1. Introduction
2. Methods
   A. Literature Review
   B. Recommendations
   C. Data Analysis
3. Findings
4. Significance
1. Introduction
1. Introduction

VISION:

We envision a Baltimore in which health disparities are cut by half in the next ten years.
1. Introduction
1. Introduction
1. Introduction
1. Introduction
1. Introduction

2. Methods
   A. Literature Review
   B. Recommendations
   C. Data Analysis

3. Findings

4. Significance
A. Literature Review
B. Recommendations
B. Recommendations

I. Data Clarity and Communication

<table>
<thead>
<tr>
<th>HIV/AIDS Mortality (per 100,000 residents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Baltimore City</td>
</tr>
<tr>
<td>Maryland</td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
</tr>
<tr>
<td>Men</td>
</tr>
<tr>
<td>Women</td>
</tr>
<tr>
<td>Black Men</td>
</tr>
<tr>
<td>White Men</td>
</tr>
<tr>
<td>Black Women</td>
</tr>
<tr>
<td>White Women</td>
</tr>
<tr>
<td>Less than HS completion</td>
</tr>
<tr>
<td>HS Graduate or GED</td>
</tr>
<tr>
<td>Some College or Higher</td>
</tr>
</tbody>
</table>

*Source: CHD Analysis of data from the Maryland Vital Statistics Administration.
B. Recommendations

I. Data Clarity and Communication

**HIV/AIDS Mortality**

- Rates of death due to HIV/AIDS have dropped by 58% from 2008 to 2016 for Baltimore as a whole, but Black and male residents continue to experience higher mortality.
- The disparity in HIV/AIDS mortality between Black and white residents has not decreased. In 2008, the rate of HIV/AIDS deaths for Black residents was 7 times that of white residents; in 2016, this increased to 8 times.
- Males had about twice the rate of HIV/AIDS mortality compared to females in each year from 2008 to 2016.
B. Recommendations
   I. Data Clarity
   II. Health Equity Framework
1. Introduction
2. Methods
   A. Literature Review
   B. Recommendations
   C. Data Analysis
3. Findings
4. Significance
C. Data Analysis

I. Maryland Vital Statistics Administration
II. Behavioral Risk Factor Surveillance System
III. BCHD 2014 Community Health Survey
IV. American Community Survey
C. Data Analysis

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II. Behavioral Risk Factor Surveillance System
III. BCHD 2014 Community Health Survey
IV. American Community Survey
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III. BCHD 2014 Community Health Survey
IV. American Community Survey
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2. Methods
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   B. Recommendations
   C. Data Analysis
3. Findings
4. Significance
3. Findings

HIV/AIDS Mortality Rates

Mortality Rate (per 100,000 residents)

Source: BCHD analysis of data from the Maryland Vital Statistics Administration. Please refer to Appendix B for complete data.

All Cancer Mortality Rates (per 100,000 residents), 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore City, total</td>
<td>245.9</td>
<td>202.4</td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>248.2</td>
<td></td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>236.1</td>
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</tr>
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</table>

Lung Cancer Mortality Rates (per 100,000 residents), 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore City, total</td>
<td>60.4</td>
<td></td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>62.0</td>
<td></td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>76.3</td>
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</tr>
</tbody>
</table>

Colon Cancer Mortality Rates (per 100,000 residents), 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore City, total</td>
<td>21.5</td>
<td></td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>23.4</td>
<td></td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>24.3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore City, total</td>
<td>24.2</td>
<td></td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>19.0</td>
<td></td>
</tr>
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</table>
3. Findings

Introduction

Overview

The 2018 Baltimore City Health Disparities Report is the third in a series of reports tracking health disparities over time in Baltimore. While we have seen gaps begin to close in certain health outcomes, significant disparities still exist in others. The vision of Healthy Baltimore 2020, Baltimore City’s strategic plan for health, is to cut health disparities in half in the next ten years. This report describes health disparities in Baltimore in each year from 2008 to 2016 to provide a backdrop for the efforts outlined in Healthy Baltimore 2020.

What are Health Disparities?

Healthy People 2020, the national 10-year agenda for improving health in the United States1, defines a health disparity as follows:

**Health Disparity:** a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage

Health disparities affect people who experience systematic oppression based on their race, ethnicity, gender, socioeconomic position, or other characteristics. When we have eliminated health disparities, we will achieve health equity, which is defined as:

**Health Equity:** attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and health care disparities.

Individual behaviors play a large part in our health. However, those individual behaviors are shaped by larger forces called the social determinants of health. The social determinants of health are the places where people live, work, learn, and play. They can include the resources you have access to, like income and education, and the resources in your neighborhood and community such as affordable housing and transportation.

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**Baltimore City Health Department**
Leesa E. Win, M.D., M.Sc., Commissioner of Health

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Determinants of health

However, these determinants are not the same for all people. The place you live, education you obtain, and income you earn depend on the social determinants of equity.

These are the structures of power that govern our society, like racism and sexism. Dr. Cameron Putnam, past president of the American Public Health Association, created the framework at the right to outline how all of these levels come together to affect our health. While individual behaviors affect our health, the opportunity for an individual to engage in healthy behavior depends on the social determinants of health. The social determinants of health are the context that drives individual behavior. At the outermost level, the social determinants of equity are the imbalanced systems of power that decide how these contexts are distributed. The social determinants of equity help us understand how and why individuals experience different social determinants of health.

The next section will cover in greater detail the following social determinants of health: income, education, housing, food access, neighborhood resources, and health care access. Seeing how these social determinants of health are distributed unevenly between communities provides the necessary context for the data we will then present on health outcomes.

The data on these determinants are presented by race to illustrate the continued effects of structural racism in Baltimore, which is a central social determinant of equity. Structural racism is the “tightly-knit ways in which societies foster racial discrimination, through mutually reinforcing inequitable systems. That in turn reinforce discriminatory beliefs, values, and distribution of resources.”

Baltimore City has a long history of residential segregation that persists to this day. Predominantly black Baltimore neighborhoods continue to lack city investment compared to predominantly white neighborhoods. These types of structural inequities produce wide health disparities detailed in this report and in previous Health Disparities Reports. To eliminate health disparities and build health equity, the policies and practices that drive them must be recognized and dismantled.
3. Findings
4. Significance
4. Significance
   A. Limitations
      I. Data availability
      II. Neighborhood comparisons
      III. Community engagement
4. Significance
   A. Limitations
      I. Data availability
      II. Neighborhood comparisons
      III. Community engagement
4. Significance
   A. Limitations
      I. Data availability
      II. Neighborhood comparisons
      III. Community engagement
4. Significance
   A. Limitations
   B. Strengths
      I. Clear takeaways
      II. New access to health data
      III. Health disparities placed in context
4. Significance
   A. Limitations
   B. Strengths
      I. Clear takeaways
      II. New access to health data
      III. Health disparities placed in context
4. Significance
   A. Limitations
   B. Strengths
      I. Clear takeaways
      II. New access to health data
      III. Health disparities placed in context
4. Significance
   A. Limitations
   B. Strengths
   C. Policy and Practice Implications
4. Significance
   A. Limitations
   B. Strengths
   C. Policy and Practice Implications
   D. Lessons Learned
Thank you!

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References


