RWJF Culture of Health Community Portrait

Baltimore, Maryland
ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for Baltimore, Md, and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Baltimore, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, faith-based, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 11 unique respondents were interviewed during fall 2017 for this report. All interviews (lasting 30–75 minutes each) were conducted using semi-structured interview guides, tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants’ responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a “respondent.”

Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey, Behavioral Risk Factor Surveillance System, and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of reports for this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports also will be posted on rwjf.org/cultureofhealth.
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Introduction

In our snapshot report of Baltimore, we described a city grappling with the chronic residual effects of racial inequality and health outcome inequities and benefitting from sustained growth in its medical and educational sectors. This is a community in which an abundance of resources must be marshalled in collaborative, long-range strategies to combat the realities of poverty, violence, neglect, and joblessness within many distressed neighborhoods. In this report, we examine Baltimore’s efforts to improve population health and build a healthier and more equitable community using the Culture of Health Action Framework to interpret and organize key findings. The Framework prioritizes four broad Action Areas: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-Being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening Integration of Health Services and Systems), within which activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe how Baltimore’s residents and stakeholders are organizing around new and existing strategies to bring resources to address serious problems in underserved neighborhoods; build equitable opportunity through its anchor institution strategy; identify and treat community trauma; and narrow health outcome gaps between its most prosperous and vulnerable neighborhoods.
**STARK DEMOGRAPHIC/ECONOMIC DISPARITIES**

Baltimore presents a paradox of community health indicators. The city is home to powerful hospitals and health networks; state and local governments that are generally favorable to health initiatives; politically savvy activists; strong philanthropic foundations; and many residents motivated to improve their neighborhoods. Yet, the city continues to struggle with high rates of violence and drug abuse; blocks of abandoned buildings; neighborhoods of entrenched poverty; and inequities in health outcomes between its most affluent and distressed neighborhoods, some of which share borders. As one notable example, in the Federal Hill/Inner Harbor neighborhood, the median household income is $88,854; 17 percent of families live in poverty; and the unemployment rate stands at 5 percent. Less than three miles away, in Cherry Hill, the median household income is $22,659; more than half of families (57%) live in poverty; and the unemployment rate stands at 16 percent (2017 data).

With a population of 622,454 that is 62 percent black; 28 percent white, non-Hispanic; 5 percent Hispanic of any race; and 3 percent Asian, Baltimore has experienced heavy population loss since its peak of 950,000 in 1950. The black population, which held steady through most of the late 20th century, has declined in raw numbers annually since 1993, while the white population has increased in the 21st century. The contrast between the financial health of white and black populations in the city is stark: the median household income for black families is barely half that of whites, and the black unemployment rate is three times higher than that of white residents. Although these inequities and racial tensions have long been subject to local discussion, the Freddie Gray incident of 2015 brought them into nationwide conversation. Gray sustained mortal injuries in police custody, which led to criminal charges against six police officers (later dropped) and protests and riots throughout the city. A 2016 investigation of the Baltimore Police Department by the federal Department of Justice (DOJ) confirmed that officers routinely targeted black residents and violated their constitutional rights. Following DOJ’s report, Baltimore’s Police Department (which has been under state supervision since 1860) was subject to a 2017 consent decree between the city and DOJ. The decree includes a community oversight task force, which recommends amendments to police procedures and augments an effort to revise police procedures in Baltimore.

These events contributed to the perception of Baltimore as a city in which inequities—of health, environment, and even the law—are features of an entrenched system. The unrest and calls for action have motivated city leaders, institutions, and residents to seek new solutions to longstanding problems. The consent decree is perhaps the most salient example of the city’s recent attempts to re-establish accountability and trust between neighborhoods and police, curb civil rights abuses, and improve opportunity and living conditions for many of its residents, particularly in the black community.

In contrast to the controversy sparked by the Freddie Gray incident, the city’s economic indicators have improved in the 21st century. The port of Baltimore remains an important part of the local economy, but the economic base of the city—both in terms of well-paying job opportunities and tax revenue—has shifted from manufacturing and blue-collar industry to its robust education and health systems. The city has embraced these sectors as key to an economic growth strategy based on anchor institutions: large organizations with established roots and extensive real estate holdings that can improve the built environment and employment opportunities within neighborhoods where their assets are embedded. The city issued a 2014 anchor plan strategy and cited the top regional universities, including two historically black institutions, as key partners in the effort.

Some anchor institutions continue to reconcile a difficult history. This history includes Johns Hopkins University (JHU), which participated in forced relocation of black families during development projects and supported research projects that exploited local residents, most notably Henrietta Lacks, as subjects. Medical and research institutions are attempting to redefine their relationships to local communities by more directly providing expanded medical services and working with neighborhood groups and leaders to expand health care access, provide support to local business, and create lower-skilled jobs.

**THE CITY’S HOUSING AUTHORITY ESTIMATES THAT THERE ARE 16,000 VACANT BUILDINGS AND 14,000 VACANT LOTS IN BALTIMORE, WHICH CONTRIBUTE TO THE PROLIFERATION OF DRUGS AND GANG ACTIVITY AND EXACERBATE ENVIRONMENTAL HAZARDS, SUCH AS LEAD PAINT EXPOSURE AND FOOD SCARCITY.**

Anchor institutions also have been involved in Baltimore’s most ambitious neighborhood redevelopment plans, some of which have involved relocation and ongoing negotiation with resident groups. Although promising, these efforts remain works in progress. Meanwhile, many neighborhoods continue to suffer from neglect and aftereffects of the foreclosure crisis that followed the Great Recession of 2008–2009. The city’s housing authority estimates that there are 16,000 vacant buildings and 14,000 vacant lots in Baltimore, which contribute to the proliferation of drugs and gang activity and exacerbate environmental hazards, such as lead paint exposure and food scarcity.

The state’s expansion of Medicaid through the Affordable Care Act (ACA) benefited city health providers and expanded their reach within underserved populations. However, many residents continue to live with adverse health indicators, including elevated levels of drug overdoses; asthma rates; HIV rates; and extreme life expectancy differentials, particularly in the majority of black neighborhoods.

The combination of ongoing, severe health hazards and civic unrest has created what many interview respondents referred to as community trauma. Although the violence that followed the Freddie Gray incident was the most visible evidence of this phenomenon, its effects can be found daily in many neighborhoods, schools, and households. Baltimore has pursued various programs to combat high incidences of drug use and violent crime; the proliferation of dilapidated
buildings and vacant lots; and disparate health outcomes for white and black residents. However, the cumulative effect of so many poor indicators has left Baltimore’s residents, community organizations, city government, and health providers with immense challenges, which continue despite its abundant resources. Leaders and stakeholders in the city are tasked with creating new plans that address basic inequities in Baltimore life and make the city functional for the many who have been left behind.

VARIOUS ORGANIZATIONS, HEALTH SYSTEMS COLLABORATE
Baltimore’s capacity for promoting health and equity can be linked to engaged, resourceful community organizations and the institutional strength of its medical and educational anchors. City government has taken a proactive, equity-focused approach toward helping anchor institutions and their communities work together. Meanwhile, universities continue to pursue outreach with local residents that is based on collaboration rather than top-down intervention.

Collaboration in Baltimore is aided by important connecting organizations, which bring stakeholders and different streams of funding together around key health strategies. Groups such as Baltimore Connect and Family League of Baltimore help expand the scope of initiatives and “braid” funding available from federal, state, and local sources. Foundations such as Annie E. Casey have collaborated with the city and JHU* to pursue ambitious neighborhood revitalization projects. Some of these, most prominently East Baltimore Development Inc. (EBDI), consider improving conditions for low-income families in the targeted neighborhoods as part of their mandate.

Local organizations—such as No Boundaries Coalition, Mothers of Murdered Sons and Daughters, and churches—use their knowledge of local and state political networks to advocate for residents and influence legislation and city budgets. Initiatives such as B’More for Healthy Babies and Maryland Out of School Time (MOST) are redefining youth and community health by expanding their mandates and drawing attention and resources to corresponding, expanding goals for childhood wellness and readiness. For example, B’More for Healthy Babies began with the objective of reducing infant mortality rates in Baltimore. Although this is still the primary objective of the initiative, it now also supports wraparound care initiatives geared to keeping mothers in healthy environments from preconception to early parenthood. These efforts expand into prenatal care, parental support, and teen pregnancy prevention.

Federally Qualified Health Centers (FQHCs) and major health systems have reached a larger number of residents since the passage of the ACA and the state’s expansion of Medicaid. Concurrently, major health systems, such as Johns Hopkins Medicine and University of Maryland-Baltimore (UMB), are trying to improve community relations and create new dialogs that work toward increasing equity, economic opportunities, and access to health care. They also deliver a variety of benefits to the city at large: state-of-the-art care for residents of all income levels; quality educational opportunities; a strong basis for attracting talented medical and research professionals; and abundant resources for investing in and improving Baltimore neighborhoods.

The Baltimore City Health Department (BCHD) leads programs that focus on reducing youth violence and training members of nonprofit organizations and the police force in opioid overdose prevention.

The health department is advancing many programs that tackle persistent problems in the city’s poorest neighborhoods, including eradicating lead paint and preventing violence and opioid overdose. BCHD has educated thousands of Baltimoreans on the dangers of drug overdoses, and the city has made it easier for residents to acquire Naloxone, a medication that blocks the effects of opioids, over the counter. It also has trained thousands of responders, including EMS, police officers, and private citizens to administer the medication.

Several well-developed initiatives improve neighborhoods through cleanup, building reclamation, lead paint reduction, and reuse of vacant lots in the city, but the success of these efforts is localized rather than systematic. For instance, Baltimore’s Community Law Center led a successful, community-based legal action against owners of neglected houses, which resulted in more power to the communities through a legislative precedent. The city housing authority also operates a Vacant to Values initiative designed to make sale and rehabilitation of city properties more streamlined.

Frequent changes in political administrations and city administrative services have contributed to some of the city’s most persistent problems, particularly as they affect efforts to address equity and health issues, according to several respondents. However, some evidence suggests that city leaders are working to make Baltimore more equitable through guiding strategies for improving police–community relations, encouraging economic development, and addressing ongoing problems related to drugs and violent crime. Notably, these initiatives demonstrate a sustained focus on equity. The Baltimore City Anchor Plan divides the city into development sectors in which prominent anchor institutions can stimulate investment and collaborate with existing businesses (notably Under Armour, which provides approximately 5,000 jobs); city planners; and neighborhood-focused initiatives—such as the Baltimore Integration Partnership—in mutually beneficial ways. Job creation, investment funding, workforce development programs, and other progress indicators will be tracked regularly.

The federal consent decree remains an important tool for city administrators and citizens to influence police reform. The decree also places at the center of public discourse an increase in equity and community engagement. Members of the community oversight task force are required to review citizens’ complaint processes and determine that police department procedures comply with the decree’s recommendations—at the risk of facing hefty monetary penalties for noncompliance. Public meetings are scheduled to allow residents to comment directly to an official team that is monitoring police reform.
Developing a Culture of Health

Efforts to improve the health and well-being of all Baltimore residents are occurring in public, private, and community-level institutions. Organizations are adapting processes that redefine traditional approaches to individual and community health—notably improving the quality and reach of child health care and well-being; defining and treating community trauma; expanding economic opportunity through anchor institution engagement; monitoring police reform; and building cross-sector strategies for advancing health. Despite evidence of progress in these areas, advancement is incremental and hampered at times by turnover in city leadership. Stakeholders generally emphasized the need for a long-term approach to the most difficult challenges in their communities.

CREATIVE COMMUNITY ENGAGEMENT ADDRESSES RESIDENTS’ ACUTE NEEDS

Faced with ongoing problems related to health, violence, and drug addiction in some of Baltimore’s most distressed neighborhoods, many community-based organizations (CBOs) have taken on the role of first responders in crisis situations. In many cases, these groups focus on basic functions—such as voting, job searches, and available fresh food—as drivers of community health that need immediate attention. Some have adapted to the frequency of political changes by developing a complex understanding of the city’s power structure, while others have seized opportunities to connect residents and neighborhoods to new funding sources and services. These organizations can serve as loci for points of residents and foundations and other institutions that provide money and human resources. Many CBOs advance initiatives that have developed at the neighborhood level through community organizing; block-by-block canvassing; listening campaigns; and social media outreach.

“IT THINK WHAT WE’RE BEGINNING TO HEAR IN PARTS OF BALTIMORE IS THE ACCOUNTABILITY MESSAGE: WE ARE RESPONSIBLE. WHAT ARE WE, THE COMMUNITY, GOING TO DO?”

NONPROFIT SECTOR RESPONDENT

This approach to community engagement is in part a coping strategy. Although many foundations in the Baltimore area supply resources and fresh ideas, they are not as quick to respond to new problems. Also, a history of neglect and neighborhood crises, and lingering mistrust, have caused residents and organizations to accept that they must first help themselves. “I think what we’re beginning to hear in parts of Baltimore is the accountability message,” said one respondent from the nonprofit sector. “We are responsible. What are we, the community, going to do?”

The work of the No Boundaries Coalition illustrates how community-based organizing can highlight systemic problems while addressing immediate needs and issues. Formed in 2010, No Boundaries grew out of block parties organized in several neighborhoods to engage residents around issues of segregation and racism. Coalition staff canvassed residents through listening campaigns and door-to-door visits to determine which issues were primary concerns. Based on this feedback, the group initially focused on food insecurity—a particularly severe problem in certain downtown neighborhoods—some of which have been classified as food deserts (defined by the U.S. Department of Agriculture as a region without sufficient access to nutritious foods).^1^ The coalition has matured into an organization that also addresses youth issues; leads voting drives; provides free shuttles to voting locales in 11 precincts; and lobbies the city’s political system to defend neighborhood-based programs.

Although No Boundaries has established itself as a nonprofit organization and conducts fundraising, it depends on local foundations for much of its funding. It also has leveraged partnerships to seed its campaigns. The most notable example was an agreement with Whole Foods, which sold produce to the coalition at cost to help residents cut off from sources of fresh foods during the Freddie Gray riots and its related imposed curfews. No Boundaries has sustained this partnership to continue serving neighborhoods with few shopping options. The group has established relationships with local farms to increase the food supply in underserved neighborhoods.

“OUR YOUNG PEOPLE WERE KIND OF THE FIRST PEOPLE TO NOTICE THE CUTS [TO CITY AFTER-SCHOOL PROGRAMS] AND CALL THE MAYOR OUT ON IT.”

NONPROFIT SECTOR RESPONDENT

Faith-based organizations also have played important roles in creating partnerships that address immediate economic and civic needs. One prominent church in a historically black community focused on “the digital divide factor” that prevents residents from pursuing jobs, according to a respondent from the faith-based community. “To apply for many jobs, you need to do that online, but most people [in the community] don’t have online access.” The church partnered with Comcast to create a hotspot on church property and arrange for affordable internet access and discounted laptops. Congregations have led voter drives in neighborhoods of historically low turnout and encouraged residents to improve conditions through active political participation. In one high-profile example, a pastor from a church in the Sandtown neighborhood “lived on the roof of his church until 500 people from Sandtown voted” in the 2016 Maryland primary election, according to a respondent from the nonprofit sector.

The political unrest caused by the Freddie Gray incident and reports on police misconduct have motivated some organizations to mobilize their communities, and young people in particular, to speak out in defense of community resources. With help from a foundation grant, Build Baltimoreans United in Leadership Development partnered with

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^1^ For a definition of food desert, see http://nifodsystemmap.org/
No Boundaries to train young residents in community organizing and create an organizing platform, which was endorsed by all the leading candidates in the 2016 mayoral election. When the administration’s budget cuts threatened city after-school programs, the youth coalition led protests to have funding restored. “It was a big campaign, in partnership with other city-wide advocacy groups,” says one respondent from the nonprofit sector. “But our young people were kind of the first people to notice the cuts and call the mayor out on it.”

CBOs and community leaders lobbied for input on the 2017 consent decree between DOJ and the Baltimore Police Department as a means to highlight social justice’s importance to their communities. The decree includes a community oversight task force to provide residents with an established means to provide input on the decree’s implementation. Although DOJ created both the decree and the task force, lobbying from community groups and residents helped define the decree’s focus. “I think because the community was so involved and pushed so hard for it, it really gave the DOJ that cover to really push the city hard,” said one respondent from the nonprofit sector.

COLLECTIVE STRATEGIES SUPPORT HEALTHY YOUTH DEVELOPMENT
In contrast to the rapid-response mindset of many CBOs, Baltimore’s health-focused coalitions are pursuing long-term agendas that expand in scope over time. For instance, in March 2017, BCHD released Healthy Baltimore 2020, a strategic blueprint to combat the city’s most alarming health outcomes. The strategy, which is shared through community meetings and outreach efforts, describes the size, history, and complexity of the city’s problems and proposes long-range plans to address them. The department’s approach to coalition building, both in terms of creating awareness and executing initiatives, is essential to realizing observable improvements in health and well-being outcomes.

A wide variety of stakeholders collaborate on campaigns that focus on youth, education, and job preparation, and intermediaries connect organizations with similar goals and help them to deploy their assets effectively. In particular, many stakeholders are embracing a comprehensive model that considers early development, school resources, time outside of school, and preparation for adulthood as part of a single continuum. The economic realities that have created barriers to residents’ success are not likely to change quickly, but collaborative focus on youth and equity may produce new opportunities in the future.

Among the most prominent initiatives is B’More for Healthy Babies (B’More), launched in 2009 by the health department with the Family League of Baltimore and Healthcare Access Maryland. An early goal of the initiative was to reduce the city’s infant mortality rate, which was among the highest in the nation, and to lower incidences of crib death. But goals have expanded to include school readiness, child abuse, and other early-stage issues. Simultaneously, its leadership developed an interactive model for establishing partnerships in many sectors and seeks funding from a wide array of government, foundations, and private donors. (BCHD and Family League are the titular leaders of B’More, although stakeholders have decision-making power.) Its core mandate to reduce infant deaths has gradually expanded into a broader vision for early childhood health. “Foundations are very interested in funding B’More for Healthy Babies,” observed a respondent from the nonprofit sector. “It’s really a pilot within an early childhood system, and so that pilot has a lot more likelihood of sustainability. Eventually it gets braided into, and actually incorporated into our federal, state, and city funding streams.” From the onset, the group emphasized equity: “We wanted to mobilize communities around the social justice aspect of infant sleep-related deaths because about 95 percent of those deaths were in African American families,” reported the same respondent. Recognizing that establishing equity and community trust are essential to the work, B’More leadership has partnered with the nationally focused People’s Institute to help train outreach workers and decision-makers. The training helps promote understanding that health behaviors are easier to address—and improve—when social factors, especially race and racism, are openly discussed with clients.

B’More’s data since 2009 show sharp declines (about 38%) in the rate of infant death and the disparity between infant deaths in the black and white populations of Baltimore (infant deaths per 1,000 births declined from 15.1 in 1996–1998 to 10.2 in 2011–2013).8 The initiative’s interactive model engages with policymakers, service providers, and community outreach and education campaigns—which has the added benefit of increasing awareness of its objectives throughout an expanding partnership ecosystem. Although B’More uses many metrics to evaluate children’s overall health, it has elevated school readiness and reducing child abuse and neglect as “primary goals” alongside infant health and safety. These initiatives count on partnership with the Baltimore school system, particularly in relation to early school readiness. They support transitions from Head Start and pre-K programs, and even adolescent health as their mandate expands.

The need to improve school performance and the out-of-school environment of Baltimore students has led to cross-sector coalitions and impact strategies that operate on a shared model. This allows different groups to leverage funding and establish common goals. For example, MOST—a statewide program that is heavily invested in Baltimore—works with education coalitions, public schools, and youth-focused community groups to improve after-school and summer programs for Baltimore youth. Some of MOST’s partners, such as Alliance for a Healthier Generation, include a health and wellness component in their work with children, including cooking and nutritional education, physical activity, and creating alternatives to screen time.21

MOST and other child-focused organizations work closely with two groups that act as facilitators and funders of the effort to improve the lives of children and families. The Family League is a local management board that directs funding and facilitates partnerships and has helped
Most sustain after-school programming. Baltimore Promise, formed in 2012, supplies a collective impact strategy that is shared by more than 200 stakeholders focused on youth activities and opportunities. “Baltimore Promise brings leaders together to help develop a cradle-to-career continuum for our lowest-income kids and families,” said one respondent from the nonprofit sector. Family League and Baltimore Promise convene and connect stakeholders, rather than commit to any one particular initiative or focused objective. As stakeholders identify areas of acute needs, Family League and Baltimore Promise can help find funding and identify cross-sector partnerships that can make efforts more effective or sustainable. Both organizations also supply data and research to inform stakeholders of improvements in city metrics and the appearance of negative health or achievement trends in Baltimore neighborhoods and youth outcomes. Baltimore Promise was organized around the collective impact model, which depends on “neutral backbone entities” to bring disparate organizations and sectors together around a broad, common objective. This version of the collective impact model facilitates collaborative efforts into the service of long-term, often open-ended goals for Baltimore’s youth. Baltimore Promise and the Family League cite equity as an organizational principle.

Collective impact approaches that help Baltimore youth become work-ready are less developed, although the approach has influenced certain programs. YouthWorks, a city-run initiative, connects Baltimore residents between the ages of 14 and 21 with summer jobs over two, five-week sessions. YouthWorks proposed 8,000 job opportunities in 2017 in a wide variety of fields. Baltimore Gas and Electric and Planck Industries offered multiple positions.26 “It’s a pretty great program, but some kids need year-round employment,” said one respondent from the nonprofit sector. “We’ve asked the mayor to create 1,000 year-round youth jobs.” The city currently runs the Hire One Youth program, which connects Baltimore residents ages 16 to 21 with local employers, but its scope is limited. “We looked into it, and there are only 50 kids who have a job through that program,” stated the nonprofit respondent.

**City Leadership Now Points to the Medical and Education Industries for “Their Stature as Centers of Learning, Research, and Employment, as Well as the Permanent Nature of Their Physical Locations and Investments.”**

_Baltimore City Anchor Plan (2014)_

Skeptics argue that true partnerships, especially within historically poor and underserved neighborhoods, are not yet in place, and that the preferences anchor institutions receive in terms of taxation and development do not result in tangible benefits for residents living in proximity to them. Several respondents affirmed the difficulties with building true, two-way engagement within their communities. Trust, according to an education sector respondent, is difficult to establish when the communities that surround anchor institutions recall the lack of equity that defined these relationships from an earlier era.

Ambitious efforts are underway to revitalize several traumatized Baltimore neighborhoods through anchor institution–focused projects and through new outreach approaches. The projects are meant to create better housing and economic opportunity for all residents; while outreach is designed to support local businesses and organizations in ways that benefit all parties and create symbiotic relationships between anchors and their neighbors.

EBDI is a partnership between the city, JHU, and the Annie E. Casey Foundation that began in 2003. With JHU serving as the community anchor, EBDI’s mandate “has been to transform this community into a thriving mixed-income neighborhood that provides opportunities for healthy living and development for families in East Baltimore, but ultimately as an economic catalyst for the area as well,” said a respondent from the nonprofit sector. The targeted neighborhood, Middle East, had a high building vacancy rate (reportedly 70%),24 high crime, and poor health indicators. The redevelopment involved the mandatory relocation of 450 residents and a change in the name of the neighborhood, from “Middle East” to “Eager Park.” A new school was built to accommodate children of local residents and JHU employees.

EBDI’s support for affected residents came in the form of financial compensation and relocation services. The group supplied several years of case management and support, according to a respondent from the nonprofit sector. “Every resident ultimately formed a relationship and was supported by every relocation specialist. That supported them both in the identification of new housing but ultimately had a variety of family support.” EBDI stakeholders have studied the impact of relocation and are working to minimize disruption to the lives of those affected by the housing rehabilitation initiatives and to ensure that those relocated are effectively supported, even if they choose not to return to Eager Park. EBDI originally forecast that one-third of the new homes in the rehabilitated area would be “affordable” (the rest are market-rate); it
is uncertain if this percentage would accommodate all the temporarily displaced residents who wish to return. EBDI and residents’ groups held protracted negotiations35 to set compensation packages and rules about where residents could choose to move. Some affected residents questioned whether the relocation truly benefited them.

JHU also is working to bring its medical and social service capacity into the communities surrounding it. In 2013, the university partnered with 20 community- and faith-based organizations to form Baltimore Connect. A 501(c)(3) nonprofit, the group connects residents to a wide range of social and health services. It also partners with organizations that provide housing services, job training, and spiritual services. The organization’s objective, according to a respondent from the education sector, was “to serve as a [liaison] between the academic health center and community organizations, perhaps draw the community closer to the medical institutions, and pursue mutual interests.” Several respondents remarked on the need to “institutionalize” the process of community engagement for sustainable, reciprocating relationships to thrive. “If you’re going to get community input and you’re really going to build relationships and trust, and be inclusive, you have to get into smaller groups,” one education sector respondent stated. “You can’t do this in a room full of 25 or 30 people.”

“COPPIN [STATE UNIVERSITY] IS ... DOING A LOT WITH HEALTH INFORMATION TECHNOLOGY AND [IS] PROVING TO BE A LEADER. MORGAN [STATE UNIVERSITY’S] COMMUNITY HEALTH PROGRAM REALLY DELIVERS, AND THEY DO A LOT OF COMMUNITY PROJECTS THAT ARE MEANINGFUL.”

EDUCATION SECTOR RESPONDENT

Two local, historically black colleges and universities, Coppin State University and Morgan State University, also undertake extensive outreach into surrounding communities. According to one respondent from the education sector, these institutions may be generating more interest in majority black communities than JHU and UMB, which bring long, often more complicated relationships to the table. “I’ve been in meetings where people have not been happy with the bigger institutions,” the respondent stated. “Coppin is really important. They’re doing a lot with health information technology and are proving to be a leader. Morgan’s community health program really delivers, and they do a lot of community projects that are meaningful.”

Anchors can also contribute by augmenting the capacity of CBOs. In one example, UMB discovered that a program sponsored by Catholic Relief Services, which provides counseling and housing to homeless and drug-dependent men, had no health services. UMB nursing students now provide those health services. “[UMB] probably do[es] this for at least 25 agencies, every semester. It’s ongoing,” says a health sector respondent. The university’s school of social work also founded Promise Heights, a program for schools and families in the Upton/Druid Heights neighborhood that augments health services in schools and engages parents in health education. UMB’s law school has set up multiple locations across the city to offer services, including criminal record expungement.

Economic development is still the primary incentive for anchors to expand, but by definition, their financial gain should correspond with more jobs and residual benefits to local businesses. Job creation is the reason several respondents described Under Armour33—aone of the largest corporate employers in Baltimore—as a potential anchor institution. It employs roughly 5,000 workers and has made many public commitments36 to improving the local economy. However, the company’s request of more than $500 million in tax incentive financing from the city, and the lack of affordable housing or local hiring commitments in the project, generated controversy in 2016.

Public schools also are attempting to become established community anchors. In the 2016–2017 school year, Baltimore recognized 45 community schools, which operate under a partnership between Baltimore City Schools37 and the Family League.38 Each school works with CBOs and parents to provide extended after-school programming for students. Community schools with robust extracurricular, integrated health, and youth development services can become an effective “anchor in the community,” according to an education sector respondent. The hope is to make these institutions into safe, interactive hubs for students and their families.

SERVICES EXPAND TO WRAP AROUND COMMUNITY TRAUMA

As violence, drug abuse, and neighborhood blight persist in many neighborhoods, efforts are underway in Baltimore to provide more wraparound services that seek to alleviate and address the effects of trauma. Following the Freddie Gray incident and violence that occurred in its wake, shared (or “community”) trauma has become an important talking point and primary area of activity for many health-focused residents and organizations.

Baltimore has a respected shock trauma center located at the University of Maryland, which receives more than 7,500 critically injured patients annually.39 However, some community leaders are beginning to see the limits of individual medical care, even when it is of high quality. “One of the things [doctors] are finding is that when there is a gunshot wound victim, they tend to be involved in behaviors so that they will become a victim again,” said a respondent from the faith community. “So, how do we use the ER room to intercede in this cycle of violence?”

A respondent from the nonprofit sector acknowledged that “We’re just scratching the surface in a deep chasm of trauma. There is shared trauma, and narratives are rooted in these traumas. It’s really opened up a door for a lot of discussion, particularly around violence education and awareness.” The prevalence of early childhood trauma and infant deaths in Baltimore’s poorest neighborhoods drives recent attempts to address the effects of loss and violence among individuals and communities, through both awareness campaigns and services.

Taking a grassroots approach, CBOs have enlisted residents who have experienced traumatic loss of family members to connect with other residents with similar experiences in places where residents frequently come together. Some neighborhoods beset by relatively
Strong medical infrastructure enhanced by state, federal law. The health systems, hospitals, and FQHCs in Baltimore form a bedrock to support a Culture of Health. Maryland’s ACA expansion has helped make the resources of its most prestigious hospitals available to many lower-income residents. Over time, this could improve health outcomes in Baltimore, especially chronic conditions that require prevention and ongoing medical care.

Connector organizations that join financing and strategy. Several groups, such as the Family League and politically savvy CBOs, support an approach to community health based on multi-sector coordination and common objectives. Initiatives such as B’More For Healthy Babies could become templates for future strategies that pool resources and energies to address community health needs. Foundations also function as versatile partners with city leadership and anchor institutions to pursue health initiatives and economic development. Foundations and anchor institutions, particularly hospitals and health systems, also have potential for channeling money and resources into more neighborhoods.

Community groups that enfranchise residents. Baltimore has significant resources for ground-up action, notably through No Boundaries Coalition and MOST, which has led to partnerships with corporations; political influence in city budgets and procedures; and greater mobilization around important initiatives—such as after-school programming for students and the expansion of child wellness initiatives. Strong grassroots support for recent “cease fires” is one example of residents taking engaged roles in confronting some of the city’s worst problems.

New city plans with wider scope and more ambition. Although several respondents noted that Baltimore historically has not mounted long-term, whole-city initiatives, this may be changing. The city’s Anchor Plan Strategy represents a new way to imagine the roles of the city’s largest institutions and their relationships to the communities around them. The federal consent decree, in addition to acting as a referendum on poor police–community relations, may provide a foundation for establishing more sustainable community policing strategies that enhance, rather than undercut, safety in Baltimore’s neighborhoods.

high homicide and infant death rates are embracing an outreach framework that reflects many of the precepts outlined by the city’s health department in its trauma-informed care training. “The patterns of homicide are such that those most likely to be impacted are connected and the people know one another, the families know one another, the community knows one another,” says a nonprofit sector respondent. “The idea was to mobilize communities in ways that would really speak to them around this issue, present this trauma to the community. We did that through getting education through barber shops and hair salons.” B’More for Healthy Babies has deployed home visiting programs and social media campaigns to raise awareness of infant death risks and create a link to health education.

A collaborative approach to integrated care, also with emphasis on addressing social determinants of physical and mental health—and by extension, trauma—formed the creation of Mosaic Community Services, which opened in 2015. A subsidiary of the Sheppard Pratt Health System, Mosaic offers mental health and addiction care in conjunction with primary care and pain management; the philosophy underscores the interconnectedness of health indicators and the need for providers to look beyond a single problem when evaluating patients’ well-being. The state’s shift to annual budgets for hospitals and providers, rather than fees based on per admission or treatment basis, reflects a preventive care–focused strategy.

Summary of Baltimore’s Efforts to Build a Culture of Health

Based on the Culture of Health Framework used to guide Sentinel Community data collection and monitoring in Baltimore, a Culture of Health may be emerging at community and institutional levels, despite the severity of Baltimore’s community health challenges. Initiatives such as B’More for Healthy Babies and MOST demonstrate how the definition of a Culture of Health can expand over time and how a strategy can Make Health a Shared Value within a stakeholder ecosystem. These
initiatives are also Fostering Cross-Sector Collaboration to Improve Well-Being—an Action Area also supported by the police consent decree—which allows CBOs, police officials, and city administrators to create dialog and share oversight of police-community relations. Although city leadership has a clear economic incentive behind anchor institutions, the focus on collaboration, the mutual interests of anchors, community organizations, and residents, indicates movement toward Creating Healthier, More Equitable Communities. Yet, as promising as these actions may be, they must be measured against ongoing realities of poverty, poor health, violence, and lingering racism that plague many of Baltimore’s most distressed communities.

Equity continues to play a defining role in many approaches to improving community health and well-being in Baltimore. The political leadership appears to recognize the importance of using the federal consent decree to inform an equity narrative based on the enfranchisement of residents and a new platform that encourages residents to express their concerns. Anchor institutions, particularly medical and educational institutions, are pursuing more interactive, mutually beneficial models of community engagement that provide both more health services and benefits to residents and economic opportunity. The existence of strong connector organizations, such as Family League, Baltimore Connect, and abundant CBOs, may be creating a strong foundation for ongoing cross-sector collaboration around early childhood health, after-school activities, and opportunities following graduation. CBOs and churches also have laid the groundwork for engaging the city, foundations, and private corporations, and for drawing attention to some of Baltimore’s most pressing problems.

Welcome though these developments may be, they have arrived in the face of ongoing challenges, some of which are common to revitalized urban areas in the United States and others that are distinctive to Baltimore. Although the medical and educational institutions are providing robust opportunities for well-educated residents and new arrivals, as yet they offer no replacement for the manufacturing sector that helped create a strong working and middle class in Baltimore more than half a century ago. The history of black residents’ disenfranchisement and exploitation by city leadership, in which many anchor institutions were complicit, lingers in the form of distrust and cynicism among residents who are not yet convinced they are being offered true partnership. Poor health and unsafe conditions in many Baltimore neighborhoods cannot be overcome without a massive increase in financial commitments and new, systemwide priorities.

As a city of action and contrasts, Baltimore will require a significant ongoing study for its emerging Culture of Health to be understood. The Department of Health’s efforts to combat the drug epidemic will be of continuing interest as the efficacy of its programs, such as Naloxone administration training, become clearer over time. The city’s anchor institution plan and outreach by Johns Hopkins, historically black colleges and universities, and other institutions are promising, but still in early stages. Their efforts to connect with adjacent communities in a more systematic, mutually beneficial way will bear close monitoring. The anchor institutions’ input and ability to enrich the lives of all residents could be an important part of Baltimore’s attempt to become a more equitable and healthier city.

The federal consent decree can change procedures and narratives around community safety and police conduct in Baltimore, and its effectiveness will be subject to extensive discussion in coming years. Efforts to combat homelessness, the proliferation of abandoned buildings, and reduced lead exposure are just three prominent issues that will be critical to an improving Culture of Health. The city’s efforts to use equity and community trauma as defining narratives depend on expanding awareness of each of these issues, and many more. Overall, more effort and resources are needed to resolve the paradox of a city in which world-class health delivery systems and resources coexist with neighborhoods in desperate need of them. Also, the uncertain future of ACA may destabilize recent efforts to expand health care and trauma intervention.
References


