



## Healthy Baltimore 2020




*A blueprint for health*

*May 2017*



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## Letter from the Commissioner

Dear Friends, Colleagues, and Partners,

Since our founding over 200 years ago, the Baltimore City Health Department (BCHD) has worked tirelessly to improve the health of Baltimore City. Our mission is clear: **To protect health, eliminate disparities, and ensure the well-being of every resident of Baltimore through education, advocacy, and direct service delivery.**

We take this charge of health equity extremely seriously. In thousands of conversations with community members, businesses, grassroots organizations, and elected leaders across Baltimore City -- and across the country -- we have heard time again that when it comes to calling out injustice in health, whether in the form of racism, poverty, or historical exclusion, we cannot afford to wait. Public health has never taken a back seat in Baltimore, and it is our job to be outspoken advocates to protect our citizens.

**That is why I am proud to announce Healthy Baltimore 2020, BCHD's bold vision for health in the city, captured here in this strategic plan.** We aim to improve health, but we recognize that this is not enough. We must specifically call out the historical policies that have promoted structural racism and injustice.

Therefore, our objective must specifically be that **we envision a Baltimore in which health disparities are cut by half in the next ten years.** While it may seem ambitious, this aspiration is in fact grounded in the work that BCHD tackles each day, from comprehensive wellness services for our most vulnerable children to ensuring that seniors are able to age with dignity and respect.

We know that pursuing this vision requires clarity about our priorities as an agency -- and we have also heard from all of you that we must be just as intentional about the *how* of our work as we are about the *what*. To that end, we have identified the following **organizational values** that will drive our strategy:

- *Race, Equity and Inclusion:* It is impossible to talk about health in Baltimore without addressing the significant disparities that exist as a result of structural discrimination, racism, poverty, and historical practices of exclusion. As a result, every aspect of the work we do at BCHD -- programs services, advocacy -- is rooted in combatting health inequity and ensuring that all residents of our city have the right to a healthy, robust life. We commit to applying this lens to our own actions as public health workers and to not shy away from difficult conversations that may arise.
- *Focus on Well-Being:* As a local health department, we do not merely treat the symptoms of poor health -- we also address the barriers to overall well-being. In Baltimore, this specifically means applying a trauma-informed approach to all that we do, recognizing the cyclical, generational nature of trauma and its impact on both physical and mental health. We cannot provide effective services without

acknowledging the role that trauma plays across the life course, and look forward to working with our community partners to promote healing and awareness.

- *Health-in-All-Policies:* We view health as foundational to every issue -- unhealthy children cannot learn in school, and unhealthy adults cannot be a productive part of the workforce. As we examine critical issues across the City -- the economy, public safety, education -- we believe that health should be addressed as a critical driver of each and therefore a key voice at the decision-making table. As a result, our work does not stop at the health department -- and we look forward to working together with partners from multiple sectors to realize our vision.

In developing this plan, we will build upon our accomplishments over the last two years. We have helped children better achieve their potential by expanding mental health services to 119 schools, providing students with nearly **300,000 visits to health suites in 180 schools**, and obtaining needed funding for our children with an **\$8.5 million federal grant** for reproductive health education and a **\$1.5 million grant** for community-based youth violence prevention. Our signature B'More for Healthy Babies program has experienced continued success, with a **50 percent reduction in sleep-related infant deaths** and a **36 percent reduction in teen birth rates**. We mobilized support for policy changes and improved services to ensure childhood immunizations, begin trauma-informed care trainings, decrease sales of cigarettes to underage youths, and ban dangerous substances like powdered alcohol and synthetic drugs.

We have taken the epidemic of substance abuse head-on, launching one of the most aggressive opioid overdose prevention programs in the country. Since 2015 we have trained more than **23,000 people** in using the opioid antidote, naloxone; worked with the Police Department to train officers, resulting in more than 800 lives saved; and became the first jurisdiction in Maryland to issue blanket prescriptions for naloxone for all 620,000 residents. With our partners, we led the implementation of the Mayor's Heroin Task Force recommendations, including launching a 24/7 hotline for behavioral health; introducing a "Don't Die" anti-stigma campaign; and working with state partners to secure \$3.6 million toward a stabilization center. This work, highlighted by President Barack Obama, is saving lives while changing the understanding that addiction is a disease; treatment exists, and recovery is possible.

We have also made strides to increase care for our most vulnerable populations. We secured a **\$22 million grant** to bring HIV prevention and treatment to underserved populations while creating **70 new jobs** in the city. The White House acknowledged Baltimore's leadership in HIV care, as we joined the Fast Track Cities initiative to end AIDS by 2030. In the wake of the unrest, we set up a prescription access line to assist seniors whose pharmacies were closed and arranged shuttles to and from senior buildings for food and banking needs. We convened diverse stakeholders, including hospital CEOs, community representatives, and faith-based leaders through our Local Health Improvement Council to develop citywide initiatives to assist the most vulnerable.

## Healthy Baltimore 2020

We are extremely proud of all that has been done to date, but also know that our work is far from done. In developing Healthy Baltimore 2020, our dedicated staff at BCHD has worked diligently to ensure that the priorities of this strategic plan are informed by all of you – our community partners and citizens of Baltimore.

In the pages ahead, you will see these priorities outlined – they include the areas where we believe we will have the most traction in fighting disparities and achieving health equity: Behavioral Health, Violence Prevention, Chronic Disease, and Life Course and Core Services

Informed by the community, driven by data, and focused on “upstream” and place-based interventions, Healthy Baltimore 2020 will serve as a guiding framework for ensuring that all Baltimore City residents have the opportunity to be healthy and well.

We thank you for your support and look forward to partnering with you to ensure the health of our City.

With my best wishes,

A handwritten signature in blue ink, appearing to read 'Leana', with a stylized flourish extending to the right.

*Leana S. Wen, M.D., M.Sc.*  
Commissioner of Health, City of Baltimore

# 1. HISTORY & INNOVATION

## State of Health in Baltimore

It is impossible to discuss the health and well-being of Baltimore City's residents without applying the lens of health equity and systemic disparities. While the overall mortality rate in Baltimore City has declined over the past decade, the City still has a mortality rate nearly **30 percent higher than the rest of the state<sup>i</sup>**, and ranks last on key health outcomes compared to other jurisdictions in Maryland.

This reality is compounded by a series of complicated systemic social, political, economic, and environmental obstacles. With more than 1 in 3 of Baltimore's children below the federal poverty line and more than 30 percent of Baltimore households earning less than \$25,000 per year, income, poverty, and race have enormous impact on health outcomes.

This state of health is especially urgent when we consider that Baltimore houses some of the best healthcare institutions in the country. We know that healthcare alone cannot drive health: while 97 percent of healthcare costs are spent on medical care delivered in hospitals, only 10 percent of what determines life-expectancy takes place within the four walls of a clinic. Where we live, work, and play each day drives our health and well-being.



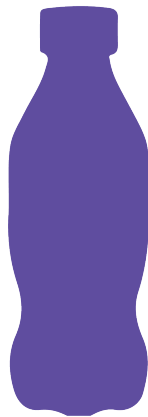
## BEHAVIORAL HEALTH

Baltimore has one of the top five highest rates of fatal overdose in the country – in 2015 alone, there were 393 fatal overdoses in the city – more than the number of homicides.<sup>1,2</sup>



## VIOLENCE

More than 90 percent of homicide victims are black, and more than half are 18-30 years old.<sup>5</sup>



## CHRONIC DISEASE

One in four high school students drinks a regular soda every day, and less than one in five eats the recommended serving of fruits and vegetables.<sup>3,4</sup>



## LIFE COURSE & CORE SERVICES

There is a 20 year gap in life expectancy between neighborhoods in Baltimore City.<sup>6</sup>

# A Current Snapshot of Health in Baltimore City

## Behavioral Health



1. Over **10 percent** of residents in the Baltimore metro area 12 and up are estimated to have a drug or alcohol abuse disorder. Nearly 20,000 people are estimated to use heroin.<sup>1,2</sup>
2. **30 percent** of children in Baltimore, compared to 19 percent statewide, have Adverse Childhood Experience (ACE) scores of 2 or more, meaning that they have experienced more than two incidences of events such as domestic violence, living with someone with an alcohol/drug problem, the death of a parent, or being a victim/witness of neighborhood violence.<sup>3</sup>

## Violence



1. Baltimore City experienced **318 homicides** in 2016, the **2nd** highest murder rate nationally and second highest rate per capita in Baltimore's history.<sup>4,5</sup>
2. Counting nonfatal shootings, gun violence was up more than **75 percent** compared to 2014.<sup>6</sup>

## Chronic Disease



1. **35 percent** of Baltimore high school students are obese or overweight, compared with **26 percent** statewide.<sup>7</sup>
2. **16 percent** of adults in Baltimore City adults have been told by a medical professional they had asthma, compared to a statewide average of **14 percent**.<sup>8</sup>
3. **23 percent** of adults living in Baltimore are regular smokers, compared to a national average of **17 percent**.<sup>9,10</sup>
4. About **56,000 children** aged 6 years and under in Baltimore City are at risk for lead poisoning.<sup>11</sup>

## Life Course & Core Services



1. **11.5 percent** of babies born in the City are low birthweight, compared to a national average of **8 percent**.<sup>12,13</sup>
2. **12,600 residents** in Baltimore are estimated to be living with HIV; while African Americans constitute 63 percent of the population, they account for **84 percent** of those living with HIV.<sup>14,15</sup>
3. **17 percent** of seniors in Baltimore City live below the poverty line, compared to the state average of **8 percent**.<sup>16</sup>



# Baltimore City Health Department History and Vision

Formed in 1793 in response to a yellow fever outbreak, the Baltimore City Health Department (BCHD) is the oldest continuously-operating health department in the country, with around 1,000 employees and an annual budget of \$126 million. BCHD's vision is an equitable, just, and well Baltimore where everyone has the opportunity to be healthy and to thrive. BCHD's wide-ranging responsibilities include maternal and child health, youth wellness, school health, senior services, animal control, restaurant inspections, violence prevention, emergency preparedness, STI/HIV treatment, and acute and chronic disease prevention. For over a century, BCHD's mission has been to protect health, eliminate disparities, and ensure the well-being of every resident of Baltimore through education, advocacy, and direct service delivery.

## *Catalyzing National Change*

Several factors distinguish BCHD as a recognized national leader in public health innovation:

- 1. Adopting unconventional approaches to health.** As outlined above, Baltimore City faces stark health disparities, fueled by systemic social, economic, and environmental factors that create an imperative to adopt unconventional approaches to health. As a result, BCHD has pioneered approaches such as needle-exchange programs and advocating for warning labels on sodas often years or even decades before other cities. Baltimore is grounded in progressive public health principles that provide us with both the political will and community support to test and implement the interventions needed to truly move the needle for our most vulnerable.
- 2. Ability to build effective coalitions.** In 2009, BCHD developed a city-wide public-private partnership of over 150 community partners, B'More for Healthy Babies, which has brought Baltimore's infant mortality rate to its lowest point in history. In just five years, B'More for Healthy Babies has closed the racial disparity in infant deaths by 40 percent, decreased the teen birth rate by more than one-third, and cut sleep-related infant deaths in half. Across Baltimore City, BCHD is looked to as a neutral but powerful convener of hospitals, businesses, faith leaders, and neighborhood groups in citywide initiatives to promote health, whether in enabling food access via virtual supermarkets and healthy corner stores or launching a city-wide wellness initiative.
- 3. Distinct structure.** As the local health authority, BCHD provides traditional services such as animal control and disease prevention, however 80 percent of the agency's \$130 million budget is grant-funded, allowing for nimble action and out-of-the-box planning. This structure enables BCHD to both push for policy and systems change at the local, state and national levels, as well as immediately translate those policies into service delivery and education. Examples of successful campaigns over the last year include childhood vaccinations (now at

the highest nationally); bans on powdered alcohol and on synthetic drugs; and one of the most ambitious overdose prevention programs in the country that has been featured by the U.S. Senate and House of Representatives as well as by President Obama and the White House.

## 2016-2017 Accomplishments



**23,000**

Residents trained to use the life-saving opioid overdose antidote naloxone since January 2015.

**692**

Conflicts mediated by Safe Streets, 77% of which were deemed likely or very likely to result in gun violence



**\$22 MIL**

In new funding for HIV prevention and treatment specifically for African-American men who have sex with men.

**39%**

Decrease in teen birth rate thanks to B'more for Healthy Babies from 2009-2015.<sup>1</sup>

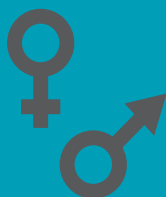


**10**

Corner stores made healthy by our Baltimarket Program.

**264,025**

Emergency meals distributed to seniors.



**\$8.5 MIL**

Federal grant dollars secured to provide school-based reproductive health education.

**1,000+**

Calls per week served through the new 24/7 hotline for addiction and mental health.



**298,970**

Student visits in School Health Suites in 2015.

**1,200**

City employees trained in trauma informed care.



## 2. OVERVIEW

### Developmental Timeline of Healthy Baltimore 2020

#### *Community Listening Tour: January 2015-January 2016*

Over the course of 12 months, Commissioner Wen and members of the BCHD senior leadership team conducted a comprehensive community listening tour, meeting with representatives of healthcare institutions, community partners, faith-based institutions, local businesses, universities and many others. These conversations drove initial priorities for Year 1 of the administration and helped to lay the groundwork for subsequent Healthy Baltimore 2020 conversations.

#### *BCHD Staff and Leadership Input: February-March 2016*

Next, BCHD staff and their community partners provided input on key issue areas and priorities, based off of the department's existing programming, services, and advocacy and lessons learned during the community listening tour. Internal workgroups proposed priority areas based on their ongoing community conversations as well as agency data, provided by BCHD epidemiologists with specific content expertise.

#### *Community Engagement and Key Stakeholder Convenings: April-July 2016*

Following this internal phase, the framework below was developed and tested with several key stakeholders. Forums for community input included focus groups with local health professionals, several community town halls throughout the city, an open website for public comment, and convenings of the Local Health Improvement Council as well as other hospitals, businesses, foundations, and more.

#### *Setting Goals: August-November 2016*

Finally, we presented the Healthy Baltimore framework to the community and began to work with our partners to develop the goals and metrics for the plan. These conversations led to the development of this document.

#### *Setting Goals: November 2016-Present*

On a monthly basis, BCHD has hosted and will continue to host HB 2020 Community Conversations that will conduct deep dives into specific areas of the strategic plan. These events are open to the public and will continue to solicit community feedback on health priorities for the city.

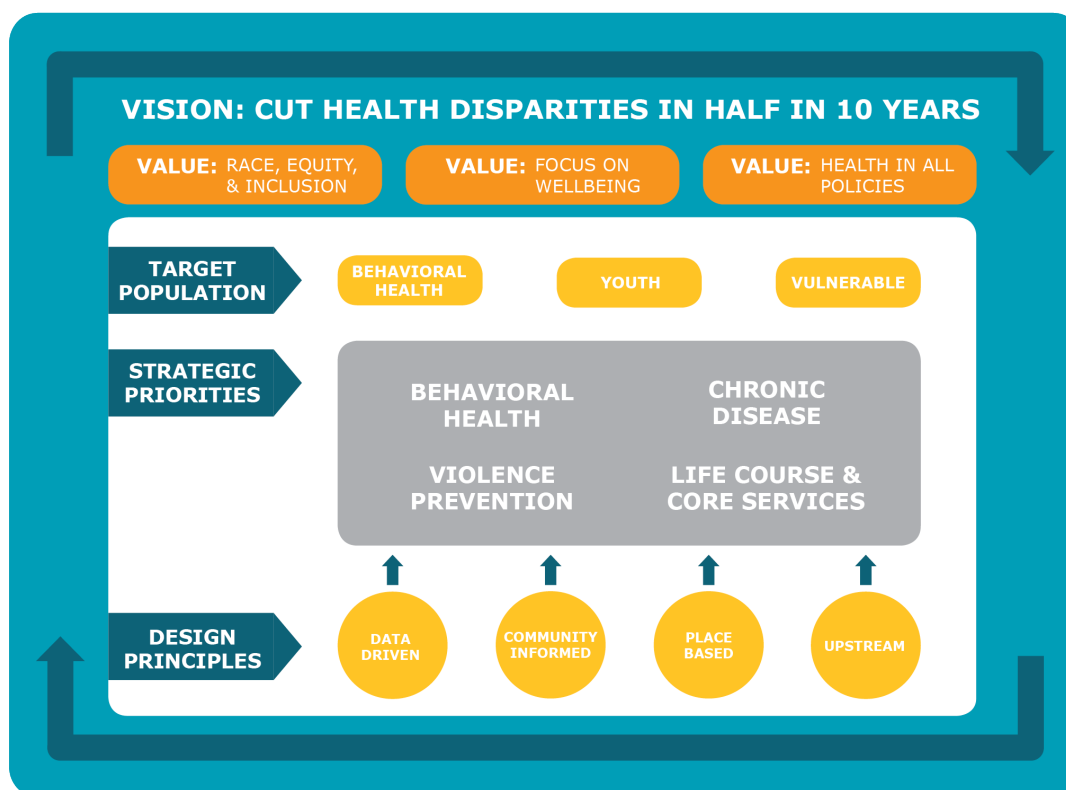
### *Vision:*

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

### *Values:*

- **Race, Equity and Inclusion:** It is impossible to talk about health in Baltimore without addressing the significant disparities that exist because of structural discrimination, racism, poverty, and historical practices of exclusion. As a result, every aspect of the work we do at BCHD—programs, services, advocacy—is rooted in combatting health inequity and ensuring that all residents of our city have the right to a healthy, robust life. We commit to applying this lens to our own actions as public health workers and to not shy away from difficult conversations that may arise.
- **Focus on Well-Being:** As a local health department, we do not merely treat the symptoms of poor health – we also address the barriers to overall well-being. In Baltimore, this specifically means applying a trauma-informed approach to all that we do, recognizing the cyclical, generational nature of trauma and its impact on both physical and mental health. We cannot provide effective services without acknowledging the role that trauma plays across the life course, and look forward to working with our community partners to promote healing and awareness.
- **Health-in-All-Policies:** We view health as foundational to every issue – unhealthy children cannot learn in school, and unhealthy adults cannot be a productive part of the workforce. As we examine critical issues across the City – the economy, public safety, education— we believe that health should be addressed as a critical driver of each and therefore a key voice at the decision-making table. As a result, our work does not stop at the health department – and we look forward to working together with partners from multiple sectors to realize our vision.





In addition to our organizational vision and values, the graphic above reflects the key design principles and target populations that drove the development of the Healthy Baltimore 2020 framework. These **design principles** include:

- **Data-Driven:** We utilize data and implement evidence-based models. To ensure long-term health impact, we must base our priorities on public health data as well as proven best practices. From B'More for Healthy Babies to our HIV/STD programs, we utilize existing data to drive decision-making and further refine input from our various stakeholders.
- **Community-Informed:** We engage the community in setting goals. Our long-term goals are based on scientific best practices, but our short-term metrics are developed and shaped by the community. We adopt a robust community engagement approach to all of our work, partnering with neighborhood associations, faith-based organizations, and vital stakeholders to ensure that the work we do is informed by –and responsive to– the needs of Baltimore's citizens.
- **Place-Based:** We go to where people are. We believe that services and public health information should be delivered directly to community members. BCHD delivers health services in schools to ensure children don't miss class, deploys home-visiting services to ensure residents receive critical maternal and child health care, and sends Safe Streets outreach workers into the neighborhoods where conflicts occur in our community.

- **Focus on “Upstream” Interventions:** We go “upstream” and tackle the root causes of poor health. Public health is a powerful social justice tool and we embrace every opportunity to level the playing field of inequality as early as possible. We know that health impacts every issue, from education to crime to unemployment – if our youth and adults are not healthy, they cannot learn or work productively. By investing in public health, we can ensure that Baltimore reaches its maximum potential.

Furthermore, building upon BCHD’s work with **target populations**, we have ensured that Healthy Baltimore 2020 is especially responsive to the needs of the following populations:

- **Youth:** The future of our city rests with our youth. It is imperative that we do everything we can early on to ensure that children are born healthy, ready for school, and that we continue to foster their physical and mental health. Our Youth Health and Wellness Strategy builds upon the work of successful initiatives such as B’More for Healthy Babies to ensure that this essential population is at the core of our work as an agency.
- **Behavioral Health Patients:** Substance abuse and mental health are high priorities within Baltimore City, and across all sectors: public safety, homelessness, economic development. We know that vulnerable patients often present with behavioral health issues as well, and so we must address this component of their life to ensure that they can truly be healthy.
- **Most Vulnerable:** While nearly all of the services we provide within the city are safety net services and impact vulnerable populations, we are also cognizant that there are subpopulations within those groups that may be at even higher risk. For example, within our HIV+ patient community, men who have sex with men or transgender populations face even greater risk of disconnection and barriers to care. As such, we have launched a significant campaign to reach these populations and provide them with the access they need.

### *Ongoing Learning*

Tackling health disparities is a dynamic process, and BCHD is committed to active learning and ongoing evolution of the Healthy Baltimore strategy. In keeping with our commitment to race, equity, and inclusion, we will host regular Healthy Baltimore 2020 Community Conversations, open to the public, to ensure that community needs inform the work that we do.

Each of these Community Conversations will explore different components of the strategy and –in keeping with our value of race, equity, and inclusion- serve as a safe space to discuss discriminatory practices and systemic barriers to health. We will work with our community partners to continuously identify and address new priorities as they arise, as well as incorporate best practices and quality improvement into our existing programs and services.

## 3. STRATEGIC FRAMEWORK

### Healthy Baltimore 2020: Equity Objectives

#### *Behavioral Health*



- Reduce disparity between rate of black and white overdose death.
- Reduce disparity in rate of drug, alcohol, and mental health ED visits by ZIP code.
- Reduce disparity in black and white children with unmet medical needs.

#### *Violence Prevention*



- Decrease total number of youth homicides.
- Reduce disparity between rate of black vs. white child fatality.
- Reduce disparity in percent of children who have access to vision care as compared between top-performing quartile and bottom-performing quartile of schools.
- Reduce disparity in absenteeism rates between black and white students.

#### *Chronic Disease*



- Reduce the disparity between percent of black and white youth/adults/pregnant women who smoke cigarettes.
- Reduce the disparity between percent of black and white residents who are obese.
- Reduce the disparity between rate of black and white elevated blood-lead levels among children who are tested for lead.
- Reduce the disparity between percent of black and white seniors/children living in a food desert.
- Reduce the disparity in the mortality rate for cardiovascular disease between black and white.

#### *Life Course & Core Services*



- Reduce the gap between black and white infant mortality rate.
- Reduce the incidence rate of new HIV cases amongst highly vulnerable populations (e.g., LGBTQ community; youth; black).
- Reduce the gap between rate of fatal falls for black vs. white elderly adults.
- Reduce disparity between white vs. non-white teen birth rates.
- Reduce disparity between black and white life expectancy and between CSAs.

## Strategic Priority 1: Behavioral Health

### *Equity Objectives*

To comprehensively tackle behavioral health issues in Baltimore City, we will pursue the following equity objectives:

- Close the gap in overdose deaths between Baltimore and the rest of Maryland by 10 percent.
- Close the gap, by ZIP code, in substance use-related emergency room visits by 10 percent.
- Close the male-female gap in students reporting periods of feeling sad/hopeless by 20 percent.

### *Activities*

**Our program priorities consist of the following:**

- Save lives and reduce overdose incidence.
- Increase access to behavioral health services as well as emergency room diversion and wraparound supports for behavioral health patients.
- Move upstream to address root causes of behavioral health, including trauma.

**Select activities include:**

- Expand 'Dontdie' overdose campaign to raise awareness and combat stigma
- Increase access to Naloxone for all city residents.
- Increase on-demand treatment capacity, including slots for buprenorphine.
- Launch stabilization center as diversion model from emergency department.
- Develop city-wide trauma initiative that addresses trauma training for city residents, front-line workers, and educators as well as community-based trauma tools such as trauma interrupters and art therapy programs.

### *Process Metrics*

- Number of residents trained in naloxone use.
- Number of patients served via stabilization center.
- Number youth reached via city-wide trauma initiative.



## Strategic Priority 2: Violence Prevention

### *Equity Objectives*

To comprehensively tackle youth violence prevention issues in Baltimore City, we will pursue the following equity objectives:

- Close the gap in youth homicides between Baltimore and the rest of Maryland by 15 percent.
- Close the Black-White gap in child deaths by 20 percent.
- Close the Black-White gap in chronic high school absences by 20 percent.
- Increase eye care services access to elementary school students by 10 percent.

### *Activities*

**Our program priorities consist of the following:**

1. Sustain and scale Safe Streets.
2. Leverage healthcare system to address violence.
3. Move upstream to address root causes of violence.

**Select activities include:**

- Sustain and launch additional Safe Streets sites.
- Launch hospital-based violence interruption program, building upon Safe Streets design and infrastructure.
- Launch Vision for Baltimore initiative to provide mobile vision screenings and glasses to Baltimore City Public School students.

### *Process Metrics*

- Number of Safe Streets Mediations.
- Number of patients receiving hospital-based interruption services.
- Number of students receiving vision care in schools.

## Strategic Priority 3: Chronic Disease Prevention

### *Equity Objectives*

To comprehensively tackle chronic disease prevention issues in Baltimore City, we will pursue the following equity objectives:

- Close the Black-White gap in current adult smoking by 15 percent.
- Close the Black-White gap in adult obesity by 15 percent.
- Close the Black-White gap in cardiovascular disease deaths by 15 percent.
- Close the gap in food insecurity between Baltimore and the rest of Maryland by 10 percent.
- Close the gap in child lead poisoning between Baltimore and the rest of Maryland by 30 percent.

### *Goals*

To comprehensively tackle chronic disease in Baltimore City we will pursue the following goals:

- Move upstream to address root causes of chronic disease.
- Expand the capacity of school-based health clinics.
- Increase chronic disease awareness and enable health behavior change.

### *Activities*

#### **Select activities include:**

- Launch city-wide wellness campaign to promote physical fitness, nutrition, and other healthy behaviors.
- Implement telemedicine pilot in city schools to increase clinical and behavioral health services available to students.
- Launch and expand multimedia public health education campaigns regarding sodium, tobacco cessation, and other issues that impact individual/public health.

### *Process Metrics*

- Number of people enrolled in city-wide wellness initiative.
- Number of students reached through telemedicine program.
- Number of people reached through BCHD educational campaigns.
- Number of people reached through BCHD food access programs.
- Number of people reached through BCHD lead prevention activities.
- Number of people reached through BCHD smoking cessation programs.

## Strategic Priority 4: Life Course Approach and Core Services

### *Equity Objectives*

Across Baltimore City, there exists as much as a 20-year difference in life expectancy between neighborhoods. 12.3 percent of babies born in the City are low birthweight, compared to a national average of 6 percent. Furthermore, 18 percent of Baltimore City seniors live below the federal poverty line compared to 7.6 percent of seniors in Maryland.

- Close the Black-White gap in infant mortality by 10 percent.
- Close the Black-White gap in teen births by 10 percent.
- Close the Black-White gap in life expectancy by 10 percent.
- Reduce the number of new HIV cases amongst vulnerable communities (e.g. LGBTQ) by 40 percent.
- Close the gap in fall-related deaths between Baltimore and the rest of Maryland by 10 percent.

### *Activities*

#### **Select activities include:**

- Sustain and scale B'More for Healthy Babies.
- Convene key stakeholders to develop and launch strategic plan for senior health and falls prevention.
- Develop patient-centered design for 1200 E. Fayette, including Wellness Center.
- Strengthen emergency preparedness infrastructure.

### *Process Metrics*

- Number of mothers and children served through B'more for Healthy Babies.
- Number of patients served through BCHD HIV/STD services such as PrEP.
- Number of patients served via BCHD Clinics.
- Number of people reached through emergency preparedness trainings.
- Number of seniors reached through BCHD aging programs.

## 4. MOVING FORWARD

### Implementing Strategic Priorities

This document is only the beginning of Healthy Baltimore 2020. To turn the goals here into reality, we commit to the following:

- 1. Sharing the plan citywide.** We do not want Healthy Baltimore 2020 to be a static strategic plan – a PDF stored on a website. The purpose of this document is to serve as a jumping off point for conversations across our communities regarding these priorities and what we can all do together to ensure the health of our residents. Specifically, we will continue to bring this content to community meetings, neighborhood events, organizational gatherings in order to share this plan and answer any questions.
- 2. Ensuring sustainability.** We are also committed to running programs with long-term staying power. To this end, we will (1) work with our local, state, and federal funders to develop comprehensive sustainability plans and identify diverse funding sources to fuel the work, and (2) coordinate with all incoming elected officials to ensure a smooth transition from this city administration to the next. Primary fundraising for this plan will take place in late 2016 and early 2017. BCHD will continue building relationships with newly elected officials and engage them in the implementation of Healthy Baltimore.
- 3. Launching and implementing this plan.** Building from the Healthy Baltimore 2020 roadmap, BCHD will continue to operate existing programs as well as launch new programs such as the city-wide trauma initiative and a hospital-based violence interrupters program. As we do so, we will work in concert with our healthcare and community partners to ensure that the programs are conducive to community need. Furthermore, we will continue to use our policy platform to advocate for legislative and regulatory shifts that supplement both BCHD's work as well as the work of our partners.
- 4. Convening stakeholders.** Finally, as this work gets underway, we will continue to serve in our capacity as a neutral convener, bringing together diverse groups that are working on the same challenges. We have launched our Local Health Improvement Council (LHIC), a state-mandated body led by BCHD that consists of hospital, federally qualified health center, business, faith, community-based groups and other partners, to serve as the primary advising body for the plan. The LHIC will also encompass multiple, topic-specific workgroups that pertain to the activities highlighted in this plan.
- 5. Community Conversations.** To uphold our value of race, equity, and inclusion, we will host regular Healthy Baltimore 2020 Community Conversations that are open to the public and will explore different aspects of the strategy. In addition to collecting community input and discussing how BCHD can partner with community

members to execute the activities contained in the plan, these forums will also serve as an opportunity to call out causes of health inequity and discuss as a community how we can actively break down barriers to high quality health for all city residents.

## 5. APPENDIX/CITATIONS

### PAGE 6

1. Maryland Vital Statistics Annual Report 2014. Baltimore, MD: Vital Statistics Administration, Department of Health and Mental Hygiene.
2. American Community Survey. Poverty Status in the Past 12 Months of Related Children under 18 Years by Family Type by Age of Related Children under 18 Years, 2010-2014 5-Year Estimates. American FactFinder. Baltimore City. [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_5YR\\_B17006&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_B17006&prodType=table). Accessed August 17, 2016.
3. American Community Survey. Income in the Past 12 Months (in 2014 Inflation-Adjusted Dollars), 2010-2014 5-Year Estimates. American FactFinder. Baltimore City. [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_5YR\\_S1901&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1901&prodType=table). Accessed August 17, 2016.

### PAGE 7

1. Centers for Disease Control and Prevention. Underlying Causes of Death (2014 data, grouped by county, for large central metropolitan areas, all demographics, weekdays, autopsy values, and places of death, using drug/alcohol induced causes of death, sorted by crude mortality rate). CDC Wonder. <http://wonder.cdc.gov/>. Accessed August 18, 2016.
2. Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2015. Baltimore, MD: Department of Health and Mental Hygiene; June 2016.
3. 2014 Youth Risk Behavior Survey Results: Maryland High School Survey, Baltimore City Summary Tables - Weighted Data. Baltimore, MD: Department of Health and Mental Hygiene.
4. 2013 Youth Risk Behavior Survey Results: Baltimore City MD High School Summary Tables - Weighted Data. Baltimore, MD: Department of Health and Mental Hygiene.
5. Baltimore Homicides (2015 data). The Baltimore Sun. [http://data.baltimoresun.com/news/police/homicides/index.php?show\\_results=UP&DATE+MAP&range=2015](http://data.baltimoresun.com/news/police/homicides/index.php?show_results=UP&DATE+MAP&range=2015). Accessed August 17, 2016.
6. Vital Signs Indicators: Life Expectancy (2014 Data). Baltimore Neighborhood Indicators Alliance. <http://bniajfi.org/indicators/Children%20and%20Family%20Health/LifeExp/>. Accessed August 17, 2016.

### PAGE 8

1. The NSDUH Report Metro Brief: Substance Use and Mental Disorders in the Baltimore-Towson MSA. Rockville, MD: Substance Abuse and Mental Health Services Administration; May 13, 2014.
2. Treating Substance Use Disorders in Baltimore: Responding to a Communitywide Challenge. Baltimore, MD: Behavioral Health System Baltimore; 2015.
3. Adverse Childhood Experiences among Baltimore & Maryland's Children. Baltimore, MD: Child and Adolescent Health Measurement Initiative, Data Resource Center; 2014.

4. Baltimore Homicides (2015 data). The Baltimore Sun. [http://data.baltimoresun.com/news/police/homicides/index.php?show\\_results=UPDATE+MAP&range=2015](http://data.baltimoresun.com/news/police/homicides/index.php?show_results=UPDATE+MAP&range=2015). Accessed August 17, 2016.
5. Preliminary Semiannual Uniform Crime Report, January-June, 2015: Table 4 - Offenses Reported to Law Enforcement, by State by City 100,000 and over in population. Federal Bureau of Investigations. [https://ucr.fbi.gov/crime-in-the-u.s/2015/preliminary-semiannual-uniform-crime-report-januaryjune-2015/tables/table-4/table\\_4\\_january\\_to\\_june\\_2015\\_offenses\\_reported\\_to\\_law\\_enforcement\\_by\\_state\\_by\\_city\\_100-000\\_and\\_over\\_in\\_population/view](https://ucr.fbi.gov/crime-in-the-u.s/2015/preliminary-semiannual-uniform-crime-report-januaryjune-2015/tables/table-4/table_4_january_to_june_2015_offenses_reported_to_law_enforcement_by_state_by_city_100-000_and_over_in_population/view). Accessed August 17, 2016.
6. Rector K. Deadliest year in Baltimore history ends with 344 homicides. The Baltimore Sun. <http://www.baltimoresun.com/news/maryland/baltimore-city/bs-md-ci-deadliest-year-20160101-story.html>. Published January 1, 2016. Accessed August 17, 2016.
7. 2014 Youth Risk Behavior Survey Results: Maryland High School Survey, Baltimore City and Maryland Summary Tables - Weighted Data. Baltimore, MD: Department of Health and Mental Hygiene.
8. Query: Column = Asthma-Adult: Ever been told by a doctor or other health professional that you had asthma?, Row = Demographics: County, All Maryland Counties, Years Requested: 2014. Maryland Behavioral Risk Factor Surveillance System. <http://www.marylandbrfss.org/>. Accessed August 17, 2016.
9. Query: Column = Tobacco: Current Smoker (smoked at least 100 cigarettes in their lifetime and currently smoke), Row = Demographics: County, All Maryland Counties, Years Requested: 2014. Maryland Behavioral Risk Factor Surveillance System. <http://www.marylandbrfss.org/>. Accessed August 17, 2016.
10. Trends in Current Cigarette Smoking Among High School Students and Adults, United States, 1965–2014. Centers for Disease Control and Prevention. [http://www.cdc.gov/tobacco/data\\_statistics/tables/trends/cig\\_smoking/](http://www.cdc.gov/tobacco/data_statistics/tables/trends/cig_smoking/). Accessed August 17, 2016.
11. Population size of children in Baltimore City aged 6 years and younger in 2010. U.S. Census Bureau, 2010 Census, Summary File 1, Table PCT12. American FactFinder. Baltimore City. [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC\\_10\\_SF1\\_QTP2&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP2&prodType=table). Accessed August 18, 2016.
12. Jurisdictional Data: Baltimore City Births, 2014. Baltimore, MD: Vital Statistics Administration, Department of Health and Mental Hygiene.
13. National Center for Health Statistics. FastStats – Birthweight. Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/fastats/birthweight.htm>. Accessed August 17, 2016.
14. Baltimore City Annual HIV Epidemiological Profile 2013. Baltimore, MD: Center for HIV Surveillance, Epidemiology and Evaluation, Department of Health and Mental Hygiene; 2015.
15. American Community Survey. ACS Demographic and Housing Estimates, 2010–2014 5-Year Estimates. American FactFinder. Baltimore City. [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_5YR\\_DP05&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP05&prodType=table). Accessed August 17, 2016.
16. American Community Survey. Selected Economic Characteristics, 2010–2014 5-Year Estimates. American FactFinder. Baltimore City.

[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_5YR\\_DP03&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table). Accessed August 17, 2016.

**PAGE 10**

1. Baltimore City Health Department percent change calculation of teen birth rates for mothers aged 15-19 years old. Maryland Vital Statistics Annual Reports from 2009 and 2014. Baltimore, MD: Vital Statistics Administration, Department of Health and Mental Hygiene.



**OF ALL THE FORMS OF  
INEQUALITY, INJUSTICE IN  
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*-Dr. Martin Luther King Jr.*

Help us fight inequality and injustice today.

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