

Mayor Sheila Dixon

The Health of Baltimore: Challenges and Opportunities

**Johns Hopkins Bloomberg School of Public Health
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Thank you all for the opportunity to come to the Bloomberg School of Public Health today. We are proud in Baltimore of having the world's most productive and respected public health school in our city.

I offer special thanks to the school for sponsoring Baltimore week and to Dean Michael Klag for his partnership and leadership.

As Mayor, I have called for a Cleaner, Greener, Healthier, and Safer Baltimore. Last year, I adopted the National League of Cities' Family Strengthening platform.

Health is at the core of my vision for Baltimore. Individuals and families must be healthy – physically and spiritually – to take advantage of the opportunities around them.

Today, I will discuss our goals and plans for a Healthy Baltimore. I will also challenge the great people and institutions of Baltimore to come together to make unprecedented progress on health.

Let me start with some hard facts.

The average city resident dies six years earlier than the average resident of the state of Maryland.

Six years is a long time. It means a grandmother losing her chance to see her grandchildren grow up ... It means a young person having to make his way in the world without the advice and support of an older generation.

Each year, about nineteen hundred more city residents die than would die if our death rate were the same as the rate of the state of Maryland.

That's about five more people dying every day in the city.

More than 500 are falling before their time to cardiovascular disease -- heart disease, diabetes, and stroke. Another three hundred to cancer. Others to homicide, HIV, and drug overdose.

Among the nineteen hundred excess deaths are 30 babies who die needlessly before the age of 1.

Each of these babies has a grieving mother and a father. Each death is a lost opportunity for our city.

Because about two-thirds of our city residents are African-American, these extra deaths reflect deep health disparities in our country.

At the same time, the death rate for whites in Baltimore is also higher than state and national averages.

Poor health affects every corner, every family, every business of the city, either directly or indirectly. We are all in this together.

The causes of Baltimore's health problems are no mystery ... and include poverty, poor access to health care, drug addiction, smoking, obesity, teen pregnancy, sexually transmitted diseases, violence, unsafe housing, and unhealthy neighborhoods.

This list is daunting... but there are no short cuts to a Healthy Baltimore.

We must confront the causes of poor health directly.

If you don't believe it can be done, all I ask is that you open your eyes and look around.

Since 2000, our city has grown economically and we have expanded important neighborhood development and public health efforts.

At the same time, life expectancy in the city has increased by two and a half years -- a greater increase than the state of Maryland and the United States as a whole.

Rates of death from heart disease have decreased by 20%, deaths from cancer by 11%, deaths from stroke by 34% and deaths from diabetes by 23%.

Sixteen hundred fewer children are now identified with lead poisoning every year, and the teen pregnancy rate has declined by 31%.

Thanks in large part to increased availability of drug treatment, drug overdose deaths have declined by 16% in Baltimore since 2000, while they have increased by that same percent statewide.

The rate of new diagnoses of HIV has slowed 13%, while mortality from HIV/AIDS has dropped by 20%. And my administration's comprehensive approach to violence has led to a 30% reduction in the homicide rate this year.

And let's not forget one of our very first accomplishments last year – the passage of a city ordinance to make Baltimore smoke-free ... which quickly led Maryland to the same result.

Baltimore is becoming healthier each day. But nineteen hundred excess deaths each year is nineteen hundred too many.

The vision of a Healthy Baltimore is more than a modest improvement. A Healthy Baltimore means that every resident has the ability to make healthy choices for themselves and their families --- including safe places to live, work, exercise, and obtain health care.

To make historic progress, we must do things differently in city government ... and forge new partnerships with the neighborhoods, communities and institutions in our city.

To reduce violence, we must do more than treat the problem as a moral failure or a law enforcement challenge. We must embrace the public health approach of changing the behavior of reaching for a gun to settle a conflict.

For example, the city and private donors are now supporting 15 outreach workers in East Baltimore. Through the Safe Streets program, these brave men and women work on the street from 6 pm to 2 am to mediate disputes and help high-risk youth choose a better life.

To rethink HIV prevention, we are creating a comprehensive strategy that includes federal, state and local funding and involves prisons and schools. We must ensure that everyone in our city recognizes the urgency of protecting themselves from this epidemic – and has the skills and resources to do so.

To change our city's birth outcomes, we are developing a comprehensive plan for supporting women and men before, during and after a pregnancy. I recently attended a major forum on reproductive health in New York. There are no easy answers to decades of high infant mortality concentrated among African-Americans. But there are some hard questions about whether we are using the funding we have to support efforts that truly work. I look forward to leading a similar forum in Baltimore.

To make Baltimore a city of opportunity, we have begun to treat truancy as a public health crisis. The children who cannot graduate from school are many of the same children having their own babies or experiencing violence or contracting sexually transmitted diseases -- including HIV.

I respect the leadership of the School CEO Dr. Alonso, who personally reached out to high-risk kids to get them back into school. He is a terrific partner in health -- from his interest in mental health support for children ... to his recent hiring of a national leader in healthy foods for children.

To end homelessness in a decade, we are shifting our thinking and resources towards 24-hour emergency shelter coupled with permanent supportive housing. The

result is that far fewer people are sleeping on the streets already, and many are moving to their own apartments with strong supports.

To end lead poisoning, we are no longer waiting for children to be poisoned to identify dangerous apartments and homes. We also are comprehensively addressing hazards in the home and supporting families, as part of a family strengthening philosophy of outreach.

And to reduce excess deaths, unjust disparities in life expectancy and mortality, we are developing a comprehensive strategy to address the enormous burden of cardiovascular disease in the city.

To see this problem, just look around. It's much easier to find a cheap, single cigar than a single, cheap piece of fruit in many of our neighborhoods.

On every single one of these efforts, we need your help.

I will say it again: On every single one of these efforts, we need your help.

Baltimore's strength is in its people and institutions – including hospitals and public health organizations that are the envy of the world.

We must work together to move our city forward.

Next week, the Health Department is planning to release health status reports for each of 55 community areas in Baltimore. These reports were the product of six months of collaboration between the Department and a group of students and faculty at the Johns Hopkins Bloomberg School of Public Health. They represent the most comprehensive community health reports yet assembled.

And they will be used across the city to identify key needs and advocate for essential resources.

Will those involved in this effort please stand?

These students are not alone in putting data to work for the city. Dr. Daniel Webster is providing critical analysis of our violence prevention efforts. Dr. Maureen Black at the University of Maryland has helped us understand the hunger problem in the city. Dr. David Holtgrave is helping to guide our planning on HIV prevention. A team of experts at Hopkins is working with city officials to better understand how to improve access to fresh foods across Baltimore.

These collaborations are the tip of the iceberg. All researchers working on the public health concerns of the city should ask themselves how they can play a part in moving the city forward.

Good research is essential but it is not enough. Those of you who do research must inform those of us who write policy and run programs. And your systems of review and promotion at their institutions should reward you for doing so.

So as I stand here in the world's top school of public health, I challenge this great institution to develop a plan that will routinely encourage faculty to collaborate with the city on projects that lead to progress ... and reward faculty for such work. In the next week, I will write academic leaders both here and across our city requesting such plans.

Our city's great hospitals also play a critical role in making our city healthy.

Last week, I received an update from Dr. Sharfstein that all 11 hospitals would like to help join the effort against violence in Baltimore.

Our hospitals already provide the best trauma care in the world. Our new goal is for hospitals to provide more trauma prevention than any other hospital system in the world.

This collaboration is just one of several important efforts in the city. All hospitals and many physicians are participating in the city's buprenorphine effort, which expands access to life-saving addiction therapy in medical offices. Johns Hopkins deserves special mention for its critical role and leadership in substance abuse treatment.

I also understand that Johns Hopkins Medicine is pursuing the idea of an East Baltimore health zone, through which all area residents would have access to care without having to show up in the emergency department. I will do everything to support such a plan ... which should serve as a model for the city. We need to make all of Baltimore a health zone.

There is so much that the city and our hospitals can do together. So I would like to challenge our hospitals to reach out to their local communities and the Health Department and invest in community health efforts that save lives.

Starting in 2009, I will ask the Health Department to post copies of the community benefit plans of city hospitals to the Department's website along with our assessment of each.

Our top priority is to stay healthy. But we also want to avoid unnecessary infections when we get sick.

Last year, research published in the Journal of the American Medical Association found very high rates of a bacteria known as MRSA in Baltimore. Experts at Hopkins were among the authors of this paper.

MRSA seems just like another abstract problem until you realize that our neighbors, parents, brothers, sisters, and children are at much greater risk of serious illness and death.

So I call on our medical and public health institutions to work with the city and support tough measures to prevent hospital-acquired infections.

To transform Baltimore, we each have a role to play. And that includes every one of the students here today.

My administration has a special place for young people – from our youth cabinet to our summer jobs program, which employed more than 6,000 youth this summer.

When I look at this school, I do not only see your distinguished leaders – but also I see so many of your inspiring and committed students. We need your help too.

I challenge each student here to both learn from and contribute to Baltimore. You can team up with the Health Department or a nonprofit agency in the city, tutor or mentor high school students, or involve local young people in your projects or research.

If you are thinking, how do I get started ... I have a great answer for you. I am pleased to announce that the School of Public Health is planning to open its doors wider than ever before.

The Urban Health Institute, in collaboration with the Health Department, is sponsoring the first-ever Reverse Research Day in February. There will be an opportunity for community organizations and government agencies to present what they do, what challenges they face, what questions they need answered ... and where they need help. The goal is to match up the needs of the city with the tremendous resources for public health across the city.

Our shared goal is to forge new partnerships and alliances to address the public health challenges facing Baltimore.

I especially thank the Urban Health Institute for its leadership in this effort.

Baltimore is America's greatest city. Together, we will make it America's healthiest city too.

Thank you very much.