

**CITY OF BALTIMORE  
COUNCIL BILL 07-0273R  
(Resolution)**

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Introduced by: Councilmembers Harris, Kraft, Welch, Clarke, Reisinger, Middleton, Holton,  
Young, Mitchell, D'Adamo, Curran, Conaway

Introduced and read first time: March 19, 2007

Assigned to: Education, Housing, Health, and Human Services Committee

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REFERRED TO THE FOLLOWING AGENCIES: Health Department

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A RESOLUTION ENTITLED

1 A COUNCIL RESOLUTION concerning

2 **Investigative Hearing – Men’s Health Center**

3 FOR the purpose of requesting the Commissioner of Health and the Director of the Division of  
4 Clinical Services of the Baltimore City Health Department to report to the City Council on  
5 the status of the Men’s Health Center, the utilization rate by the target population, the  
6 number and type of direct and referral services provided, and plans for the continuing  
7 delivery of primary care, substance abuse treatment, and other medical services to uninsured  
8 male residents of Baltimore City.

9 **Recitals**

10 According to the Centers for Disease Control and Prevention (CDC), in 2003, just over a  
11 million American men died. Nearly 80% of them died from heart disease or one of the 9 other  
12 major causes of death among American men – cancer, unintentional injuries, stroke, chronic  
13 obstructive pulmonary disease (COPD), diabetes, influenza and pneumonia, suicide, kidney  
14 disease, and Alzheimer’s disease.

15 In adopting C.C. 05-0090R – The 21<sup>st</sup> Century Commission on African American Males in  
16 the Baltimore Metropolitan Area – , the Council reconvened the Commission to, in part, assess  
17 the health status of black males. The original Commission was created to address the fact that,  
18 in 1995, the CDC found that the life expectancy of this population is shorter than that of men of  
19 other races and that they are at a higher risk for death by homicide and AIDS. Baltimore ranked  
20 4<sup>th</sup> in the number of AIDS cases in the nation’s metropolitan areas, with 48.7 cases per 100,000  
21 people. Today, according to the Maryland HIV/AIDS Administration, African Americans make  
22 up 65% of Maryland’s population but account for 89% of AIDS cases.

23 In 1997, the health status of Baltimore’s residents had not improved significantly since the  
24 convening of the Commission 2 years earlier. A study by the Harvard University School of  
25 Public Health found that, in a comparison of 2,077 locales across the country, Baltimore had the  
26 3<sup>rd</sup> shortest life expectancy for men and the 2<sup>nd</sup> shortest for women. The overall life expectancy  
27 for men was 63.04 years and for women, 73.27 years. The average black male, however, could  
28 only expect to live 59.98 years – a life span comparable to that found in India, South Africa, and  
29 Bolivia.

EXPLANATION: Underlining indicates matter added by amendment.  
~~Strike out~~ indicates matter deleted by amendment.

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1 The latest study by the Harvard School of Public Health, released in September 2006, shows  
2 little improvement since 1997. City residents can now expect to live, on average, 68.6 years as  
3 compared to an average life span of 81.3 years for affluent Montgomery County residents.  
4 Baltimore males, however, can only expect to celebrate 63.8 years, and women can only expect  
5 to celebrate 73.4 years. Researchers say similar disparities persist in many of the nation's high-  
6 risk urban populations, even when the effects of high rates of homicide and HIV are removed.  
7 The disparities are best explained by chronic health problems among those aged 15 to 59, caused  
8 by alcohol abuse, smoking, accidental injuries, and poor access to healthcare.

9 In a March 5, 2007 letter advising the Council of proposed changes in the management of the  
10 Men's Health Center, Baltimore's Health Commissioner writes, in part:

11 "There is a longstanding crisis in access to healthcare among men in Baltimore.  
12 According to the 2005 American Community Survey, there are approximately  
13 170,000 men living in the city between the ages of 18 and 65. It has reasonably  
14 estimated that at least one-third of these men – approximately 60,000 – have no  
15 health insurance.

16 Poor access to healthcare for men means more disease and earlier death. Our city  
17 has high rates of heart disease, high blood pressure, and diabetes."

18 The letter also explains that the underlying problem is an inadequate system of healthcare  
19 finance in Maryland such that parents of children on Medicaid can only receive benefits if their  
20 income is less than 39% of the poverty line, single adults are not eligible, and there is no funding  
21 to provide community care to the uninsured.

22 To better address the need for better healthcare access for men that was the driving force  
23 behind the opening of the Men's Health Center, the Baltimore City Health Department proposes  
24 to shift the operation of the Center to a federally qualified community health center. The change  
25 reportedly has 2 primary advantages – it will expand services offered by the Center and will  
26 maintain continuity of care as men gain access to public or private health insurance.

27 A study, "*The Quality of Chronic Disease Care in U.S. Community Health Centers*" by Drs.  
28 of Harvard Medical School and published in the November/December issue of Health Affairs  
29 found that the number of patients served by federally qualified community health centers (CHCs)  
30 grew by nearly 50%, from 1999 to 2004. In the future, it is likely to increase as a result of  
31 changes in Medicaid eligibility rules, the escalating cost of private insurance, and federal  
32 legislation expanding the number of CHCs.

33 The study sounds a cautionary note for governments seeking to address the health needs of a  
34 large uninsured population: "Although the quality of chronic disease care in CHCs compares  
35 favorably with care received in other settings, gaps exist, particularly for the uninsured...This is  
36 important because publicly funded CHCs are caring for growing numbers of Americans – more  
37 than 15 million and counting. Of this group, 23% are uninsured, and 64% are members of  
38 minority or immigrant groups."

39 As the Baltimore City Health Department seeks to better serve the target population of the  
40 Men's Health Center, it must be certain that the gaps identified in the Harvard report are not  
41 mirrored in the paradigm of healthcare services provided to our citizens.

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1       **NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF BALTIMORE,** That the  
2 Commissioner of Health and the Director of the Division of Clinical Services of the Baltimore  
3 City Health Department are requested to report to the City Council on the status of the Men’s  
4 Health Center, the utilization rate by the target population, the number and type of direct and  
5 referral services provided, and plans for the continuing delivery of primary care, substance abuse  
6 treatment, and other medical services to uninsured males residents of Baltimore City.

7       **AND BE IT FURTHER RESOLVED,** That a copy of this Resolution be sent to the Mayor, the  
8 Honorable Baltimore City Members of Maryland Congressional Delegation, the Honorable  
9 Chairs and Members of the Baltimore City Senate and House Delegations to the Maryland  
10 General Assembly, the Commissioner of Health, the Director of the Division of Clinical Services  
11 of the Baltimore City Health Department, and the Mayor’s Legislative Liaison to the City  
12 Council.