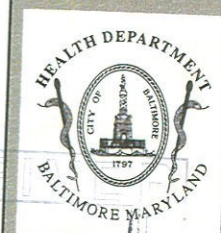


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|------|-----------------------|--|-------------------|---|
| FROM | Name & Title | Oxiris Barbot, M. D. <i>Oxiris Barbot</i> Commissioner of Health | Health Department |  |
| | Agency Name & Address | Baltimore City Health Department 1001 E. Fayette St. | | |
| | Subject | Council Resolution 10-0212R - Informational Hearing – 2010 Health Disparities Report | | |

MEMO
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To: President and Members
409 City Hall

January 5, 2011

The Baltimore City Health Department (BCHD) is pleased to respond to City Council Resolution 10-0201R - Informational Hearing – 2010 Health Disparities Report. This resolution requests the Health Commissioner to report to the City Council on the *2010 Health Disparities Report Card* in order to explain the health disparities prevalent within Baltimore City, as well as discuss the differences and/or similarities as compared to the State of Maryland. At the scheduled hearing, we will present information on why disparities persist within Baltimore City, and the plan to address, reduce, and eliminate health disparities within the city through a *health in all policies* approach.

Health disparities and inequities will persist in Baltimore City and around the country until we address the root causes of these disparities. As discussed in the report, the health of Baltimore City residents has significantly improved over the last decade. Since 2000, the rate of death due to all causes has declined by 22%. However, while the death rates for different demographic groups in the city (men, women, black, and white) have declined, the gaps between these groups remain largely unchanged. In fact, some health disparities have actually grown since 2000.

Inequities within areas such as education, income and residence are significant underlying causes of persistent health disparities. In Baltimore City, the largest health disparities are found between residents on opposite ends of the income and education spectrum. The assumption is residents with higher education and income levels have greater access to, and control over health-promoting resources and opportunities thereby resulting in better health outcomes. For example, the citywide mortality rate from all causes is more than 2.5 times greater for people with a high school education or less as compared with individuals with a Bachelor's degree.

When comparing Baltimore City to the rest of the state, Baltimore fared significantly worse on 13 of the 14 assessed indicators. For example, the childhood asthma emergency department visit rate for Baltimore is over 3.5 times higher than that for the rest of the state. Moreover, within Baltimore, households with lower levels of income and education are twice as likely to have someone living with asthma.

Significant inroads to reducing these health inequities can be realized with appropriate action to improve the conditions in which Baltimoreans live, learn, work, and play—commonly referred to as the *social determinants of health* (SDH). SDH includes factors like access to healthier food, housing, and schools, as well as safer neighborhoods, quality education, increased employment opportunities, and improved transportation. Achieving *health equity* is only possible when all

residents, regardless of their social position or the neighborhood in which they reside, have fair access to these resources. Baltimoreans must have the opportunities necessary to promote and preserve health.

It is important to understand that *all* policy affects health, and policies put forth by agencies such as housing, education, finance, transportation, and planning contribute to the health of a city. Therefore, eliminating health disparities and achieving health equity in Baltimore City is only possible through collaborative multi-agency efforts. The disparities addressed in the *Report Card* can only be reduced by deliberate and sustained action by all City agencies, partners, community organizations, public health institutions and elected officials.

There are critical steps that must be taken initially to ensure this collaboration. A *health in all policies* approach is a necessary framework to address SDH and eliminate health inequities. BCHD recently developed the Office of Policy and Planning to work with other City agencies to explore and develop strategies addressing social determinants of health. BCHD, along with key partners, will seek opportunities to make use of tools such as "Health Impact Assessment" when considering the potential health promoting or health debilitating aspects of proposed policies or legislation.

As a follow up to the *2010 Health Disparities Report Card*, we will be releasing a report on the *2011 Neighborhood Health Profiles*. The city's socioeconomic, environmental, and health data will be used to explore how social determinants drive health outcomes, and ultimately health equity in each neighborhood. Senior staff within BCHD will present the health profiles in each neighborhood in an effort to help communities identify specific SDH to prioritize for action within their own communities. We will use these profiles to facilitate open dialogues in which public input and participation is solicited. These profiles will be a critical tool to train community groups and enhance their understanding of and capacity to address SDH, as well as their capacity to serve as effective partners in City efforts to achieve health equity.

BCHD welcomes the opportunity to discuss its efforts to lead the way in combating these health disparities and finding solutions, but would like to emphasize the need for collaboration with public, private and community organizations, as well as educational institutions, elected officials and other partners. We thank the City Council for calling for this hearing on Resolution 10-0201R and welcome further discussion about this critical public health topic.

CC: Angela Gibson, Office of the Mayor
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