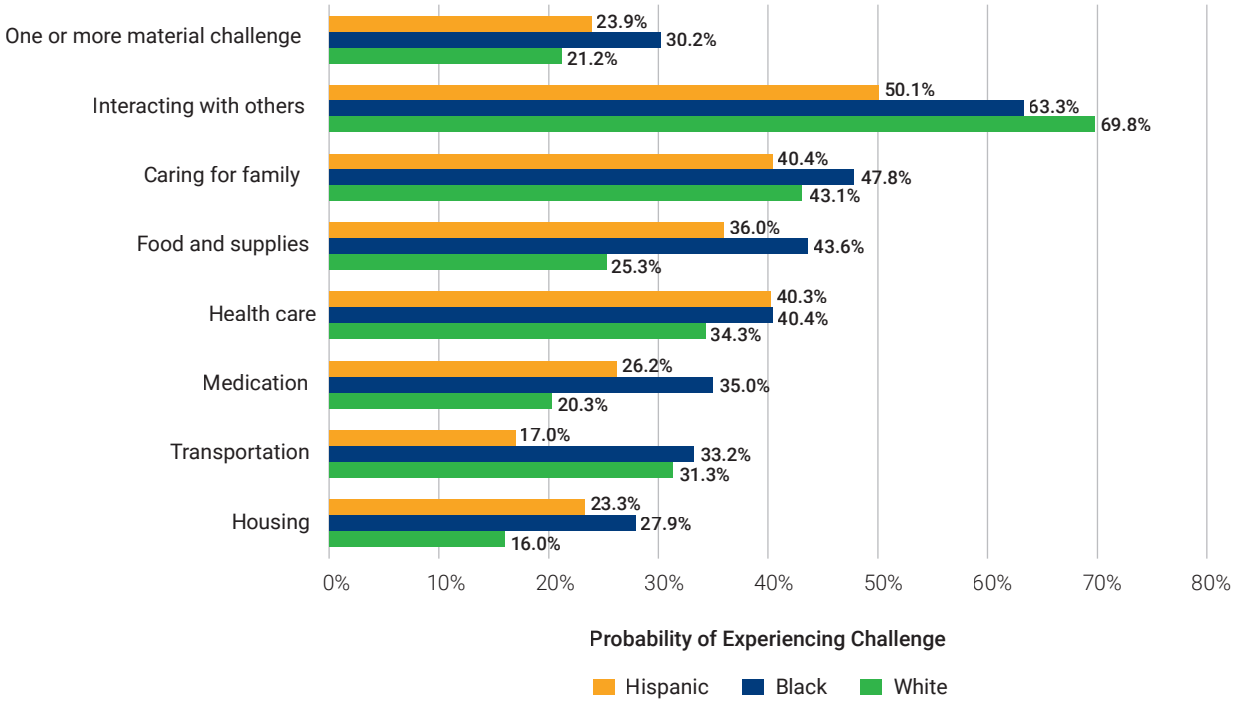
Blacks relative to whites are two times more likely to report challenges with obtaining medication. While Blacks are not significantly more likely to report challenges with obtaining the health care they need relative to whites, medication clearly is an issue. Medications are costly and some medications may require the need to be shipped if not in stock. So, even if a neighborhood has a pharmacy, it may fall short of serving the needs of its residents.

We also analyzed the experiences of Hispanics. Hispanics relative to whites were more likely to report not having health insurance, while people 50 years of age or older reported being more likely to have health insurance than people under 35. One respondent connected lack of health insurance among Blacks to limited job opportunities:

> *"There's a link between poverty and health. It's a social determinant 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 to healthy foods, housing, and clean water. These are all factors that kind of indirectly contribute to the heightened vulnerability and exposure to infection and lead to higher COVID outcomes."*

## Graph 4: Predicted Probability of Detroit Residents Experiencing Material Challenges During COVID-19, by Race (Tract-Fixed Effects)




*Source: Detroit Metropolitan Area Communities Study, February 2021.*

## Employment

Regarding work, Blacks across the country are hit with a double-whammy. On one hand, they are more likely to be laid off during COVID-19. Detroiters have a lower employment rate compared to others living in Wayne County and those in neighboring counties such as Macomb and Oakland. In July 2020, unemployment in Detroit reached nearly 40 percent.[7] This is much higher than The Great Depression nearly a century ago.

On the other hand, those who do continue to work are more likely to be part of the new COVID-19 "essential" workforce and overexposed to the virus. Nationally, Blacks represent nearly 30 percent of bus drivers and nearly 20 percent of all food service workers, janitors, cashiers, and stockers. A recent study in the state of California found that food/agriculture workers, transportation workers, facilities, and manufacture workers have experienced excessive increases in mortality rates during COVID-19.[8] Humanizing these dire statistics are people like Jason Hargrove, a bus driver in Detroit, who posted a viral video stating that a passenger coughed repeatedly on the bus without covering her mouth. He ultimately died from COVID-19.

In Detroit, our analysis reveals that 74 percent of Black workers are working outside of their home some or all of the time during COVID-19 compared to 51 percent of white workers. During a highly-contagious pandemic like COVID-19, Black workers, and consequently their families, are overexposed. In this regard, staying home during a quarantine is a privilege. As one respondent put it:

> *"By nature of employment opportunities, you see a disproportionate number of people of color who don't have the luxury of working at home. The majority of people of color have to do external work outside of their home, thus, making them have far greater exposure to the virus."*

## Economic Insecurity

Black residents are significantly more likely to report not having enough money to pay their bills and are more likely to take out loans relative to whites. Black residents, on average, rate their likelihood of running out of money in the next three months due to COVID at 40 percent, significantly higher than white residents.

Over 75 percent of Detroiters make under $50,000 a year. One stakeholder stated, "We have to have policies that focus on equitable funding, and base it on the greatest need in our state." Blacks are over two times as likely as whites to say they cannot pay their phone, cable, loans, or credit cards on time. They are much more likely to say they are spending more money overall during the pandemic, which creates a greater risk of running out of money and potentially burning through any reserves, income, and/or public assistance funds faster. Consequently, Black residents report skipping or not paying a bill.

Accordingly, Black residents in Detroit are three times more likely than whites to report financial insecurity. Black residents relative to white residents are 2.5 times more likely to report receiving food from the local food bank. Black residents report spending more money on food and gas during the pandemic as well as obtaining food from local food banks. With children engaging mostly in remote learning, parents are concerned with having to provide more food with less money. Black Detroiters report being more likely to have children living in the home.

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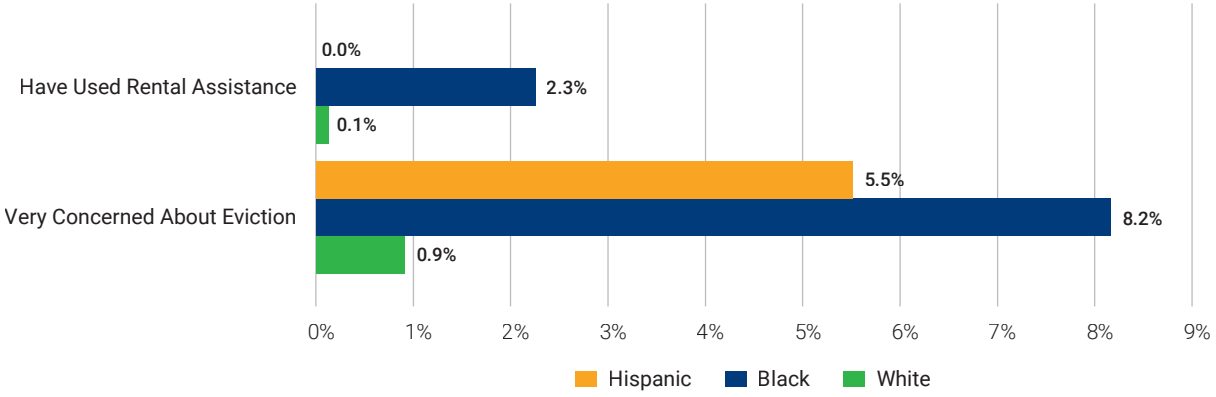
## Housing Instability

Affordable housing is an issue during non-pandemic times, but it is exacerbated under COVID-19. Black residents are more likely to be very concerned about being evicted and report utilizing rent assistance than whites. One respondent made the connections between housing, finances, and a failing service sector for employment:

*"It's not just housing, but it's like the way that we've disinvested in schools and families for decades. When I think about the way that the unemployment rates have risen, our, our service sectors have been really, really decimated. And if those are the jobs that so many Detroiters were relying on, I think we can really expect a slow, painful recovery."*

## Graph 5: Detroiter's Housing Instability, by Race




*Source: Detroit Metropolitan Area Communities Study, February 2021.*

## Education

It is clear that COVID-19 has placed an undue amount of stress on families, particularly Black families who are more likely to work out of the home or poor families who have less access to broadband and technological devices. Nearly 70 percent of families with school-age children report having low confidence in schools' responses to COVID-19. On average, families with children in school gave the quality of their children's education in Fall 2020 a B- or C+. Considering the tumultuous time for parents and teachers alike, the school system might take this passing grade. Two-thirds of families say their children attend school entirely online, while 11 percent say they are homeschooling their children. More than half of families with school-age children (57 percent) say the quality of their children's education this year is worse than in previous years, while a quarter (26 percent) say the quality of their children's education this year is about the same.

Nearly 70 percent of families with school-age children report having low confidence in schools' responses to COVID-19.

Due to the economic disparities described earlier, many families in Detroit, particularly Black families, do not have the same capacity to respond to the educational challenges created by the pandemic. These families appear to have limited options for meeting current COVID-related educational challenges.

*"You've got this divide between what people think should be happening. When you dig down into it, some of the people who are demanding face to face learning, it's about an inconvenience of the children being at home while I'm trying to get my work done. Well, the fact of the matter is that's happening across all communities right now is people have to work from home. What we've seen in some of the wealthier communities is people decided to pool their money together and create educational pods. So, they could still go to work or be at home without their children. And, you have this disparity between families who have fewer means really feeling that they want face-to-face instruction… So I would say that's a space that has really shown a divide, and that comes back to economics."*

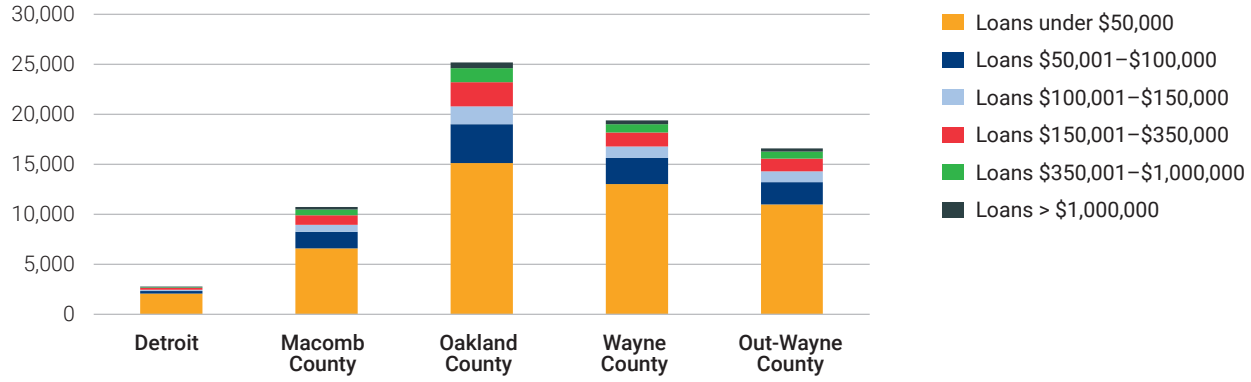
## Small Businesses

We examined how many businesses in the Tri-County area received Paycheck Protection Program (PPP) funding during the first wave and how much funding they received. As the graph below shows, businesses in Detroit, compared to those in the Tri-County area, were much less likely to receive PPP funding. Even when receiving PPP funding, small businesses in Detroit were much more likely to receive $50,000 or less. In fact, over 75 percent of businesses in Detroit received less than $50,000 compared to 61 percent in Macomb County, 60 percent of Oakland, and 67 percent in Oakland County. Businesses in Detroit even received less money than businesses in other parts of Wayne County.

Businesses in Detroit, compared to those in the Tri-County area, were much less likely to receive PPP funding.

Regarding businesses, one respondent said, "Let's look at the data in the city. How many small businesses are owned by African-Americans? Who's getting the loans for starting a new business? Where are those businesses being allowed to open? And what other incentives are out there?" If Black small businesses are more likely to fade away during this pandemic due to the implementation of PPP funding, disparities in health care insurance, and subsequently health care access and utilization will also increase.

## Graph 6: PPP Loans Issued as of 8/8/2020




*Source: Data Driven Detroit, February 2021.*

# Policy and Practice Opportunities to Address Racial Disparities

Our analysis overwhelmingly reveals significant racial disparities in COVID-19, COVID-19-related challenges, and finances and housing. Highlighting these disparities with multiple forms of data present the opportunity to close racial gaps. We provide a list of recommendations for addressing COVID-19-related disparities broadly and implement a racially-equitable vaccine dissemination plan.

## Racially-Equitable Health Care Access

Testing and treatment for COVID-19 have been inequitable. Racially-equitable health care access means that Black people and other racial/ethnic minorities have the same chances of being tested for COVID-19, receiving antibody tests, participating in clinical trials, and obtaining vaccines. Inconsistencies in vaccine risk communication and priority setting for vaccine qualification creates discrepancies in the process that leads to inequity. Therefore, it is important to be consistent. Part of consistency and being equitable is targeting the most vulnerable. While race cannot solely be used as a determinant for a vaccine, zip code may be an important alterative. Our analysis reveals that many of the differences among Detroiters are census-tract specific. Accordingly, access is about the ability for people to reach a location to get the care and treatment they deserve.

- **Universal Health Care**
  The COVID-19 pandemic highlights the importance of equitable health care and the flaws with the current system. The U.S. spends 25 percent more per capita on health care than any other country and over 100 percent more than Canada. Over the past 20 years, U.S. health care spending has doubled. If people have more equitable health care coverage, the number of people with untreatable pre-existing conditions will decline and health care costs will drop.[9] More health care equity also puts less strain on hospitals, emergency departments, and first responders who deal with people when their conditions have worsened rather than when they initially become ill.

- **Establish Testing and Triage Centers in Black Neighborhoods**
  People need to be tested, provided treatment, and vaccinated quicker. Failures in the health care pipeline fall on the bodies of Black and marginalized people. Leveraging community pillars like churches, barbershops, and hairstylists will not only be convenient locally but also will empower the community and provide resources as well as help overcome medical distrust. Local vaccine sites as well as mobile vaccine options are desirable for places with limited public transportation.

## Comprehensive Collection of Demographic Data

Data on race, place, gender, and age should be readily available for social scientists, epidemiologists, and other public health researchers to formulate better preparedness plans for the upcoming waves of COVID-19. Data helps not only to direct resources, but it also helps to learn from places that seem not to have apparent disparities. Gilbert and Ray [10] note the importance using the Centers for Disease Control's Social Vulnerability Index, which "captures geographic-based vulnerability largely for emergency preparedness and natural disaster response." They also recommend using the Area Deprivation Index to examine neighborhood-level socioeconomic disadvantage using census tracts. Gilbert and Ray note: "These indices when combined with epidemiological data show areas hardest hit by COVID-19 morbidity and mortality to prioritize neighborhoods for vaccinations. Race does not become the primary factor but one of many."

## Equitable Payment Protection Program Funding

Nationally, over 90 percent of Black-owned small businesses were denied Payment Protection Program funding in the first round. Because of this, over 40 percent of Black small businesses have closed during COVID-19. This has substantial implications for health care access since most people get insurance through their employers. For Black Detroiters, however, they are much less likely to be employed through work and more likely to be insured through Medicare or Medicaid relative to whites. In order to better protect and save Black-owned businesses, Community Development Financial Institutions can aim to focus more acutely on small businesses most in need to help with processes and access to funding. Mobile phone options to apply for loans and programs may be needed in areas with issues related to broadband access.

Community Development Financial Institutions can aim to focus more acutely on small businesses most in need.

(PHOTO CREDIT: REUTERS/EMILY ELEONIN)


People join fast-food and nursing home workers during a "My Vote is Essential" rally before casting their early ballots, amid the coronavirus disease (COVID-19) concerns at Wayne County Community College in Detroit, Michigan, U.S., October 24, 2020.

## Provide Hazard Pay to Essential Workers

Hazard pay is desperately needed for new "essential" frontline workers. The U.S. Department of Labor states: "Hazard pay means additional pay for performing hazardous duty or work involving physical hardship." The U.S. Department of Commerce notes, "Hazardous duty means duty performed under circumstances in which an accident could result in serious injury or death…." Being exposed to a deadly virus due to limited personal protective equipment and lack of training on using that equipment fits this criterion. Though it is nice for companies like Walmart to provide one-time $300 bonuses, this is not enough for a person risking their lives day after day, week after week. One stakeholder mentioned, "We have to have policies that focus on equitable funding, and base it on the greatest need in our state."

## Provide a Living Wage

The newly minted "essential" workers need a living wage. The minimum wage varies by state based on cost of living differences. The problem, however, is that the minimum wage has not kept pace with inflation. One stakeholder said, "We need to establish an affordability benchmark that is more reflective of majority Detroit—majority-Black Detroit. And that's why we we've been working really hard to localize the area median income."

The minimum wage in Michigan is $9.65. The average rent in downtown Detroit is roughly $1,500. Before any other expenses, minimum wage workers could spend their entire gross pay on housing. A majority of Americans are in favor of a $15 minimum wage, including nearly 90 percent of Blacks. This is because the Black community is most impacted by low wages. Higher wages reduce dependency on federal and state aid and increases local investments.

# Recommendations for Equitable Vaccine Dissemination

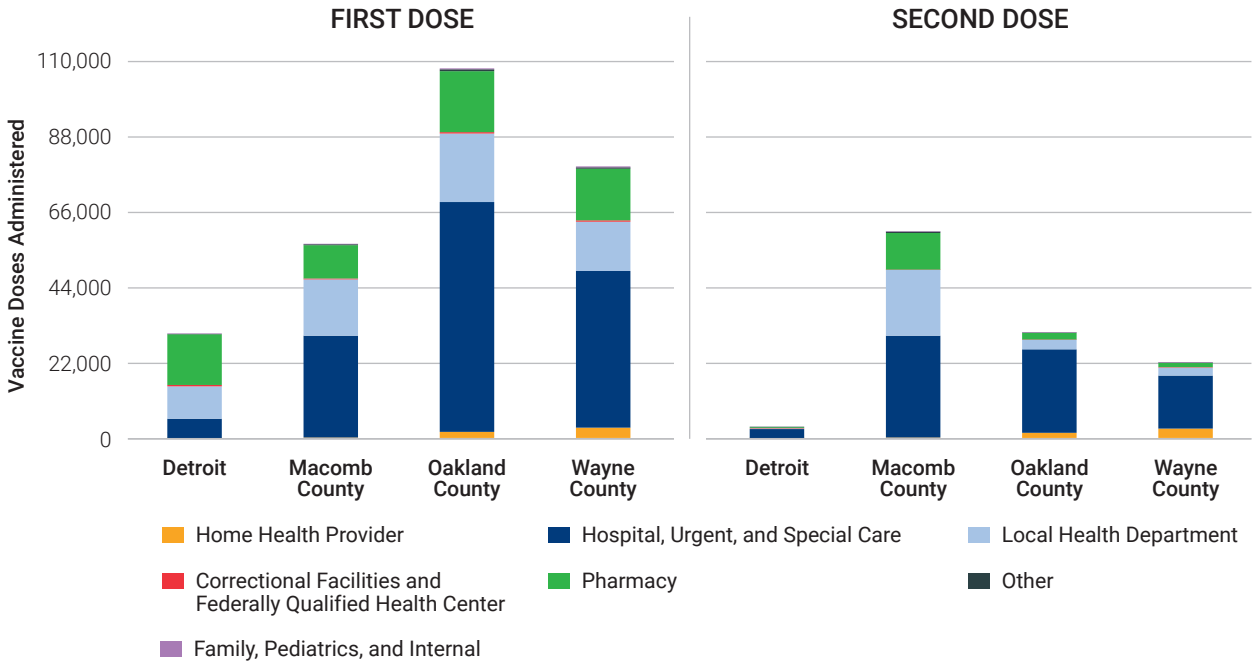
Blacks are 60 percent less likely than other racial groups to say they will definitely or probably take the COVID-19 vaccine.[11] According to DMACS data, over 60 percent of Detroiters say they are unlikely or very unlikely to get vaccinated with a government-approved COVID-19 vaccine when it becomes available. Among Black residents in Detroit, the percent who oppose getting a vaccine escalates to over 75 percent as opposed to only about 30 percent for white residents. Black Detroiters are therefore four times as likely as Whites to say they do not want to get the vaccine. Hispanics were twice as likely as Whites.[12]

Despite vaccine distrust, the availability of vaccines, uneven vaccination plans, and lack of access to broadband may play an even greater role. Macomb County Executive Mark Hackel said in January 2021 that the county health department's ability to administer more vaccinations "has been limited by the number of doses we're getting."[13] While Hackel asked for 50,000 doses of vaccine a week, the county health department was receiving an average of about 5,400 vaccines a week in January. In the last week of January, Macomb County received only 5,300 Moderna vaccines. During the same week, Macomb County received only 9,750 doses of the Pfizer vaccines. Health departments and hospital systems have said they don't have enough supply to meet the vaccine demand.[14] As bad as vaccine distribution is in Macomb County, the city of Detroit is even worse. Wayne County had to cancel about 1,400 vaccine appointments in mid-January when a shortage of Pfizer COVID-19 vaccines in Michigan amidst the shift to the Moderna vaccine meant that the county received fewer vaccines than expected. Those appointments were supposedly rescheduled.

> Over 60 percent of Detroiters say they are unlikely or very unlikely to get vaccinated with a government-approved COVID-19 vaccine when it becomes available.

Altogether, it is clear that vaccine distribution is a problem and reminiscent of the beginning of the COVID-19 pandemic when testing and treatment were unevenly distributed. We provide a series of recommendations for addressing this gap to properly ensure that the group hardest hit by COVID-19 gets the vaccine they so desperately deserve and need.

## Graph 7: Number of Vaccine Doses Administered as of 2/1/2021




*Source: The State of Michigan's COVID-19 Vaccine Dashboard, February 2021.*

# Acknowledge that Medical Distrust is Rational

Blacks have less trust in medical research, scientists, and doctors than other racial groups. This is a rational response that needs to continue to be acknowledged. One respondent said:

> *"A place to start is let's acknowledge 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."*

Knowledge about the Tuskegee Syphilis Study, where 400 Black male farmers were untreated after contracting syphilis, has a direct impact on lowering health care utilization among Black men. Though there was a financial settlement and a public presidential apology, its legacy lives on and drives medical mistrust. Similarly, the legacy of Henrietta Lacks lives on in the minds of Black people and the physical bodies of many of us. Lacks, whose cells were stolen from her without her knowledge died at 31 of cervical cancer. She would have turned 100 in 2020. Lacks' cells, commonly known as HeLa cells, are able to reproduce indefinitely and have been

used to make historic discoveries in cancer, infectious disease, biotechnology, and immunology. Another respondent said, "Because of the history of medical malpractice against the Black community, there's a valid distrust, right, in terms of vaccines and whether or not you should take it…These are valid viewpoints that are built in history and they are shared experience within the Black community."

So, what has changed since the mid-1900s that should prevent the two incidents above, and other lesser known scientific atrocities like the Terre Haute prison experiments and Guatemala syphilis experiments from occurring? Well, transparency and policy regulation are key.

## Continue Transparency about the Vaccine

Following the atrocities mentioned above, the federal government established the Office for Human Research Protections, which is housed in the U.S. Department of Health and Human Services (HHS) to provide ethical oversight for biomedical and behavioral research. Universities have Institutional Review Boards (IRBs) that ensure the protection and rights of research participants and prevent professors at universities such as Johns Hopkins and Tuskegee from conducting unethical and illegal research. Members of IRBs take their positions very seriously. There are a series of stringent protocols that must be followed and there are consequences for not doing so. However, these improved protocols alone will not earn the trust of the Black community—who have experienced abuse, discrimination, and benign neglect at the hands of researchers and medical professionals. Only transparency and equity can gain trust and not solely time. Collective memories of mistreatment must be disrupted to create trust.

Collective memories of mistreatment must be disrupted to create trust.

For COVID-19, a diverse group of scientists, medical doctors, and public health practitioners were assembled to ensure that the vaccine was efficacious across racial groups. In particular, Dr. Kizzmekia Corbett, who is a Black woman, is noted as one of the lead scientists at the National Institutes of Health in developing the Moderna vaccine. In Moderna and Pfizer/BioNTech clinical trials, Blacks represented about 10 percent of the more than 50,000 study participants. The percentage of Black participants provided a large enough sample to ensure similar effectiveness of the vaccines across racial groups.

Correspondingly, it is important to note that vaccines save lives. Smallpox, polio, measles, mumps, and rubella have decreased death rates over 90 percent over the past several decades because of vaccines. Receiving the flu shot reduces the likelihood of hospitalization by 80 percent. We should expect the COVID-19 vaccine to have a similar impact. Pfizer/BioNTech and Moderna vaccines are reporting over 90 percent effectiveness rate in preventing the contraction of COVID-19.

## Ensure Effective Social Media Messaging

With COVID-19 restrictions, face-to-face communication is limited. The normal social interaction people have at work, church, or the gym is obsolete in many ways. This is coupled with an increasing group of people who do not watch cable or local news. They receive much of their information from social media. Ray, Sewell, Gilbert, and Roberts examined the role that mobile phone technology plays in health-seeking behavior among Blacks.[15] They found that Blacks with more technological devices are more likely to rely on the Internet as a go-to source of health information.

The same way people participated in Instagram Lives and social media collaborations to understand why racial disparities in COVID-19 and police brutality exist is the same approach that must be taken to level-up and level-set public knowledge about the vaccine. In addition to medical professionals and politicians, the public needs to see celebrities, entertainers, and athletes discussing the importance of the vaccine and actually taking the vaccine.

Lastly, critical to this outreach and messaging strategy is providing the organizations and businesses that provide this support, the necessary financial resources to undertake this effort. As a local media consultant stated, "In the Black and brown communities, you just can't send a letter," he said. "You can't just place an ad on TV and radio. You have to have direct contact with people. People want to hear information from people they know."[16] Efforts to encourage residents to wear masks and increased education around the vaccine are not only about the message but the messenger.

## Leverage Black Community Gatekeepers and Pillars

It is important for community gatekeepers and trustees to be leveraged to establish trust in the vaccine. Politicians are important. However, there is a distrust of government. It is important to leverage prominent and local pastors and clergy, popular barbers and hairstylists, well-known small business owners, and hometown heroes like first responders, veterans, and athletes.

Officials should set up trusted locations in Black neighborhoods for testing and vaccination such as churches, community centers, barbershops, hair salons, schools, and senior centers. Even if a neighborhood has access to a hospital—some do not—Blacks may choose to avoid them due to previous mistreatment. Local trustees should be shown on local news and on social media discussing the vaccine and receiving their vaccine shots. Information will then be shared with congregations and clients.

It is also important to think deliberately about the location of vaccine dissemination. Hospitals may not be ideal in some communities. A stakeholder spoke to this point earlier in the report. Instead, Black churches can be leveraged to provide testing, triage, and vaccination. Sewell and Ray found that Black people who attend

(PHOTO CREDIT: USA TODAY NETWORK)

Academic Interventionist Michael Chieves (right) helps a student get his computer ready for online learning as students are released at the end of the day at Thirkell Elementary-Middle School in Detroit on Friday, November 13, 2020.

Black Protestant churches are more likely to utilize health care.[17] Black churches continue to be the glue that holds many Black communities together. During this crisis, they are proving essential for Black families by giving out food, laptops, and funds. Building on the proposed Health Empowerment Zone Act, Black churches can serve as "health action zones" to bridge federal, state, and local resources with community resources. Health action zones are popular in the United Kingdom and have some similar goals to former-President Obama's promise zones and the state of Maryland's Heath Enterprise Zones.

Additionally, Black churches can help to overcome trust issues related to health care and continue to be beacons of hope in the midst of perceived hopelessness. Nationally, Blacks relative to whites are less likely to trust health care, and for good reasons. The United States has a long and torrid history of abusing Black bodies for medical and financial gain. Led by Congressman Hakeem Jeffries and Governor Andrew Cuomo, New York rolled out a program to utilize churches in neighborhoods with less health care access. Other cities, counties, and states are following suit. Reid Temple African Methodist Episcopal Church in Prince George's County, Maryland is a vaccination site and serving an essential need for the predominately Black county.

Ray's research on physical activity found that places like barbershops and hair salons help to increase exercise because there is a level of comfort to be vulnerable.[18] These businesses and organizations are some of the first Black community pillars that operated as beacons of hope and provided Black people some forms of financial and cultural freedom. They are hubs of information, truth telling, and trust building. No matter where Black people live from Detroit to Washington D.C., they can normally find a Black church, barbershop, or hair salon. Community-based, participatory research projects such as The Barbershop Tour in St. Louis led by Dr. Keon Gilbert and 100 Black Men can be replicated to establish trust and inform the public. By relying on community trustees such as pastors, barbers, and hairstylists, this approach helps to center culturally-competent communication, dispel misinformation, and increase health care utilization.

# Centering Racial Equity for a Long-Term Recovery

The racial gap in COVID-19 diagnoses is not only disproportionately killing Black people but killing Black communities. Stakeholders provided a series of insights about how to move Detroit and the Tri-County region forward in a way that centers racial equity in the process. The task force started by Governor Gretchen Whitmer is a good start. The stakeholders we interviewed recognize the importance of centering racial equity in all facets of life in order to properly build a long-term recovery for Black and the most marginalized Detroiters. One stated, "We've got to do something about getting policymakers and elected officials who are willing to challenge the status quo and look at moving public policy that is more progressive."

Another stakeholder does see some progress, noting that COVID-19, and broadly racial incidents in policing, have brought more people to the table:

> *"There is, uh, a renewed interest in trying to understand what has happened in this country where particularly African-Americans feel completely disenfranchised. And so, there is a group of people that I would say a year ago wasn't talking about any of this, and now there is conversation."*

Another stakeholder echoed these statements noting:

> *"So, I believe that 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 right, we've got to move beyond the city and we've got to spread it throughout the state of Michigan and throughout the country."*

One stakeholder said there are unseen and undercover gems of Detroit that need resources and the financial backing to flourish.

> *"It's not visible, but just the hard work that everyday citizens are putting into wanting to make Detroit a place where everyone can succeed, particularly, average, income folks, and majority Black—that gives me a lot of encouragement. It says to me, people are still fighting to make this a great place to live."*

In conclusion, we have aimed to provide a comprehensive overview of the factors that contribute to racial gaps in COVID-19 as well as policy opportunities and recommendations to reduce these gaps. Implementing these evidence-based solutions will improve the lives of all Detroiters and empower families and local communities throughout the state of Michigan.

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# Acknowledgements

The authors would like to thank New Detroit—A Racial Justice Organization for their support, as well as the following individuals and organizations for their meaningful contributions to this project. They also appreciate the helpful suggestions of Camille Busette and Darrell West on this analysis. New Detroit would also like to thank Rocket Community Fund for its support.

Michael Rafferty, New Detroit

Pierre Batton, Detroit Economic Growth Corp.

Linda Campbell, Detroit People's Platform

Gwendolyn Daniels, Institute for Population Health

Denise Fair, Detroit Health Department

Jason Gapa, JFM Consulting

Elisabeth Gerber, University of Michigan

Paul Hillegonds, Michigan Health Endowment Fund

Gilda Jacobs, Michigan League for Public Policy

Vanessa Johnson, New Detroit

Pam Lewis, New Economy Initiative (NEI)

Alicia Merriweather, Detroit Public Schools Community District

Jeffrey Morenoff, University of Michigan

Stephanie Nixon, Detroit Employment Solutions Corp.

Stephanie Quesnelle, Data Driven Detroit

Erica Raleigh, Data Driven Detroit

Julie Schneider, Housing Revitalization Department

Nicole Sherard-Freeman, Mayor's Workforce Development Board / City of Detroit

Nicole Stallings, Mayor's Workforce Development Board

Alice Thompson, Black Family Development / Hope Academy Charter School

Noah Urban, Data Driven Detroit

Marlin Williams, Tech Town / Wayne State University

Tahirih Ziegler, Detroit LISC

# Endnotes


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