

OCTOBER 21, 2016

UNIVERSITY OF MARYLAND, BALTIMORE



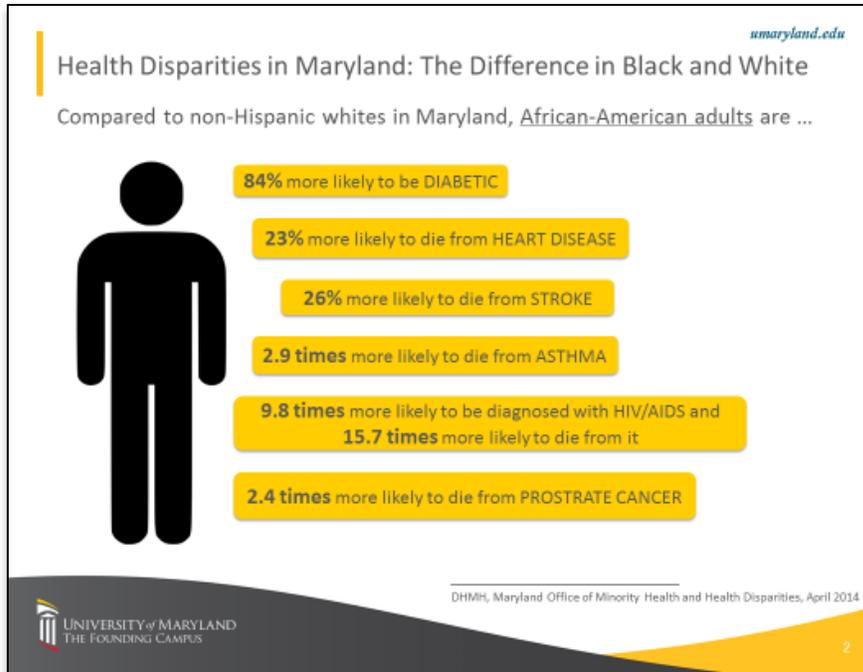
It's always an honor to host you here in Baltimore—in this city we care about so deeply. And I thank you for indulging me for a few minutes as I talk about one of the greatest challenges we face here in Baltimore—grave disparities in health that devastate our city's poorest communities.

I want to make a very specific and compelling case for being a highly civically engaged university.

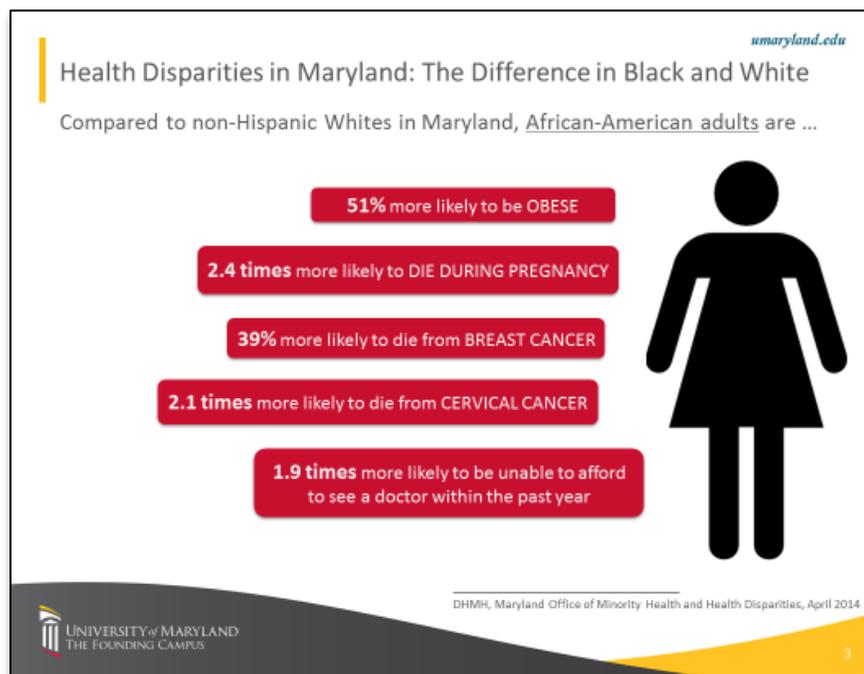
If you're poor and black in Baltimore, you're much more likely be sicker than the average Marylander, weaker than the average Marylander, and you'll probably die at a younger age.

Make no mistake: These disparities—this inequity—it's a public health crisis. And remediating this inequity is absolutely integral to UMB's tripartite mission of education, research, and service.

As Maryland's public health, law, and human services university—as an institution singularly committed to improving the human condition—we have an obligation to close these gaps in health, wellness, and justice that imperil our neighbors.

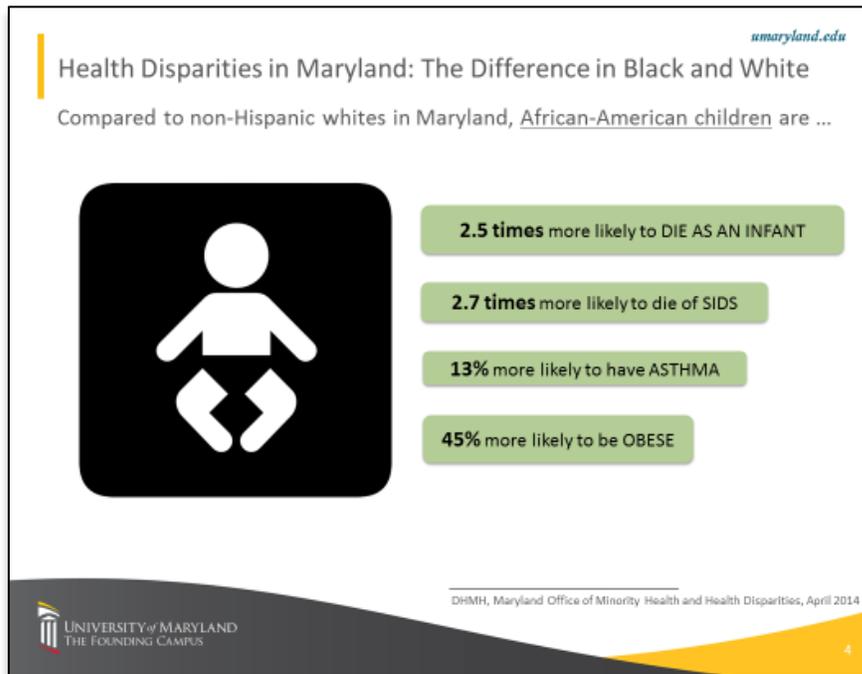


Just so you understand the scope and implications of these disparities, I'll share some statistics. In Maryland, African-Americans are 84% more likely than whites to be diabetic; about 25 percent more likely to die from heart disease or stroke; nearly 3 times more likely to die from asthma; 2½ times more likely to die from prostate cancer; nearly 10 times more likely to contract HIV/AIDS and 15 times more likely to die from it.



In Maryland, African American women are 2½ times more likely to die during pregnancy; twice as likely to die from cervical cancer; and 39 percent more likely to die from breast cancer.

And while the state's black residents are much more likely to be diagnosed with chronic diseases, they're less likely to be able to afford a potentially life-saving visit to the doctor.



The state's African American children don't fare any better. They're 2½ times as likely to die during infancy, 13 percent more likely to have asthma, and 45 percent more likely to be obese.

Again, these statistics are for African Americans statewide. When you look at Baltimore City, the landscape is even worse. Baltimore's mortality rate is 1.34 times that of Maryland as a whole.

And when you look at the city's lowest income earners [under \$15K a year] and its highest earners [over \$75K a year], you see persistent disparities in the rates of childhood asthma, mental health, and diabetes.

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Social Determinants of Health

Scientists have found that the conditions in which we live and work have an enormous impact on our health, long before we ever see a doctor.

It's time we expand the way we think about health to include how to keep it—not just how to get it back.

A New Way to Talk About
THE SOCIAL DETERMINANTS OF HEALTH



Robert Wood Johnson Foundation, 2010

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Certainly, some of these disparities are borne of differences in biology and behavior. But a lot of it has do with environment—the conditions in which people live, learn, work, and play—what we call the “social determinants of health.” These conditions have a HUGE effect on how well and how long we live.

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Social Determinants of Health

Many of the people we serve are denied those things we consider critical to basic well-being:

- Steady jobs and economic stability
- Personal and public safety
- Quality education
- Reliable housing and transportation
- Access to nutritious foods and exercise
- Robust social supports
- Adequate health care

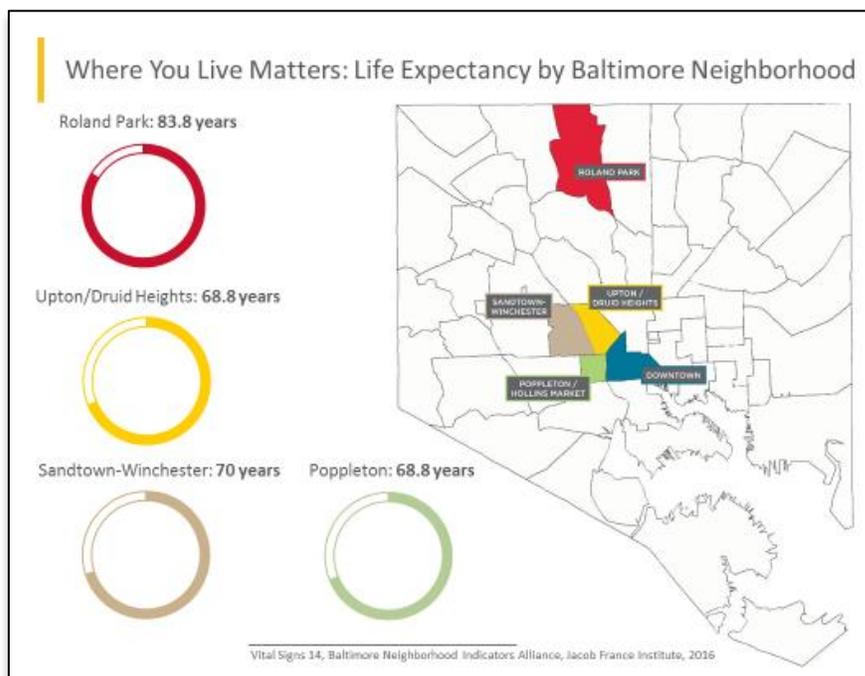


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Of course these conditions are often bleak—often deplorable—for many of our neighbors. Living in a home with no electricity, or with lead paint peeling off the walls—living in a neighborhood miles from the nearest grocery store, but with liquor and convenience stores littering the block—these conditions have everything to do with our health.

If children can't safely play outside, and their rec centers are being shuttered one by one, how likely is it that they'll get the exercise they need?

To truly thrive, populations need certain things: good jobs and economic stability; a sense of personal and public safety; high-quality schools; reliable housing and transportation; access to fresh food and exercise, to social supports, and to adequate health care.



I've highlighted a few neighborhoods of significance to UMB to show the correlation between wealth and health. Downtown—in blue—is UMB's home. Poppleton/Hollins Market—in green—is where we've opened our Community Engagement Center, which I'll talk about in a few minutes. Upton/Druid Heights—in yellow—is where we have a number of Community Schools that we run in partnership with the city. Sandtown-Winchester—in tan—is where Freddie Gray grew up and where he was arrested 18 months ago; he would later die at our Shock Trauma Center. And I'm using Roland Park—in red—as our comparator neighborhood.

The median household income in Roland Park is more than \$104,000 a year. And if you're a resident of Roland Park, you can expect to live to about 84 years old.

On the other hand, the median household income in Poppleton is \$17,000 a year. In Upton/Druid Heights, it's \$16,000. In Sandtown-Winchester, it's \$24,000.

And now look at life expectancy. Look at the correlation. If you make it to 70 years old in any of these neighborhoods, you're actually doing okay.

Baltimore City ran an analysis of premature deaths. By definition, that's any death under 75 years old. In their analysis, fully half of premature deaths citywide could be avoided if all Baltimore residents earned as much as the people who live in the city's six richest neighborhoods.

It's not okay when one's ZIP code is a better predictor of health than one's genetic code. It's not okay when race, class, and address so often constitute a death sentence.

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Shrinking Health Disparities in Baltimore

1. Prepare a local health care workforce.
2. Improve the conditions that contribute to inequity.

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We have to level this playing field.

Last night at dinner, I talked to you about one of the ways UMB is working toward this goal: Preparing students from our own neighborhoods to pursue careers in the health sciences, and thereby close the intolerable gaps we see in health care access, delivery, and outcomes.



I introduced you to our CURE Scholars, who are growing excited about school, about college and careers, and about ultimately serving in their own communities—serving the people, the neighbors, who need them the most.

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Building a More Equitable Baltimore

Improve the conditions that contribute to inequity

“There are two Baltimores. There are clearly two Baltimores.”
 — U.S. Rep. Elijah Cummings
 Sept. 27, 2015

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But today I want to focus on solution #2: Improving the conditions in Baltimore that contribute to health inequities—that is, improving the social determinants of health.

Without question, this is a huge undertaking, though it's not necessarily new. Direct service to our community—in neighborhoods, homes, hospitals, schools, clinics, and courtrooms—is how UMB operationalizes its mission: how we train our students, how we conduct our research, how we deliver clinical care.

But what we were missing was a centralized community engagement strategy to coordinate the many projects we had underway. To avoid both fragmented and duplicative efforts, we needed program boundaries and geographic boundaries.

We had to make sure that everyone knew where everyone else was working—and what they were working on—not only to scaffold our activities and lay in resources where they'd have the biggest impact, but also to rigorously measure that impact.



We looked at where we already had a presence, a footprint—and where we wanted to deepen our efforts. We actually drew a map.

This is our geographic area of focus: North Avenue to the north, Howard Street to the east, Monroe Street to the west, and the stadiums to the south. So let's take a closer look inside these boundaries.

Reaching Into City Schools

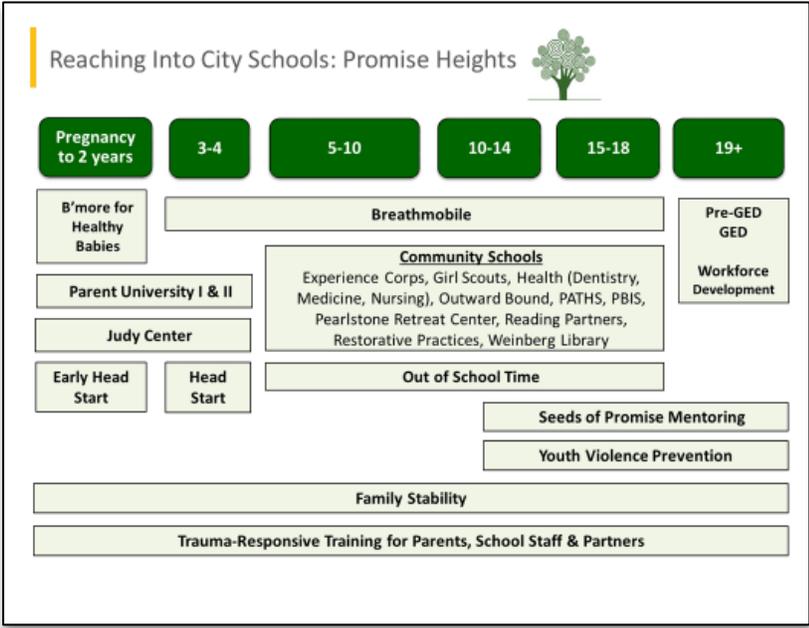
A community school is both a place and a set of partnerships between the school and community resources.

Its integrated focus on academics, health and social services, youth and community development, and community engagement leads to improved student learning, stronger families, and healthier communities.

— Coalition for Community Schools

Our School of Social Work is the lead partner agency in a dozen community schools across the city. Community schools coordinate a network of partnerships and services that help stabilize and strengthen families and support children to succeed.

In a bid for critical mass, five of our community schools are located in one neighborhood, which I introduced you to earlier—Upton/Druid Heights. All five schools in Upton/Druid Heights—three elementary schools, one middle, and one high—have a licensed social worker in the school full time.



This is what the continuum of services looks like in Upton/Druid Heights—what we call a “Promise Heights neighborhood.” You can see we take the term “cradle-to-career” seriously.

We’ve engaged 55 partners in these schools. With the city health department and the Family League of Baltimore, we knock on neighborhood doors to find pregnant women needing prenatal care. We offer parenting classes to acclimate new moms and dads to the challenges—and joys—of parenthood.

The Breathmobile, run by our children’s hospital, stops by to treat the many schoolchildren—too many—suffering from asthma. With the United Way, we work to reduce the high mobility rate among poor families—often running interference with landlords threatening eviction. Congregants of a nearby church tutor the children in reading.

Our nursing school organizes parties that bring parents and children together to learn about healthy habits. Our medical school immunizes children—and our dental school provides oral health care. Our law school helps residents with small claims and expungement. Our social workers help children and teenagers process the trauma they experience every day—and ultimately break the cycle of violence.

Here’s one outcome: Half-a-dozen years ago, Upton/Druid Heights had one of the city’s highest infant mortality rates—18.3 infant deaths per 1,000 live births. So with our partners, we began intensive programming for expectant and new parents—prenatal and neonatal counseling, parenting classes.

And among the families participating in the program—several hundred families—there have been ZERO infant deaths over the last six years.

Here’s another outcome. Renaissance Academy is our high school in Promise Heights. Renaissance had a tough year last year. In three months, three of its students were killed—one shot in an apartment building; one shot on a street corner, and one stabbed while he sat in biology class. Our grief counselors were on call 24/7. The students’ mentors—always protective—were again navigating the minefield of violence and tragedy.

And the trio of deaths made headlines as far away as DC. But so did this: Months after this enormous loss, Renaissance Academy saw its highest graduation rate since 2010. Of the four-year high school cohort, 82 percent earned a diploma.

This resilience and strength—this is why we do what we do.



Of course, not all of our programming takes place in schools.

Some of it is in the neighborhoods close to campus—where we’re working to be a vital, daily presence in people’s lives and, frankly, where we should’ve been all along.

Last fall, we opened our Community Engagement Center in West Baltimore—in Poppleton—just across Martin Luther King Jr. Blvd. If you know Baltimore at all, you know that crossing MLK is a big deal. The street has long been a dividing line in this city—a barrier: Wealth on one side; poverty on the other. Opportunity on one side; neglect on the other. Neighborhoods immediately west of UMB are among the city’s poorest performing in terms of health, education, and economic outcomes.

And so, in the center, we offer programs that can improve these outcomes. Perhaps not surprisingly, they’re the same programs that neighbors tell us are most important to them.



Nursing students run a fitness program for neighborhood seniors, and medical students teach healthy living courses. Our law school offers residents free legal help. A weekly market provides fresh food at prices that our neighbors can actually afford. Financial counselors help residents navigate budgets and credit—and start on a path to homeownership.

Every week, our HR Department goes to the center to help residents with résumés, and applications, and interviews. We link them to nonprofits that provide GED preparation. Our partners provide job training and help them get the certifications they need for stable, good-paying careers. And then we promise our neighbors that if they work with us—and if they're qualified for a UMB job—we'll guarantee them an interview at the University.

Since we made this commitment six months ago, half-a-dozen community members have gotten jobs at UMB or at the University of Maryland Medical Center. Another 20-some residents are in a job training program right now. But for every neighbor who's landed a job or is being trained for one, we have at least two who have such significant barriers to employment that we struggle to find them placements.

I can't emphasize enough that impact doesn't happen overnight. It is slow, challenging, sometimes agonizing work.

But long before we have deep and reliable data on health indicators, or test scores, or jobs, or incomes, we have this: In less than a year, 2,200 neighbors have visited the Community Engagement Center; 2,200 residents have trusted us enough to begin building this relationship. And that's what we call "a start."



UMB is obligated by its mission to advance the health, well-being, and just treatment of Maryland’s citizens. And that obligation is felt no more deeply than when we work on behalf of Baltimore’s most impoverished and most isolated residents.

I look forward to updating you—in time—on the outcomes we achieve. Thank you.

