Public Housing is Public Health: Place Matters

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Civic Engagement to Achieve Health Equity and Grow the Fair Health Movement

Panway Neighborhood Improvement Association
Letter to Commissioner Barbot
Page 2

It is this type of information and learning more about these Health In All Policies that exist elsewhere that could improve our lot in the neighborhoods in the trenches so to speak. It would also mean not having to remain so vigilant constantly under stress around what next is going to happen to us, that otherwise seems beyond our control. And yet you just feel compelled to get involved because our future is at stake, so you risk your health and well-being to support the collective good. Michael assures me that the larger team will not only hold our hand through this process, but expose us to other resources like Ryan’s work both in your department, and nationwide. He also shares that they are excited about your interests in supporting efforts such as our current one, beyond the typical information and screenings and the like which we of course have seen much of, and continue to support. It just seems that these types of activities don’t seem to make a difference, while controlling what comes in our neighborhood and the empowerment that supports among residents really, really would. It definitely combats a feeling of powerlessness, and neglect that we often feel even as we struggle to support our community. We have so many positive things going on from the new grocery store (Shoppers) which has changed health possibilities and diets for many, to the new athletic field at Coppin State University which is open to the public. Finally, we have someone who has expressed interest in using community gardens on a current vacant City owned lot to increase community togetherness and specifically designed to combat gangs through using gang intervention specialists along with community garden planners. It just seems we can never get on the offense, because we are always on defense. But with continued and increased support we can change that.

We hope to meet you at one of our future meeting or screening. Welcome to Baltimore and please let me know if we can count on you for support for any and all the things we’ve mentioned here.

Sincerely,

Wanda Freeland
Wanda Freeland
President

Supporters:
Barbara Dandy Anderson, President, New Auchentoroly Terrace Neighborhood Association
Jacqueline Caldwell, President, Whittier-Monroe Neighborhood Community Association
Sandra Almond-Cooper, President, Mondawmin Neighborhood Improvement Association
Adeline Hutchinson, President, Robert W. Coleman Community Organization
Henry Kenny, President, Fulton Heights Neighborhood Association
Selwyn Knight, President, Liberty Square Neighborhood Association
Connie Smith, President, Parkway Community Association
Civic Engagement to Achieve Health Equity and Grow the Fair Health Movement

Our community sometimes seems under constant attack from an onslaught of unhealthy things. We fight them, only to have them come back reincarnated a few months later. For instance, we just defeated someone trying to put a liquor store in a location less than 300 feet from an elementary school and its athletic field; and then, two months later another individual tried to put a fried chicken store in the same location. We are asking for your support in fighting with us to prevent any future establishments such as these from trying to open in our community.

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pretty straight forward and encouraging. Thanks to that information, and the other being shared on what other communities are doing, we know we are not crazy, or alone in this struggle and that other communities have not only faced this struggle nationally but have devised ways to fight it in a way that doesn’t require constant vigilance, and the stress that accompanies it.

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The Food (and lack thereof)
Many Baltimore residents live in communities with a lack of access to healthy foods and a saturation of places that sell unhealthy foods, which makes it hard to eat healthy.
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The *Liquor*
Many Baltimore residents live in communities that are saturated with places that sell alcohol and tobacco products.
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Many Baltimore residents live in communities that with extremely high densities of vacant buildings and lots.
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Vacant, liquor store, and park data are from Mayor’s Office of Information Technology GIS database, updated December and June 2009. Tobacco license data from City Comptroller. Rates were calculated using 2000 Census population. Mapped by BCHD, Office of Epidemiology and Planning.
Public Housing and Community Built Environment

Legend
- Public Housing
- Park

Community Statistical Area
Tobacco Retail Density (per 10,000 Residents)
- 0.0 - 8.6
- 8.7 - 17.7
- 17.8 - 27.1
- 27.2 - 37.3
- 37.4 - 53.7

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<table>
<thead>
<tr>
<th>Indicator</th>
<th>Roland Park</th>
<th>Southern Park Height</th>
<th>Baltimore</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEMOGRAPHICS. (2000 Census, unless noted otherwise)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Population</td>
<td>7,215</td>
<td>15,761</td>
<td>651,154</td>
</tr>
<tr>
<td>% Black</td>
<td>6%</td>
<td>97%</td>
<td>64%</td>
</tr>
<tr>
<td>% under 18</td>
<td>18%</td>
<td>31%</td>
<td>25%</td>
</tr>
<tr>
<td>% over 65</td>
<td>19%</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>% w/ HS education or less, ages 25+</td>
<td>12%</td>
<td>76%</td>
<td>60%</td>
</tr>
<tr>
<td>% HH with income &lt;25000</td>
<td>18%</td>
<td>56%</td>
<td>43%</td>
</tr>
<tr>
<td>% Unemployed (of those in workforce)**</td>
<td>4.4%</td>
<td>14.4%</td>
<td>10.1%</td>
</tr>
<tr>
<td>% Single parent families (of families w/ children &lt;18)**</td>
<td>31%</td>
<td>77%</td>
<td>62%</td>
</tr>
<tr>
<td>% of Families in Poverty**</td>
<td>2%</td>
<td>27%</td>
<td>15%</td>
</tr>
<tr>
<td>Median HH Income</td>
<td>$64,571</td>
<td>$21,128</td>
<td>$30,078</td>
</tr>
<tr>
<td><strong>ENVIRONMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacant Building density, 2009 (per 10,000 HH)</td>
<td>8.6</td>
<td>1319.4</td>
<td>676 (CSA avg.)</td>
</tr>
<tr>
<td>Foreclosure rate, Jan-March 2009 (per 10,000 people)</td>
<td>2.8</td>
<td>22.2</td>
<td>19.7</td>
</tr>
<tr>
<td>Tobacco store density, 2009 (per 10,000 people)</td>
<td>8.3</td>
<td>17.1</td>
<td>23.6 (CSA avg.)</td>
</tr>
<tr>
<td>Liquor store density, 2009 (per 10,000 people)</td>
<td>2.8</td>
<td>4.4</td>
<td>5.3 (CSA avg.)</td>
</tr>
<tr>
<td>Non-fatal Shooting rate, 2005-09 (per 10,000 people)</td>
<td>0</td>
<td>74.2</td>
<td>43.5 (CSA avg.)</td>
</tr>
<tr>
<td>% Greenspace coverage (% of CSA)</td>
<td>3%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>MORTALITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Expectancy (years)**</td>
<td>83</td>
<td>67</td>
<td>71</td>
</tr>
<tr>
<td>All Cause mortality (deaths per 10,000)**</td>
<td>58</td>
<td>133</td>
<td>114</td>
</tr>
<tr>
<td>Heart Disease mortality (deaths per 10,000)**</td>
<td>15.9</td>
<td>31.1</td>
<td>28.9</td>
</tr>
<tr>
<td>Cancer mortality (deaths per 10,000)**</td>
<td>13.9</td>
<td>25.5</td>
<td>23.4</td>
</tr>
<tr>
<td>Stroke mortality (deaths per 10,000)**</td>
<td>4.4</td>
<td>5.4</td>
<td>5.8</td>
</tr>
<tr>
<td>Diabetes mortality (deaths per 10,000)**</td>
<td>1.6</td>
<td>4.7</td>
<td>3.7</td>
</tr>
<tr>
<td>Homicide mortality (deaths per 10,000)**</td>
<td>0.5</td>
<td>6.9</td>
<td>3.6</td>
</tr>
<tr>
<td>HIV/AIDS mortality (deaths per 10,000)**</td>
<td>0</td>
<td>12</td>
<td>5.2</td>
</tr>
<tr>
<td>Drug-induced mortality (deaths per 10,000)**</td>
<td>0</td>
<td>4.2</td>
<td>3.7</td>
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<tr>
<td><strong>CHILDREN &amp; YOUTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality (deaths per 1000 live births)**</td>
<td>9</td>
<td>12.3</td>
<td>11.7</td>
</tr>
<tr>
<td>% Births to teenage mothers**</td>
<td>1%</td>
<td>26%</td>
<td>19%</td>
</tr>
<tr>
<td>% Children with elevated blood lead levels***</td>
<td>2.4%</td>
<td>3.4%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Domestic Violence rate (per 1000 residents)**</td>
<td>4.4</td>
<td>48.5</td>
<td>39.3 (CSA avg.)</td>
</tr>
<tr>
<td>Child Abuse/neglect rate (per 1000 age 0-17)**</td>
<td>--</td>
<td>12.2</td>
<td>8.4</td>
</tr>
<tr>
<td>Juvenile Arrest rate (per 1000 age 10-17)**</td>
<td>8.3</td>
<td>101.6</td>
<td>133.8</td>
</tr>
<tr>
<td>Juvenile Violent Deaths (per 10000 age 10-19)**</td>
<td>--</td>
<td>99.4</td>
<td>67</td>
</tr>
<tr>
<td>Kindergartners &quot;fully ready&quot; for school, 2007-2009, BCPS</td>
<td>72.1%</td>
<td>46.4%</td>
<td>62.8% (CSA avg.)</td>
</tr>
<tr>
<td>8th graders reading at &quot;Basic&quot; (lowest) level, 2007-2008, BNAI</td>
<td>8.0%</td>
<td>50.0%</td>
<td>47%</td>
</tr>
<tr>
<td>HS Completion rate, 2004-2005***</td>
<td>100%</td>
<td>83%</td>
<td>--</td>
</tr>
<tr>
<td>% Ages 18-25 who voted, 2004 General***</td>
<td>66%</td>
<td>37%</td>
<td>--</td>
</tr>
</tbody>
</table>

*BCHD analysis of MD Vital Statistics data, 2002-2006
**From 2008 Baltimore City Data Collaborative Community Profiles; or BNAI, 2008
***BCHD analysis of MD Department of the Environment data, 2006 only
****Baltimore Neighborhood Indicators Alliance
# Real Property, Baltimore City Foreclosure Filings, BCHD, and Baltimore City Department of Planning
“...there is no necessary biological reason why there should be a difference in LEB of 20 years or more between social groups in any given country. Change the social determinants of health and there will be dramatic improvements in health equity.”

Commission on Social Determinants of Health, WHO 2008
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Health/Equity in All Policies???

About 85% of all policies with the potential to impact health were not reviewed for health concerns, including those related to land use decisions affecting the location and distribution of liquor stores and food choices.
All Policy, Baltimore City Council, 2008

- Resolutions (93): 39
  - Total Not Health/Safety-related (192)
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  - Percentages: 54%

- Ordinances (245): 107
  - Total Not Health/Safety-related (146)
  - Total Health/Safety-related (146)
  - Percentages: 138%
All Policy with Potential Health Impacts, Baltimore City Council, 2008

Explicitly Health/Safety-related (49)
Not BCHD Referred: 34
BCHD Referred: 15
Related to Health Determinants (97)
Not BCHD Referred: 88
BCHD Referred: 9
Baltimore Zoning Code Re-write: Transform Baltimore

ZONING FOR A HEALTHY BALTIMORE

A HEALTH IMPACT ASSESSMENT OF THE TRANSFORM BALTIMORE COMPREHENSIVE ZONING CODE REWRITE

Center for Child and Community Health Research | Johns Hopkins University | Baltimore City 2009-2010
Key Points (inside)

• Results of 2008 Policy review shared with Council President (now Mayor) and staff. Input:
  • City Council training/briefing
  • Draft health/equity guidance document for staff
  • Council Resolution or Informational Hearing
  • Increase monitoring of policy
Key Points (outside)

- Increased focus on underlying health determinants
  - Requires focus on policies/systems
  - HIA is marvelous, but...
  - Too many policies/systems for HIA process

- Broad data sharing for sustained civic engagement
- Evidence that is informed by community
- Participatory public health practice