



Council Bill 20-0218R Recognizing Systemic Racism as a Public Health Crisis

*Presented by Dr. Letitia Dzirasa
Baltimore City Health Commissioner*



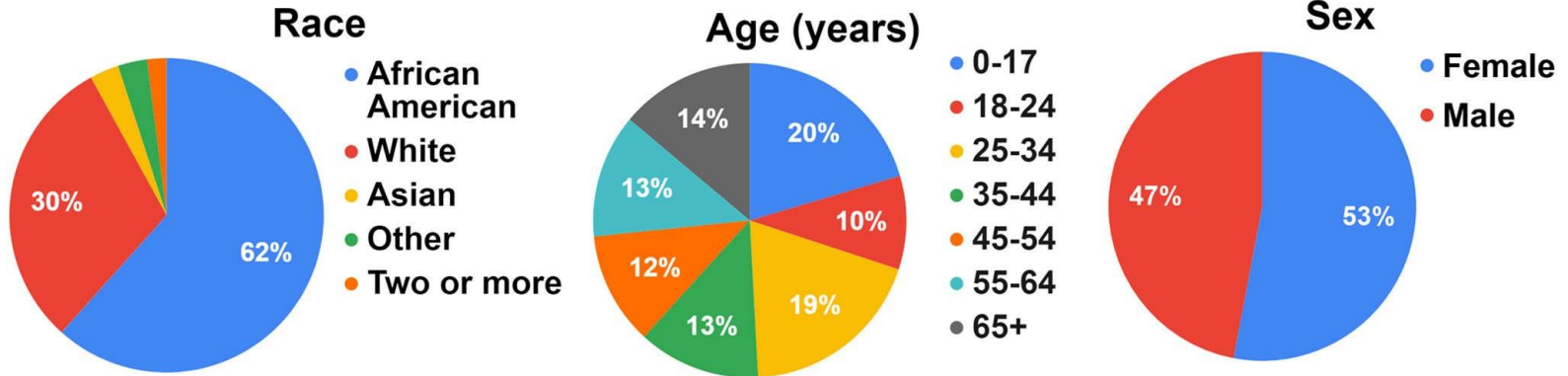
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Baltimore City Demographics, 2018

Total population

602,495



American Community Survey,
2018, 1-year estimates



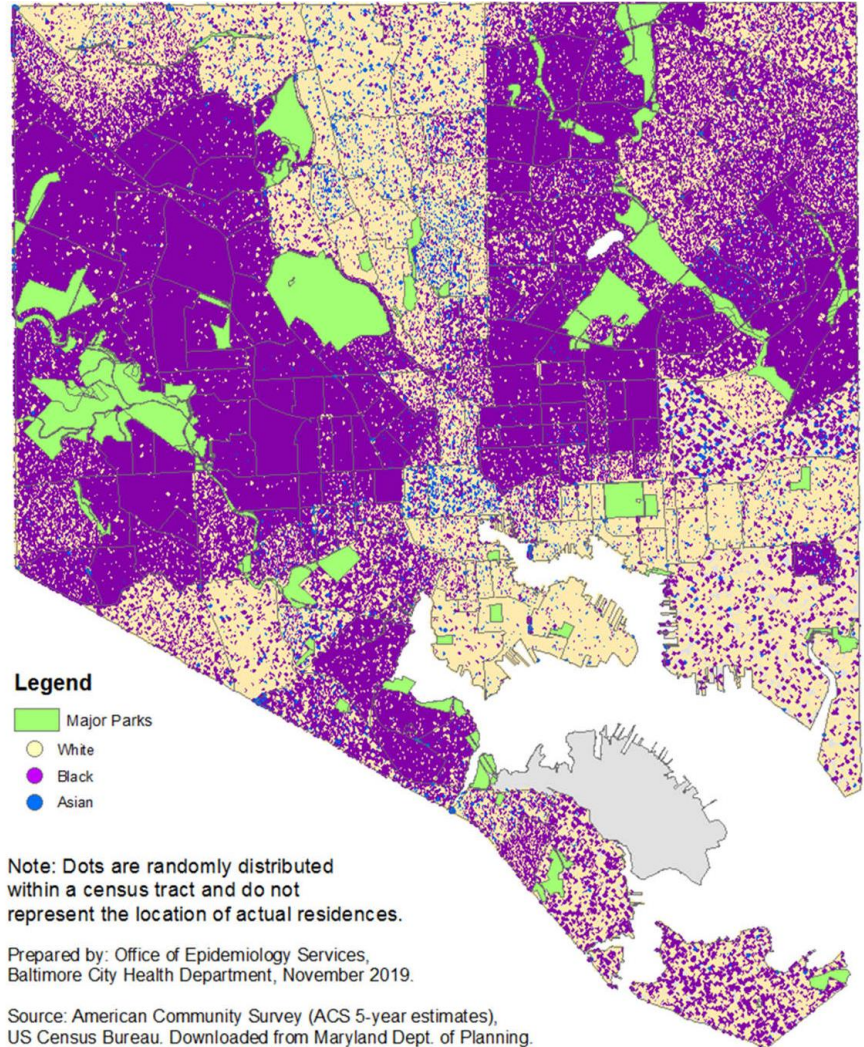
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Geographic Distribution of Residents by Race, 2013-2017

Residential patterns by race are due to historical policies such as the “West Ordinance” and redlining

5.5% of the city’s population is Hispanic (i.e., LatinX)

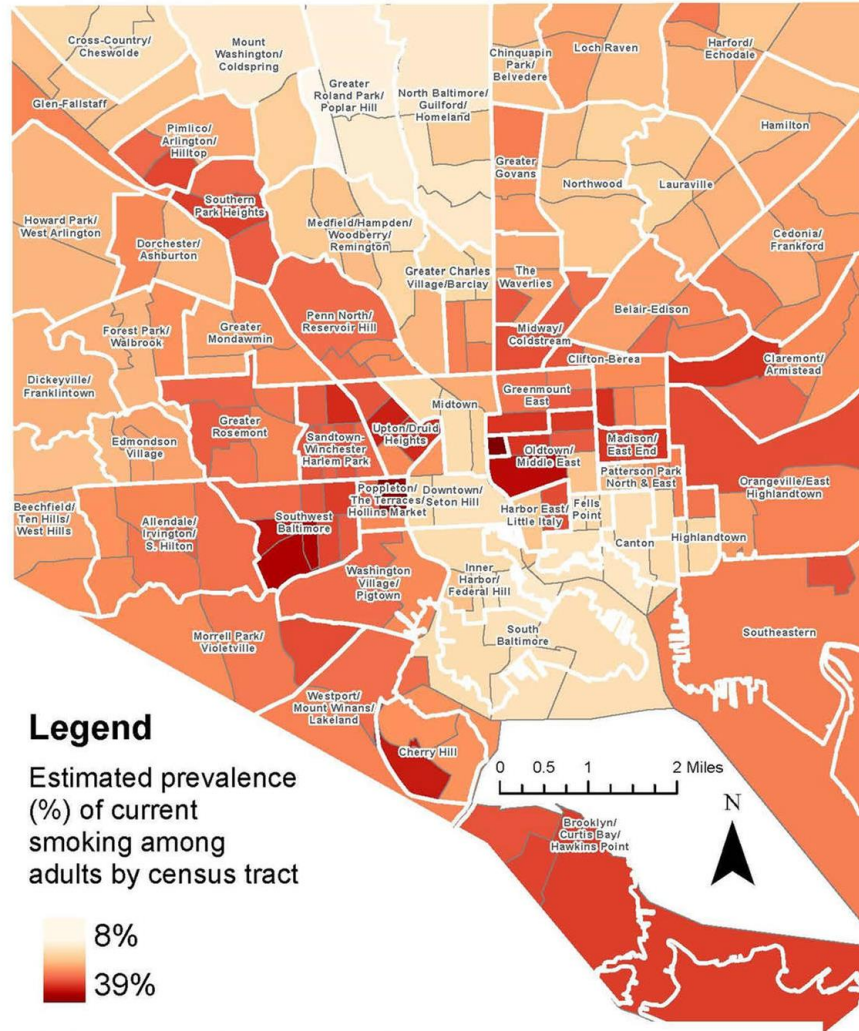


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Baltimore City data for map: American Community Survey (ACS), 2013-2017; Data on ethnicity: ACS 2018



Estimated Prevalence of Current Smoking among Adult Residents by Census Tract with CSA Boundaries (white outlines), Baltimore City, 2016



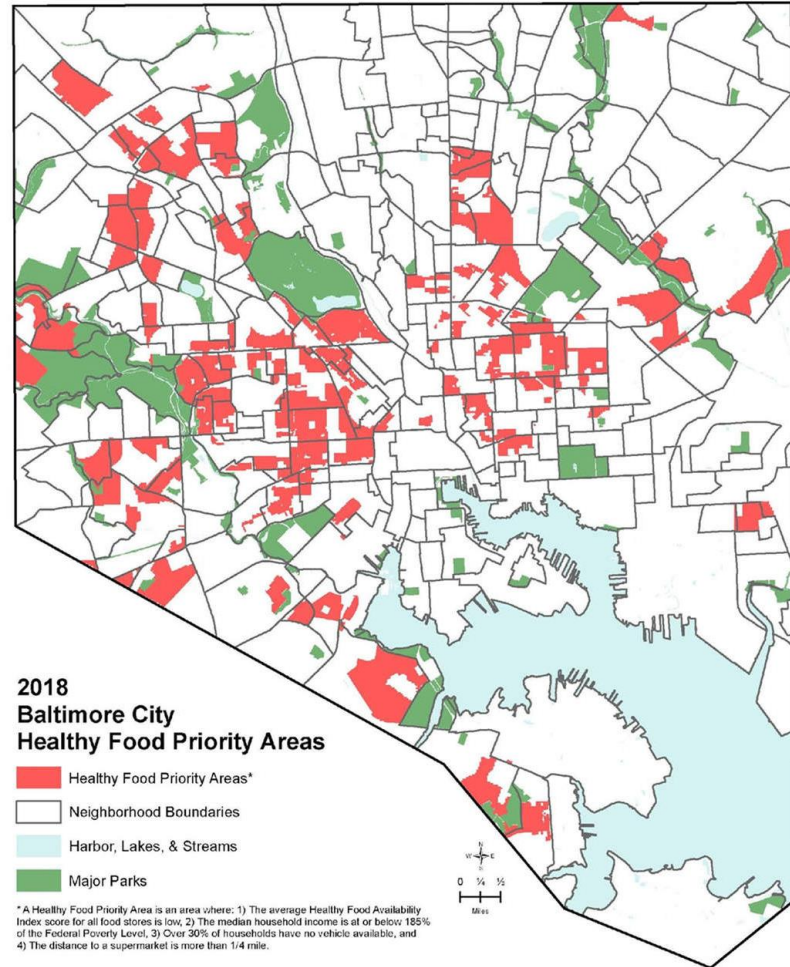
CSA = Community Statistical Area. CSAs are groupings of census tracts that approximate neighborhoods. Adults are defined by ages 18+ years. Data source is the CDC's 500 Cities Project. Please note that these data represent estimates and not actual observations. Map prepared by BCHD, 9/17/2019.



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Food Environment: 2018 Healthy Food Priority Areas



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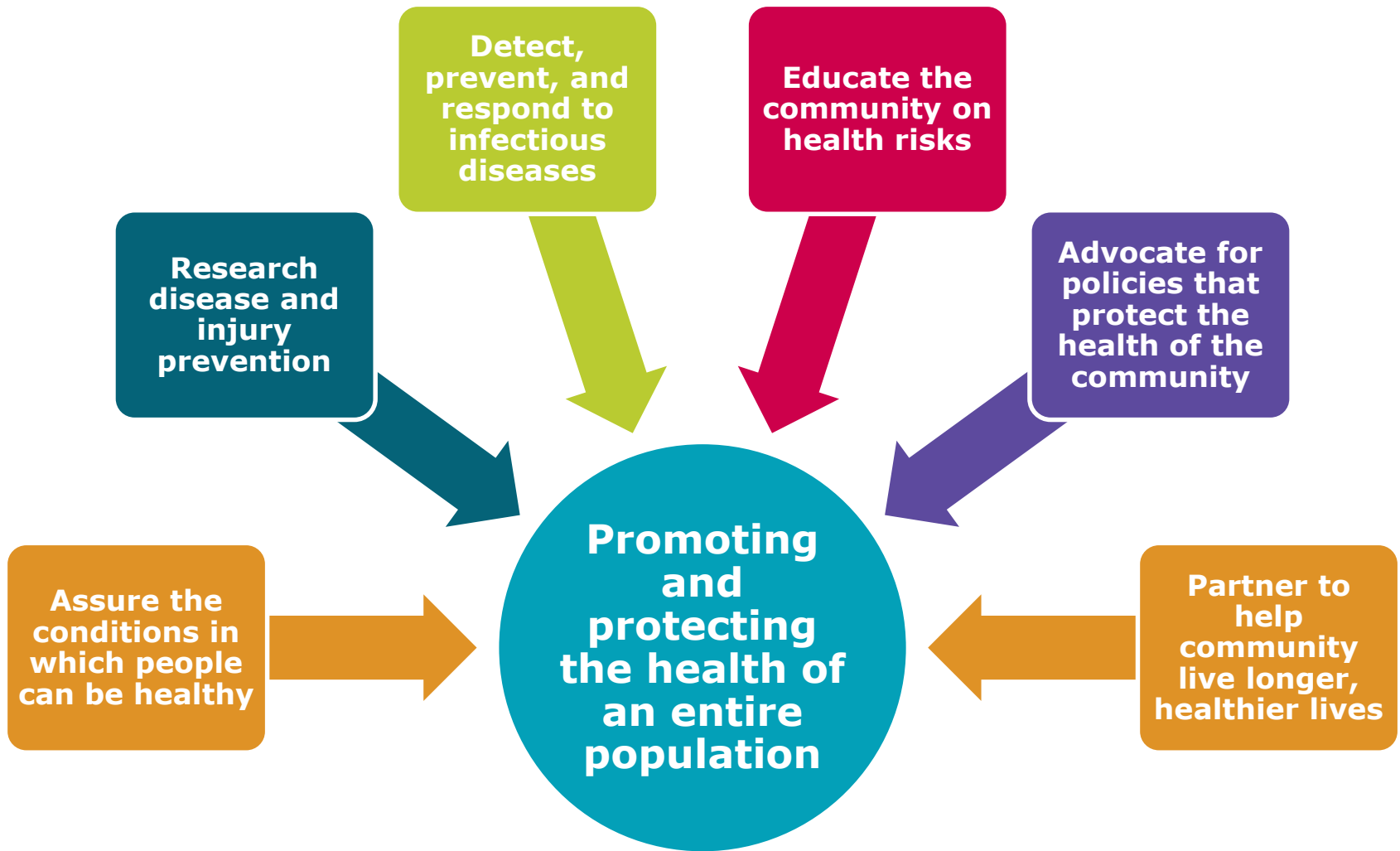


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Baltimore City's Food Environment:
2018 Report, Map 6

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Role of Public Health



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BCHD's Approach to Systemic Racism and Public Health

- Addressing racism as a public health issue is one of the five priority areas in the Health Department's Be Well, B'More strategic plan.
- We convened an Equity Committee to address systemic racism as a public health issue both internally and externally.
- We have hosted race and equity trainings for the department's senior leadership.
- We have developed a Health Equity Policy outlining procedures to ensure our programs address specific populations at higher risk for poor health outcomes and for inclusion of health equity considerations for specific populations.
- We continue to use a Health in All Policies (HiAP) collaborative approach in policymaking to improve the health of all Baltimore City communities.



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