

## Addressing Public Health: The Way Forward for Baltimore

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As the riots in Baltimore, Maryland have simmered down since the tragic death of an unarmed black man, the question remains: Will the loss of Freddie Gray spark a movement?

There is no question that police behavior and practices, everything from use of force to brutality to racial profiling, will undergo significant review in coming months. Whether the officers involved in the death of Freddie Gray are convicted or not does not in of itself change the highly punitive and oppressive power structure imbedded in Baltimore that leaves the majority of its residents feeling disempowered, disengaged and isolated. That is an ecosystem ripe for massive systematic failures and human capital waste.

Thus, the death of Freddie Gray raises broader questions about the systems in which too many people of color in Baltimore confront on a daily basis. These ecosystems, at best unhealthy and at worst fatal, do not fairly extend opportunity to all of its people.

Even before Gray died, it was clear that Baltimore could not pass a healthy living test for all of its citizens. Baltimore City, Maryland's poorest county, has a median household income of \$41,385 compared to a state median of about \$73,538. About 23.8% of people in Baltimore live below poverty level, compared to 9.8% statewide. Baltimore City's health outcomes are similarly worse when compared to the rest of the state. For example, Baltimore City's life expectancy is 71.8 compared to that of Maryland's (78.7), and the infant mortality rate in 2010 was 12.2 per 1000 live births, compared to a statewide proportion of 6.7/1000.

If we are painfully honest, Gray's death triggered a predictable response that unveiled a significant amount of racial tension, frustration and hostility. However, Baltimore needs more than just protestors; in others words, Baltimore needs more than a moment but a movement. A movement goes beyond a single incident and identifies the systematic problems and develops systematic solutions. Admittedly, building and sustaining a long-term movement is difficult work and requires reviewing data, asking questions and presenting systematic proposals, all with the goal of helping each resident, not just a few. Like too many other American cities, Baltimore needs universal components that will make it a healthy living and learning community for all of its citizens.

Though overlooked in all the debate on police behavior, public health is a vital component in empowering communities over the long haul. For too long, efforts to improve health across the nation have used the same basic strategy: addressing quality and costs. This approach, especially in low-income areas like Baltimore, is not responsive to local needs. It ignores the powerful evidence linking the need for socio-economic supports to community health. Thus, little attention has been directed toward improving health by leveraging the social, economic, and physical conditions that underlie and shape health, otherwise called social determinants of health (SDH).

Although the SDH have a long history within the medical profession and most in health care today understand that the SDH play an important role in shaping health over time, many feel that they lack the capacity, time, or staff support to address their communities' needs along these non-medical dimensions.

Community health centers (CHCs), however, do reach beyond clinical care to shape their patients' health along these dimensions. This type of health care provider organization serves low-income communities that suffer from significant disparities in housing, education, employment, and other factors. Furthermore, CHCs evolved out of the community-oriented primary care (COPC) movement, in which the responsibility of primary care providers extended beyond the illness being treated to include the patient's family dynamics and whatever community factors might be affecting the patient's health. In this sense, leveraging the SDH is "in the DNA" of CHCs. The efforts of Baltimore City CHCs to address the SDH can offer lessons for the broader Baltimore community as the city seeks to improve conditions and wellbeing of its low-income population through a variety of initiatives, including Healthy People 2020 and the adoption of emerging models of primary care.



These are issues that must be tackled now because being able to access health, education, government and law enforcement systems in a positive way are all necessary components of healthy living and learning communities. The way forward is through the efforts of community health centers, which can positively affect and address the underlying issues that plague Baltimore City. With that small step, Baltimore can be changed and a movement given life.

