



Health Disparities in Baltimore City:

Is Geography Destiny?

Population specific differences in the presence of disease, health outcomes, or access to health care

-US Department of Health and Human Services (HRSA)

Differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States when compared to non-Hispanic Whites.

- The National Institutes of Health

In Baltimore City, health outcomes and health disparities, in many instances, are synonymous. With a population of just over 600,000 people, 20% of whom live below the poverty line, 64% of whom are African American, and the fact that, nationally, African Americans suffer health disparities disproportionately, it is not surprising that Baltimore City's minority and impoverished populations continue to shoulder the cost of poor health. At every age, Baltimore City African Americans are at a disadvantage in relation to health-related issues and outcomes, and Baltimore City Hispanics are no less affected in some cases. For example:

Pediatric Disparities

- The life expectancy at birth for an African American baby born in Baltimore City between 2006 and 2008 was 70.2 years, compared to 76.2 years for a White baby born during the same time period.
- Despite a 10% decrease in low birth weight births in Baltimore City between 1997 and 2007, Baltimore City newborn babies were 30% more likely to have low birth weight when compared to Maryland newborn babies statewide, and African American mothers in Baltimore City were twice as likely as White mothers to deliver a low birth weight baby (15.1% vs. 7.4%, respectively), in 2007.
- In 2007, Baltimore City African American infants were almost nine times more likely to die before age 1 than White infants residing in Baltimore City.

Homicide

- With homicide as the 5th leading cause of death in Baltimore City, Baltimore City Hispanics are 4 times more likely to die as a result of homicide than Hispanics statewide, and Baltimore City African Americans, Asians, and Whites are twice as likely to die as a result of homicide, when compared to their state racial/ethnic groups.

HIV/AIDS

- In 2006, there were 175 new HIV cases per 100,000 people among African Americans in Baltimore city, compared to 23.2 new cases per 100,000 people, nationally.
- Baltimore City African Americans and Hispanics were 8 and 2 times more likely, respectively, to die from complications of HIV/AIDS when compared to Baltimore City Whites.

Cardiovascular Disease

- Locally and statewide, African Americans had the highest rate of death from cardiovascular disease (heart attack, stroke, coronary heart disease) when compared to other racial/ethnic groups in 2006.

Cancer

- Baltimore City African Americans had the highest rate of death from cancer compared to other racial/ethnic groups in 2006.

Diabetes

- Baltimore City African Americans were twice as likely to die from diabetes-related causes than Baltimore City Whites (44.5 vs. 23.8 per 100,000 people, respectively).

Obesity

- Two times as many Baltimore City African Americans compared to Baltimore City Whites reported being obese in 2007 (43.5% vs. 23.3%, respectively).
- Overweight prevalence was 31% higher among Baltimore City high school students when compared to Maryland high school students, statewide.

Tobacco Use

- Baltimore City African American adults were 45% more likely to be current smokers when compared to Baltimore City White adults.

Substance Use

- It is estimated that there are 60,000 drug dependent Baltimore City residents, out of a population of 650,000. The most commonly abused substances are heroin and crack cocaine.
- Positive drug tests are found among approximately 70% of arrested Baltimore City residents.

Mental Health

- 15% of Baltimore City adults reported 8 or more days of poor mental health status during the previous month, in 2007.

Access to Health Care

- 17% of Baltimore City adults had no health insurance in 2007.

Sources:

Baltimore City Health Department

Behavior Risk Factor Surveillance System

Youth Risk Behavior Surveillance System

Open Society Institute

Health Outcomes	Baltimore City Statistics			U.S Statistics	Healthy People 2010 Goals
	All	Black	White		
Low Birth Weight	12.8%	15.1%	7.4%	8.2%	5.0%
Infant Mortality Rate (# of deaths per 1000 live births)	11.3	15.5	1.8	6.7	4.5
Homicide (deaths per 100,000 population)	38.5	55.2	7.0	6.1	3.0
HIV (new cases per 100,000 population)	162	174.7	50.2	23.2	---
AIDS (new cases per 100,000 population)	86.6	119.6	25.4	12	1.0
Heart disease mortality rate (deaths per 100,000 population)	266.7	279.3	253.1	190.7	166.0
Stroke mortality rate (deaths per 100,000 population)	52.6	60.6	41.0	41.6	48.0
Cancer mortality rate (deaths per 100,000 population)	228.9	236.7	219.4	180.8	159.9
Diabetes mortality rate (deaths per 100,000 population)	35.3	44.5	23.8	22.4	45.0
Tobacco use (current adult smokers)	28%	32%	22%	21%	12%

Data presented are most recent data available (primarily 2006 and 2007 data).

Sources: Baltimore City Health Department, Centers for Disease Control and Prevention, and Health People 2010.

The two primary goals of Healthy People 2010 were to “increase quality and years of healthy life, and to eliminate health disparities”. This table illustrates Baltimore City’s continued struggle to reach national health goals.