

**CITY OF BALTIMORE
COUNCIL BILL 10-0212R
(Resolution)**

Introduced by: Councilmembers Middleton, Curran, Cole, Holton, Henry, Branch, D'Adamo,
Conaway, Kraft, Welch, Clarke, Reisinger, President Young, Councilmember Spector
Introduced and read first time: June 7, 2010
Assigned to: Urban Affairs and Aging Committee

Committee Report: Favorable
Adopted: January 24, 2011

A COUNCIL RESOLUTION CONCERNING

1 Informational Hearing – 2010 Health Disparities Report Card

2 FOR the purpose of requesting the Interim Health Commissioner to report to the City Council on
3 the *2010 Health Disparities Report Card*; to explain the disparities that exist by gender, race,
4 and socioeconomic status within Baltimore City and between Baltimore City and the rest of
5 the State; to share theories as to why these disparities persist; and to present plans to address,
6 reduce, and eliminate health disparities in Baltimore City.

7 Recitals

8 The May 25, 2010, Health Department press release announcing the *2010 Health Disparities*
9 *Report Card*, the first comprehensive examination of health disparities in the City, states: “The
10 Report Card shows that while health has improved for all demographic groups in the City over
11 the last decade, significant disparities remain between different groups...Disparities exist for 29
12 of the 30 health areas assessed...Disparities by education or income level, two major social
13 determinants of health, account for 26 of the 46 “F’s” reported, demonstrating the profound
14 impact socioeconomic status has on health.”

15 The Report Card reveals that significant disparities not only persist, but some have worsened
16 since 2000, including disparities in colon and prostate cancer and heart disease and diabetes. The
17 Interim Health Commissioner stated that “social determinants play a critical role in shaping
18 disparities in Baltimore, and this report card makes that pretty clear. This report card will really
19 help us better understand the different levels at which disparities manifest and what drives
20 them.” The Health Department will release Health Disparities Report Cards every other year in
21 order to monitor progress in efforts to eliminate health disparities in Baltimore City.

22 The Acting Chief Epidemiologist, who contributed to the Report Card, stated: “The
23 disparities we see in Baltimore are largely driven by the underlying social and economic
24 conditions in which our residents live, work, and play – and an unhealthy food environment is an
25 example. These conditions are shaped by policies and systems from housing and education, to
26 labor and zoning. As such, eliminating health disparities in Baltimore will only be possible
27 through collaborative efforts involving city agencies, businesses, community organizations, and
28 institutions.”

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

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1 In a similar study, concentrating on reproductive health, *Atlanta's Urban Initiative for*
2 *Reproductive Health: Disparities in Fulton and DeKalb Counties*, researchers found that many
3 aspects contribute to the excessive levels of health gradients among marginalized populations.
4 There, too, it became apparent that the health department could not address the disparities alone
5 – Social factors are largely acknowledged as determinants of health, such as poverty levels,
6 housing type, and high school graduation rates which are often beyond the scope of local state
7 health officials, (Georgia Department of Community Health, 2008).

8 In 2009, the U.S. Department of Health and Human Resources' Agency for Healthcare
9 Research and Quality produced the *National Healthcare Disparities Report* (NHDR),
10 summarizing for the seventh year in a row the health care quality and access among various
11 racial, ethnic, and income groups and other priority populations, such as children and older
12 adults. Three key themes emerged in the 2009 NHDR:

- 13 • Disparities are common and uninsurance is an important factor.
- 14 • Many disparities are not decreasing.
- 15 • Some disparities merit particular attention, especially care for cancer, heart failure,
16 and pneumonia.

17 Consistent with extensive research and findings in previous NHDRs, the 2009 report found
18 that disparities related to race, ethnicity, and socioeconomic status still pervade the American
19 health care system. Although varying in magnitude by condition and population, disparities are
20 observed in almost all aspects of health care. As concluded by the Atlanta study, policies that
21 expand social and economic resources and result in moving toward equitable opportunities for
22 low-socioeconomic populations are the beginning of moving towards eliminating health
23 disparities.

24 The Health Department's *2010 Health Disparities Report Card* provides city agencies and
25 health and human service providers with an invaluable tool to assess the health disparities that
26 exist in our City, to identify the government and public sector services that are needed to address
27 the disparities, and to monitor our progress in eliminating health disparities each year.

28 **NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF BALTIMORE**, That the
29 Interim Health Commissioner is requested to report to the City Council on the *2010 Health*
30 *Disparities Report Card*; to explain the disparities that exist by gender, race, and socioeconomic
31 status within Baltimore City and between Baltimore City and the rest of the State; to share
32 theories as to why these disparities persist; and to present plans to address, reduce, and eliminate
33 health disparities in Baltimore City.

34 **AND BE IT FURTHER RESOLVED**, That a copy of this Resolution be sent to the Mayor, the
35 Interim Health Commissioner, the Food Policy Director, the Director of Recreation and Parks,
36 the Board of Directors and Members of Casa de Maryland, the Board of Directors and Members
37 of Park Heights Renaissance, Inc., and the Mayor's Legislative Liaison to the City Council.