



City of Baltimore

Legislative File Number 10-0212R (version 0)

* WARNING: THIS IS AN UNOFFICIAL, INTRODUCTORY COPY OF THE BILL. THE OFFICIAL COPY CONSIDERED BY THE CITY COUNCIL IS THE FIRST READER COPY.

INTRODUCTORY*

CITY OF BALTIMORE
COUNCIL BILL R
(Resolution)

Introduced by: Councilmember Middleton

A RESOLUTION ENTITLED

A COUNCIL RESOLUTION concerning
..title

Informational Hearing - 2010 Health Disparities Report Card

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

..body

Recitals

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

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

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

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

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

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

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

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

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

AND BE IT FURTHER RESOLVED, That a copy of this Resolution be sent to the Mayor, the Interim Health Commissioner, the Food Policy Director, the Director of Recreation and Parks, the

Board of Directors and Members of Casa de Maryland, the Board of Directors and Members of Park Heights Renaissance, Inc., and the Mayor's Legislative Liaison to the City Council.

dlr 10-2043~intro/03Jun10
ccres/Healthdisparitynf

dlr 10-2043~intro/03Jun10
??2??
ccres/Healthdisparitynf