



JOHNS HOPKINS
URBAN HEALTH INSTITUTE

2024

*Social Determinants of
Health Symposium*

BALTIMORE
CITY HEALTH
DEPARTMENT

PATHWAYS TO HEALTH THROUGH HOUSING

MEETING SUMMARY



Table of Contents

3

Executive Summary

4

- Welcome from the Director
- Ihuoma Emenuga
- Maria Harris Tildon

7

Baltimore City
Community Health
Needs Assessment

9

- Keynotes:
- Nneka N’namdi
 - Melissa deCardi Hladek
 - Hossein Zare

14

- Panel Discussions:
- Affordability
 - Neighborhoods
 - Quality & Safety
 - Sustainability

23

- Workshops:
- Alpha- Issue Statements
 - Omega- Policy Priorities

27

Funders Panel

31

Acknowledgements



Executive Summary

Baltimore has a multifaceted housing crisis that impacts the health of its residents. The crisis is more complex than merely a shortage of affordable housing; there are, in fact, many homes for sale and a demand to buy. However, vacant and deteriorating homes adversely affect the health of residents and neighborhoods. Another component that impacts housing is the prevalence of predatory lending and opaque property tax that have caused established homeowners to lose their homes in tax sales. Many challenges exist with housing costs, zoning issues, permitting delays, infrastructure needs, and financing gaps that make new affordable housing development difficult. Lastly, some homeowners cannot maintain safe and healthy homes due to poor health and lack of funds, further exacerbating the problem.

Some specific health impacts mentioned include lead poisoning and asthma from peeling paint and debris; food insecurity and poor nutrition from electrical issues; injury from unsafe housing; crime due to insecure housing; and mental and behavioral health issues due to the chronic stress of instable housing and homelessness. The impacts of these medical conditions and health issues, in turn, showed up in other quality of life concerns such as lower educational attainment, limited income potentials, inability to create generation wealth, and violence/incarceration.

Partnerships and collaborations that involve community leaders and members, faith-based organizations, health systems and healthcare providers, nongovernmental organizations and nonprofits, private business, academic research institutions, government agencies and policy makers will be critical for creating informed and evidence-based solutions to Baltimore's housing needs.



Welcome from the Director

Symposium Goals:

- **Raise awareness about the link between health and housing**
- **Spotlight community-driven solutions**
- **Foster collaborations among public/private entities to address pressing health priorities related to housing**



Lisa Cooper

As the director of the Johns Hopkins Urban Health Institute (UHI), I was absolutely pleased to welcome over 200 attendees to the 2024 Social Determinants of Health Symposium: Pathways to Health Through Housing.

UHI, founded in 2000, stands at the forefront of advocacy and capacity building to impact health equity in Baltimore. UHI is uniquely positioned to host the social determinants of health symposium. With a rich history of engagement with Baltimore's diverse communities and a deep commitment to addressing the root causes of health disparities, UHI brings together interdisciplinary expertise and resources. We foster collaboration and innovation through an extensive network of fellows, grant and award recipients, and community partners who drive tangible progress toward health equity.

Housing is not merely a matter of shelter; it is one of the most potent social determinants of health, profoundly influencing our well-being. This year, our partnership with the Baltimore City Health Department's Local Health Improvement Coalition was pivotal in fully addressing the multifaceted challenges related to health and housing. We leveraged our respective strengths to amplify our impact and reach by joining forces for this symposium. The BCHD's intimate understanding of local health needs complements UHI's capacity-building process and community engagement efforts. Together, we created a synergistic approach that bridges the gap between research, policy, and practice, fostering meaningful change at both systemic and grassroots levels.

We hope these proceedings accurately capture the key takeaways and action items discussed in each panel, workshop, keynote, and session. Please reference this document as a record of all we have achieved and all we can achieve by working together. I am committed to continuing the work to find solutions for realizing better health outcomes for our Baltimore City residents through direct actions that positively impact housing.

Ihuoma Emenuga

“We’re not just here to talk the talk, we’re actually going to walk the walk and come out with recommendations and things that we plan to do going forward.”



Ihuoma Emenuga

Baltimore’s former Health Commissioner, Dr. Ihuoma Emenuga, MD, MPH, MBA, expressed heartfelt gratitude to all attendees and acknowledged the significant efforts behind the organization of the 2024 SDOH Symposium. Despite housing not being within the direct purview of the Baltimore City Health Department, Dr. Emenuga highlighted its critical role in community health, emphasizing the undeniable link between stable, affordable housing and positive health outcomes.

“I’m really honored that the health department is a part of this,” Dr. Emenug said. “I’m so happy to join hands with Johns Hopkins, the Urban Health Institute, and everyone who’s here today who has a skin in this game to make Baltimore a place where health and housing really is a priority.”

Drawing on compelling Community Health Needs Assessment (CHNA) data, she illustrated how stable, healthy housing contributes to better health. In contrast, unstable housing can lead to respiratory illnesses and mental health challenges. She noted that the COVID-19 pandemic underscored the necessity of solid partnerships and collaborations for community health and safety, a lesson she emphasized as a key takeaway. Community engagement and feedback were crucial in shaping the Community Health Improvement Plans using data from the CHNA.

Dr. Emenuga highlighted the tangible benefits of impactful partnerships, particularly those focused on permanent supportive housing. She reported that these partnerships have saved healthcare costs by reducing emergency room visits and hospitalizations. She urged the audience to move towards the importance of actionable steps, advocating for transforming innovative ideas into concrete actions and recommendations to enhance health and housing interventions.

“We’re not just here to talk the talk, we’re actually going to walk the walk and come out with recommendations and things that we plan to do going forward,” she said.

She concluded by expressing a strong commitment to collaboration, voicing excitement about working with Johns Hopkins and other stakeholders to prioritize health and housing in Baltimore. This collective effort, Dr. Emenuga emphasized, is essential in addressing and improving these vital issues.

Maria Harris Tildon

“Assistance in Community and Integrated Services impacted 200 households. Thirty-one percent have households with children, and more than 90% remain stably housed.”



Maria Harris Tildon (Photo: JHU)

Maria Harris Tildon, JD, is the Johns Hopkins Vice President of Government, Community, and Economic Partnerships. She spoke of Baltimore City's intertwined health and housing issues, expressed gratitude for the dedication of those in attendance, and emphasized the crucial role of collaboration and community engagement in tackling these challenges. Tildon highlighted the efforts of the Johns Hopkins University Health System in partnering with external stakeholders to advance health equity and address social determinants of health (SDOH).

“At every level of government, we're working collaboratively to coordinate efforts and solve problems at the state and local levels in Maryland, DC, Virginia, Florida, but especially here in Baltimore City,” Tildon said. “Baltimore is in my heart,--born and raised. It is the first and frankly, primary priority for me when it comes to addressing health equity and social determinants of health.”

Tildon discussed how the health system supports community and policy initiatives to address SDOH by leveraging funding, anchor institution principles, and partnerships. She emphasized the significance of engaging in policy advocacy at local, state, and federal levels to bolster SDOH initiatives and pointed out that the health system holds itself accountable through annual Community Benefit Reports and triennial Community Health Needs Assessment (CHNA), ensuring that their actions are transparent and effective. Tildon also emphasized the importance of data-driven decision-making and incorporating community input to prioritize initiatives. She provided examples of successful programs, such as the Assistance in Community and Integrated Services (ACIS) program, which aims to increase access to housing and promote healthy homes. Tildon expressed excitement for continued collaboration, underscoring that collective efforts, data-informed strategies, and robust policy advocacy are essential in overcoming health and housing challenges in Baltimore City.

“Last year, [ACES] impacted 200 households,” Tildon said. “Thirty-one percent have households with children and more than 90% remain stably housed. This is an excellent example of the importance of the policy lever as here in Baltimore and statewide through the hard work of many advocates in this room and across the city, this program is now going to be funded through a Medicaid waiver and is going to be expanded and available statewide.”

2023-2024 Baltimore City Community Health Needs Assessment (CHNA)

Representatives from the Baltimore City Health Department (BCHD), Tamara Green, MD, the Chief Medical Officer, and Elise Bowman, MSW, familiarized the audience with the mission and vision of the BCHD and its organization and introduced everyone to the goals of the Local Health Improvement Coalition (LHIC), which was a co-organizer of the 2024 SODH Symposium with the Johns Hopkins Urban Health Institute. The goals of LHIC include identifying Baltimore’s most pressing health priorities, fostering shared leadership among critical stakeholders, and supporting diversity and collaboration.

Green and Bowman explained that the LHIC is responsible for collecting and interpreting the data presented in the Community Health Needs Assessment (CHNA). From this data, they will create a Community Health Improvement Plan (CHIP) for the city. The LHIC members also collaborated with many entities across the city to gather the CHNA data, including Ascension St. Agnes Hospital, Johns Hopkins Hospital, LifeBridge Health, MedStar Health, Mercy Medical Center, Mt. Washington Pediatric Hospital, and the University of Maryland Medical System. Consulting firm Ascendient Healthcare Advisors analyzed the data.

Survey Results

Data was gathered from surveys given to 2,282 residents aged 18+ and “key leaders” identified from area nonprofits, health care providers, faith organizations, local government, and community development organizations. Green and Bowman acknowledged that the distribution of the survey was not systematic but informal, allowing people to participate voluntarily. They also noted that the survey questions were designed based on input from focus groups within the Community Health Needs Assessment (CHNA) collective. They aimed to understand barriers to healthcare access, health concerns, and social needs within neighborhoods.

Residents

Health Needs:

- 44% Addiction/substance use
- 43% Diabetes/ high blood sugar
- 43% High blood pressure
- 40% Mental health
- 27% Overweight/obesity
- 27% Chronic pain/arthritis

Social Needs:

- 27% Can't afford healthy food
- 23% Gun violence
- 23% No or limited access to health insurance
- 23% Lack of job opportunities
- 22% Poor neighborhood safety
- 22% Housing problems/homelessness

Barriers to Health Care Access:

- 57% Cost-expensive or can't pay
- 41% No health insurance
- 30% Lack of transportation
- 28% Long wait times/unavailable appointments
- 26% Unable to take time off/afraid of losing job

Key Leaders

Perceived Health Needs:

- 67% Mental health/suicide
- 64% Housing
- 61% Food security
- 55% Gun violence prevention
- 52% Substance use/alcohol use
- 52% Access to care

Perceived Social Needs:

- 79% Access to affordable housing
- 73% Reducing crime/violence
- 70% Access to healthy foods
- 58% Access to jobs/employment
- 42% Affordable childcare

Focus Group Results

The focus groups comprised over 300 people divided into 33 groups representing various communities. They included people from faith-based organizations, families with children, Hispanic/Latino, older adults and youth, people experiencing homelessness, those with chronic diseases, substance use disorders, or mental health diagnoses. According to the CHNA report, the focus groups prioritized housing & homelessness, healthcare access, healthcare quality, education, food insecurity, mental health, transportation, and transit and safety.

Key Priorities and CHIP

Bowman and Green stated that the Baltimore City Health Department (BCHD) aims to promote community-owned solutions by involving community voices in decision-making through initiatives like the Local Health Improvement Coalition (LHIC). There's recognition that no single institution can address the complex challenges Baltimore City faces alone. Of the many priorities identified, the LHIC has decided to prioritize mental health, chronic health conditions, and access to care as the greatest health needs mentioned in the CHNA. These topics also formed the discussion areas for Workshop Alpha (See an overview of that discussion on page XX.)

Using the key findings from the CHNA, the LHIC will develop a Community Health Improvement Plan (CHIP), a multi-year community-driven plan to organize, engage, develop strategies, and implement plans, and establish accountability with the overarching goal of improving Baltimore's health. Green and Bowman encouraged anyone interested in becoming involved in the LHIC will help plan and implement the CHIP. An application form can be found at <https://bit.ly/JOINLHIC> or by scanning this code.



Keynotes: Nneka N’namdi

Nneka N’namdi is the COO of N’namdi Consulting, LLC, and founder of Fight Blight BMore, an organization that helps residents record data on blighted properties to inform thoughtful community-led development. According to the Baltimore Department of Housing and Community Development, Baltimore has more than 15,000 vacant buildings and another 21,000 vacant lots, according to N’namdi.

“There are many more properties in poor condition, not being fully utilized or being used in harmful ways,” N’namdi added. Many of these properties are homes and Black neighborhoods. How do we get to a place where Baltimore has so few houses that people can afford to live in and properties that support living? It’s quite simple: Racist housing, community, and economic development policy have resulted in a blighted and bleeding Baltimore.”

“All of that harm because the City of Baltimore and the State of Maryland are determined to sacrifice a Black woman on the altar of revenue collections for revenue and profit.”

In her keynote, N’namdi recounted the poignant story of Ms. Ama Tubman (a pseudonym), a 70-year-old Black woman, who faced the threat of eviction from her family home of 15 years because of a \$4,000 unpaid tax bill from 2019. Due to the city’s poor communication and a lack of accountability, Ms. Tubman’s tax burden grew to \$20,000, with two separate tax liens on her property. Despite her efforts to address the situation, she found herself potentially homeless when the city sold the unpaid tax liens to a third-party collection agency.

“All of that harm because the City of Baltimore and the State of Maryland are determined to sacrifice a Black woman on the altar of revenue collections for revenue and profit,” N’namdi said. “They must be stopped. Ms. Tubman’s story is a common one. Thousands of Baltimore homeowners, mostly in Black neighborhoods, face tax sale every year.”

N’namdi explained how the Stop Oppressive Seizures (SOS) Fund, an initiative dedicated to preventing home and land seizures in Baltimore, employed mutual aid, community education, and political advocacy to combat these injustices, aiming to protect homeowners like Ms. Tubman from losing their homes. Drawing connections between housing instability and health, N’namdi stated that housing instability and the condition of neighborhoods cause harm, with health outcomes such as premature death, asthma, and higher rates of homicide.

“People who are housing insecure are three to four times more likely to die prematurely,” she said. “In 2023, vacant lots were shown to contribute to ER visits for asthma at a rate three times higher than the state average. And in 2022, we calculated that more than 50% of homicides that happened in Baltimore happened within 100 feet of a property that was vacant or tax-delinquent.”

Nneka N’namdi

Despite these formidable challenges, N’namdi illuminated the community’s resilience and determination. In addition to the efforts of her own organization, she listed various community-led efforts, such as Baltimore Renters United, Black Yield, Parity Homes, and the Care Community Association, that are leading the charge in advocating for and implementing change.

“Through these collaborations, I do channel my rage into resistance so we can continue to do the work to repair human health and wellness,” she said.

N’namdi urged the audience to learn more about the predatory policy, donate to mutual aid, investigate how homeowners could use Medicaid and Medicare to pay disabled and elderly homeowners property taxes, examine the data, and produce analyses that do not pathologize how people survive and thrive in blighted places.”

“We can join policy advocacy for property tax payment plans, tax credit expansion, heirs’ property and home repairs,” she said. “And we can work to stop speculation, flipping, and all market-based solutions for redevelopment. Instead, supporting redevelopment that focuses on the need of everyday people for housing and for hybrid neighborhoods.”

N’namdi concluded that if everyone does these things, we can envision a future where homeowners like Ms. Tubman no longer live under the constant threat of eviction, envisioning a more equitable and secure community.



From left, Melssa deCardi Hladek and Nneka N’namdi

Keynotes: Melissa deCardi Hladek

Melissa deCardi Hladek PhD, CRNP, FNP-BC, is an Assistant Professor at the Johns Hopkins University School of Nursing, a Nurse Practitioner at Esperanza Center, and President of the National Association of Hispanic Nurses DC Metro Chapter. Throughout her talk, Dr. Hladek weaved a narrative that underscored the interconnectedness of health, housing, and community support. She called for holistic approaches that address social determinants and empower individuals to lead healthier, more fulfilling lives.

Hladek shared personal stories that illuminated her journey and challenges. She recounted her father's experiences with discrimination as a Spanish speaker in the US before the Civil Rights Act, reflecting on the profound impact this had on her family's financial literacy and housing stability. These struggles were compounded by personal hardships such as homelessness and mental illness within her family.

Despite these adversities, Hladek emphasized the resilient structures that played a crucial role in her life. She spoke fondly of the unwavering support from her family, the pivotal guidance of a school counselor, and the healing power of the church community. These elements collectively contributed to her growth and resilience. Transitioning to broader themes, Hladek highlighted the critical role of social determinants in healthcare. She argued that social and environmental factors are as important as medical care in determining health outcomes.

“Asking people what matters most to them and then helping them achieve those values and goals...That builds trust, and that's more important than anything else.”

Hladek described CAPABLE (Community Aging in Place Advancing Better Living for Elders), a community-based intervention designed to enhance the well-being of older adults by improving the safety and functionality of their living environments. This demonstrates a holistic approach to healthcare.

“CAPABLE is a four-month intervention,” Hladek explained. “There's a handy worker who's a part of the medical team, a nurse, and an occupational therapist. The older adult knows what they need. So, what the team does is they ask the patients what they want. And then they help them work towards those goals. That's the secret sauce because the patient knows better than anyone else.”

Hladek underscored the importance of community efficacy and patient-centered care. She advocated involving patients in healthcare decisions, ensuring their goals and values are respected and prioritized. This approach, she believes, builds trust and better supports individual needs.

“I think that's a huge step in equity work at the clinician-patient level: asking people what matters most to them and then helping them achieve those values and goals,” Hladek said. “That builds trust, and that's more important than anything else.”

Keynotes: Hossein Zare

“We really need to see what the needs of the community are. Who developed these needs? How we can answer the needs of the community. That's the missing parts of this dialogue.”



Hossein Zare, an associate professor at the Johns Hopkins Bloomberg School of Public Health Department of Health Policy and Management, presented the talk, “Can Hospitals Reshape the Community?” His presentation addressed that while non-profit hospitals must report their community benefit activities to the IRS, neither federal nor state tax laws specify the exact level of charity care they must provide or community benefit standards they must meet to remain tax-exempt.

In his slides, Zare noted that the American Hospital Association reported \$129 billion in community benefits provided by hospitals in 2020. However, independent researchers and foundations estimate much lower figures, between \$30 and \$60 billion. This discrepancy may be due to differences in the activities included under community benefits. Furthermore, despite these community benefits, research has shown minimal community health impact in high-priority health areas.

The discussion centered on how non-profit hospital community benefit contributions can be improved to promote community health outcomes, and what factors should define community benefits to make them more effective and meaningful. An audience member asked whether hospitals are the appropriate entities to hold and invest money in healthcare needs. Zare explained that there were arguments for and against hospitals taking on this role.

On the one hand, the funds belong to the hospitals, which implies they are naturally responsible for these investments. However, a communication gap exists between hospitals and health departments. Hospitals conduct mandated Community Health Needs Assessments every three years but base these assessments on their internal perspectives. Meanwhile, health departments also identify needs from their own viewpoints. This lack of communication between the two entities results in disjointed efforts to address healthcare needs.

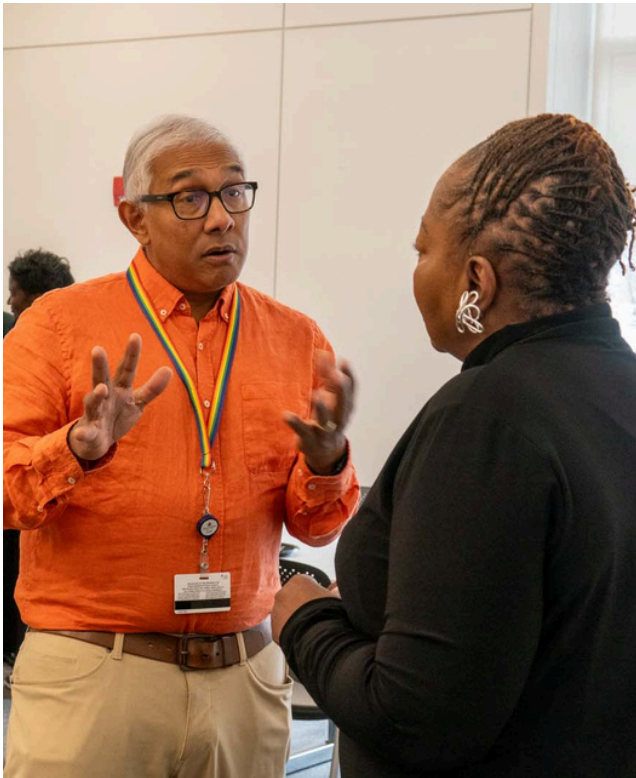
Hossein Zare

“We really need to see what the needs of the community are,” Zare said. “Who developed these needs? How we can answer the needs of the community. That's the missing parts of this dialogue.”

It was suggested that a more cohesive approach could be developed if the hospitals and the health departments collaborated more effectively, perhaps with oversight from activist organizations to monitor trends. Clarifying the role of health departments, both state and local levels should be involved in decision-making. Including community input, derived from social activists and local health centers, is crucial for informed decision-making processes that reflect the needs at all levels, from local to state, Zare said.

Zare concluded that Baltimore has significantly contributed to community benefits through its numerous hospitals. However, there is an opportunity to redistribute resources more effectively across Baltimore and potentially beyond. This approach requires a more comprehensive strategy that looks beyond just the local impact and considers broader regional needs.

Zare’s complete slide deck, which includes more data than can be presented in this report, can be found [here](#).



Panel: Affordability

Veronica Garrison, DrPH, MPH, from the U.S. Department of Housing and Urban Development, Office of Policy Development & Research, moderated the affordability panel. Panelists included Charles W. Callahan, DO, Clinical Professor of Pediatrics at the University of Maryland School of Medicine, and Imani Yasin, director of Strategic Initiatives for Parity.

This panel was convened to explore the intricate balance between housing affordability and health outcomes among Baltimore residents. It brought together experts to address the multifaceted challenges associated with insecure and unaffordable housing. The goal was to identify actionable solutions for improving housing affordability while promoting health and well-being. This diversity in experiences and backgrounds created a rich foundation for an urban health discussion at the intersection of policy, health, and housing.

A major theme of the discussion was the strong link between housing instability and health outcomes. The panelists emphasized how housing instability undermines chronic disease management, especially among individuals experiencing poverty.

Callahan noted that “Time, energy, and focus are finite. Given this limitation, chronic diseases that need chronic therapy become less of a priority and more of a luxury item compared to everything else.” Adversely, individuals in Baltimore who face the absence of stabilizing factors (housing, employment, education, and access to healthcare) have worse health outcomes, particularly those with chronic conditions.

“Housing and its affordability are ‘the’ social determinants of health – it impacts school, education, environment, and all of these hence impact health,” noted Yasin. The panel addressed significant challenges to housing affordability, including the high cost of utilities, difficulties developers face in creating affordable housing, and barriers individuals encounter when trying to access housing assistance.

“Housing and its affordability is ‘the’ social determinant of health-it impacts school, education, environment, and all of these hence impact health.” ~ Imani Yasin

One participant, a health advocate, highlighted the plight of single men and seniors living on fixed incomes who struggle to afford housing. Even when housing programs are available, navigating the complex system can be daunting for many individuals, especially those facing financial constraints. Panelists also discussed the difficulties in securing housing for specific populations, such as individuals with disabilities or those recently released from incarceration. These individuals often face different barriers to access and acceptance, which makes finding suitable housing even more challenging for these populations.

“With affordability and money, comes flexibility and freedom, and that we know is intrinsically tied to self-worth: where I show up and how I show up and which rooms I am a part of,” Yasin added.

Affordability

The discussion also touched on successful policies and interventions that address health disparities through housing. By demonstrating that housing is a component of healthcare, leaders in this space have advocated to payers (for example, Medicaid) to fund housing initiatives, which would eventually lead to decreased healthcare utilization and costs down the line. Innovative approaches such as using hotels as temporary housing and creating supportive housing for vulnerable populations have the potential to be creative solutions that address housing instability and improve health outcomes. Community-led initiatives, collaborative efforts, Section 8 vouchers, and predictive analytics projects to identify individuals at risk of housing instability are other ways to address housing and health issues. The panelists emphasized the importance of leveraging partnerships and local resources to create sustainable solutions.

The panel concluded on an optimistic note, with panelists expressing hope for the future of Baltimore's housing landscape. They highlighted the potential for significant investment in the city and the importance of being surrounded by mission-focused individuals. There was strong and active audience participation.

Individuals shared their struggles, highlighted their needs and perspectives on past projects, and expressed how critical housing influenced their health and well-being.

"Baltimore is known as the city of charm, and people often ask where the charm is. To which I say, it's a city that needs tender, care, and love," one audience member said.

In summary, the discussion emphasized the importance of collaboration, innovation, and investment in creating a more equitable and sustainable future for housing and health.

Submitted by Ali Aahil Noorali



Imani Yasin



Charles Callahan

Panel: Neighborhoods

Panelists for the discussion on Neighborhoods included LaQuida Chancey, founder and director of Smalltimore Homes and a 2021 BNLP Fellow; Adria Crutchfield, executive director of Baltimore Regional Housing Partnership; and Aaron Kaufman, director of community projects at Central Baltimore Partnership. Krismir Thomas, co-founder of the Baltimore Star Project and a 2019 UHI Bunting Neighborhood Leadership Program Fellow, moderated. This panel discussed the connection between housing and health, ways to improve health through interventions, rental assistance programs, funding and policy changes required for neighborhood revitalization, community-driven solutions for redeveloping vacant homes, and using Section 8 vouchers for home ownership.

"There is often a lot of barriers before they can even be seen in the world, never mind by an organization, by a corporation, by a community, by anyone." ~ LaQuida Chancey

Through community partnerships, Kaufman's organization works with local housing facilities, community centers, schools, and community associations in Baltimore. Kaufman discussed how housing quality impacts health through factors like pests, lead, and mental well-being. He noted a direct link to chronic disease among residents of neighborhoods with significant vacancy and blight. Other neighborhood factors like green spaces also impact health. Chancey suggested interventions that include getting community input, addressing blight, establishing relationships, amending policies, enhancing services, and integrating on-site health and wellness supports.

"I know in the area that I live in, Oliver community, we're working toward a vision plan for the whole community so that we can address vacancy and blight," Chancey said. Her work in the community includes creating inclusive environments for unhoused people because society may regard them as non-contributing residents or taxpayers.

"There is often a lot of barriers before they can even be seen in the world, never mind by an organization, by a corporation, by a community, by anyone," Chancey said. "So, when I'm thinking about the different types of housing conditions, I think about these people living in tents, and that is not ideal, especially in Baltimore, a place that has winter." Chancey emphasized that Baltimore City owns hundreds of buildings that we could possibly revitalize through a community project.

Crutchfield discussed a rental assistance program that provides vouchers and the importance of housing mobility counseling to support families moving to better neighborhoods and becoming lease-ready. To prepare families for vouchers, Crutchfield mentioned a series of workshops and outreach work with property partners. The goal is to connect those in the private market who have properties to rent to the families in the program and then assist them in listing their units.

"We're making that connection, providing unit referrals to those with vouchers, and then

Neighborhoods

even going beyond that, conducting tours of neighborhoods to try to generate their interest and help them understand the amenities that are there in these areas that they may not have ever thought of themselves as living," Crutchfield said.

Crutchfield stressed the importance of keeping in touch with families who enroll in the rental assistance program by conducting periodic check-ins between the counselor and the family so that they can adjust to their new situation as smoothly as possible.

The speakers discussed challenges with housing costs, zoning issues, permitting delays, infrastructure needs, and financing gaps that make affordable housing development difficult. Suggestions included better alignment between city and state on housing projects, creative housing design and energy efficiency approaches, and increased home repair funding and homebuying incentives. Speakers emphasized the need for collaborative approaches to funding that bring together coalition partners.

During the Q&A session, an audience member suggested that instead of constructing new high-rise apartments, existing vacant housing stock should be made available for redevelopment into housing with affordable rents. They also suggested establishing rent control in underdeveloped neighborhoods. In response, Chancey highlighted the importance of controlling community dollars and emphasized that it is necessary to act now. Chancey discussed the advantages and disadvantages of solutions such as land trusts and land banking to address the numerous vacant homes. Another audience member asked if it was possible to use Section 8 vouchers to help families in public housing buy their own homes. The speaker suggested promoting this idea to help these families transition to homeownership. However, panelists have noted that certain barriers in Baltimore make it more difficult to use Section 8 vouchers for home purchases compared to other counties.

Submitted by Tomozia H. Graves



From left, Krismir Thomas, Adria Crutchfield, LaQuida Chancey, and Aaron Kaufman

Panel: Quality and Safety

The Quality and Safety panel, moderated by Dr. Meredith McCormack, an Associate Professor of Medicine in Pulmonary and Critical Care at the Johns Hopkins University School of Medicine, convened experts and program leaders working at the forefront of housing safety for residents in Baltimore. The panel began by discussing specific housing quality-related programs at local organizations that have helped to improve health and well-being in the Baltimore area. Panelists and audience members discussed challenges and opportunities to address housing quality and safety in Baltimore.

Camille Burke, outgoing Director of the Childhood Lead Poisoning Prevention Program and incoming Deputy Chief of Staff for the Baltimore City Health Department discussed her role in breaking silos and coordinating services within the local health department. Burke also serves as chair of the Maryland Commission on Environmental Justice and Sustainable Communities. She highlighted the importance of home visits in understanding how to support families. In addition to routine lead testing, her teams conduct comprehensive screenings related to medical and social needs since there are usually other housing deficiencies like plumbing leaks, pest infestations, and lack of heat. "Lead is just a symptom of a much larger problem," she said.

Margret Schnitzer, Director of the Baltimore City Health Department's Community Asthma Program, discussed how the program reduced emergency room visits and improved asthma control by educating families on managing triggers, providing pest control product samples, and helping them find alternative housing. Schnitzer also underscored the importance of considering needs holistically. "It's not just the asthma, it's not just the lead - it's all the other things families are dealing with day in and day out" that present barriers to care, she said. Home visits and phone check-ins help families connect to wraparound services available through the health department and other partner agencies.

**"It's not just the asthma, it's not just the lead - it's all the other things families are dealing with day in and day out."
~ Margret Schnitzer**

Lauren Avarella, Senior Program Director at Civic Works, spoke about programs to help older adults age in place and address other housing quality and safety issues that benefit others in the household. "We see a lot of the stress of the house exacerbating health issues," she said, giving an example of how a leaking roof can cause mold and lead to health issues. The stress of dealing with a leaky roof can prevent people from going to doctor's appointments and limit how fully they can manage their health needs. Their organization provides wraparound services to address these issues. Through this work, they have seen improved health outcomes, reduced stress, and reduced social isolation through better housing quality. "Your house is the crux of it all - that's your safe space," she added.

All three panelists discussed and emphasized the importance of home visits. However, they also noted how these visits can take time and the need often exceeds capacity.

Quality and Safety



From left: Meredith McCormack, Lauren Avarella, Margret Schnitzer, and Camille Burke.

Furthermore, trust must be built first; sometimes, issues evolve or are brought up over time. Panelists and audience members discussed how you cannot simply show up on someone's doorstep and gain immediate trust. It takes time to build rapport. Audience members also brought up challenges with long waiting lists for housing services and other resources and how this can further compromise trust, as many clients experience delays in receiving callbacks and feel that they are directed to services that are not accessible to them.

Although the health department works with legal advocates to hold landlords accountable for maintaining housing quality, many clients are scared to bring up issues with landlords because they fear losing their homes. Family members who may be undocumented also experience unique fear when it comes to communicating with landlords. Language access and cultural humility were important factors in serving clients and facilitating trust. The panel stressed the importance of partnerships between agencies since they often work with the same households. Avarella, for example, mentioned how they often work in the same homes that Schnitzer works with for the asthma program, but Avarella's team focuses on the older adults in the home.

During Q&A, the audience asked about resource coordination and how to prevent clients from needing to go through the same intake processes through different groups. A panelist mentioned how there is now a coordinated resource line for programs related to aging in place. While this has helped streamline calls that potential clients need to make, it has also created a backlog because there is only one central line. Another program, Leading Innovation for a Green and Healthy Tomorrow (LIGHT), is based at the health department

Quality and Safety

and serves as a coordinated intake and assessment center for housing-related issues. They have experienced a similar backlog and plan a strategic planning meeting to address these issues.

An audience member called for greater recognition of the economic burden of sub-par housing, highlighting how people often need to take time off work to manage maintenance issues. The panel also called for research to study the impact of various programs, noting how it can help to advocate for expanded initiatives. Audience members recommended more awareness and resource sharing about existing programs. An audience member made a plug for the mayor's office, which has a language access line, and recommended sharing this resource more broadly with community partners.

Regarding other recommendations, the panel mentioned how New York has led the way with rental licenses, which require a series of inspections to ensure that housing is safe. Similar efforts are underway in Baltimore, but progress has been slow. Despite challenges, panelists expressed optimism about the growing national dialogue around housing as a critical social determinant of health and the need for investment in this area.

Submitted by Shannon Fuller



Symposium attendees take a moment to re-energize with QiGong.

Panel: Sustainability

The Sustainability Panel included experienced leaders from community-based organizations and government-funded programs focused on supporting unhoused individuals and working to eradicate the housing crisis in Baltimore. Panelists included Kevin Lindamood, President and CEO of Healthcare for the Homeless; Bobby Harris, Medical Director of Mobile Clinical Services for the Baltimore City Health Department; Nico Sanders, President and CEO of Community Housing Associates; and Lashelle Stewart, Executive Director of Baltimore Healthy Start, Inc.

Moderated by Ernestina Simmons, Executive Director of the Mayor's Office of Homeless Services, panelists provided examples of how the housing crisis contributes to their experiences in daily work and offered their expertise to highlight potential long-term solutions. Major themes throughout the discussion included relationship-building, utilization of navigation access points, wrap-around services, innovative funding mechanisms, and landlord engagement.

Panelists noted that secure and uninterrupted housing is essential for mental and physical health. The organizations represented strive towards preventing involuntary displacement to ensure long-term housing security. Panelists provided critical information on navigation access points throughout the city, where navigators support individuals in completing a coordinated access packet—a necessary and vital intake form to be considered for housing.

“We know that people living on the street are much more likely to die than those that aren't, increasing four times for those living in the shelter, and 10-fold on the street.” ~ Bobby Harris

Each panelist then shared a story of impact, where they helped an individual move through the complex system. Harris shared a poignant example of the importance of building trust. He told the story of a patient who regularly came to his mobile health services after his recent release from 40 years of incarceration. The patient's substance abuse prohibited them from learning any trades that would have aided in their employment search. This individual receives wrap-around services for their Hepatitis C and substance use disorder through Mobile Clinical Services, where half of the patients treated are unhoused. This individual lives in an abandoned school after being convinced over a period of months to move from a more dangerous area due to the lack of shelters. Harris says, “We know that people living on the street are much more likely to die than those that aren't, increasing four times for those living in the shelter, and 10-fold on the street.”

In discussions of homelessness, the conversation often revolves around the tenants but not often the landlord. Panelists offered that the Baltimore City Housing Authority offers a landlord liaison that provides services for landlords to create adequate housing, meet inspections, understand the full perspective of housing, and embark upon reliable sustainability. For clients' longevity, landlords are required to check in with tenants to

Sustainability

ensure they have the things necessary to help them thrive. Constantly engaging with landlords helps them better understand the population.

In looking ahead to the next five years and the changes necessary, panelists highlighted the need to address two major aspects:

- Understanding certain groups within the homeless population—namely the “Boomer generation” that need to be protected as they age, according to Sanders, and the pregnant population and new mothers, as declared by Stewart
- Identifying funding and grant money specifically allocated towards given projects, Sanders emphasized that while new projects are always helpful, we must ensure the vitality of our classic programs as we grow.

Besides discussing policy levers, Harris brought attention to a case currently being tried in the Supreme Court, Grant Pass vs. Johnson, which argues the legality of homelessness and a city’s right to punish individuals for sleeping on the street. [On June 28, 2024, the U.S. Supreme Court ruled 6-3 to uphold Grants Pass, Oregon’s laws that criminalize sleeping in public spaces.]

While the conversation brought a host of prevailing issues to the forefront of the room’s attention, there were moments of optimism and hope found in hearing about the progress made in Baltimore and the advocacy from the leaders in the room. As Lindamood aptly said, “Homelessness is entirely solvable if we have the political will to do it. We need to look at housing as a fundamental human right.”

All panelists and participants were encouraged by the amount of engagement at the panel and overall support of the symposium to dedicate the day to collaboration and sharing of resources and guidance to all work towards the common goal of eradicating homelessness so that all Baltimoreans can thrive.

Submitted by Christina Vincent



Bobby Harris



Nico Sanders



Kevin Lindamood



Lashelle Stewart

Workshop Alpha: Issue Statements

The Baltimore City Health Department Local Health Improvement Coalition (BCHD/LHIC) team led a workshop with symposium participants with the objectives of considering the effects of housing on the most pressing city health priorities 1) access to health care, 2) mental health, and 3) chronic disease, as identified by the 2023-2024 city-wide Community Health Needs Assessment.

Participants were divided into three groups and asked to use the following questions to create issue statements that will later inform the Baltimore City Community Health Improvement Plan (CHIP):

- Who is affected in the City?
- How big is the issue?
- What contributes to the issue?
- When and where is the issue most likely to occur in the City?
- Other factors contributing to housing issues

Access to Care

Minority populations, returning citizens (from jail or prison), the unemployed, the elderly, single parents, and children were highlighted as populations most affected by housing. Lower-income families, moderate earners, immigrant communities, seniors, and individuals stigmatized for certain diseases confront a different set of challenges when accessing health care. The myth of social mobility, fueled by greed and capitalism, perpetuates knowledge and communication gaps, hindering access to essential resources. Overcrowded neighborhoods like the Westside, Cherry Hill, and housing projects bear a perceived lack of social support, knowledge of system navigation, employment opportunities, and funding.

Benefits such as food stamps and pathways to obtain identification documents and birth certificates are crucial lifelines, yet obtaining them is fraught with legal barriers and lengthy wait times. Immigration and undocumented populations face additional hurdles, such as navigating complex legal landscapes while seeking affordable housing and supportive services like case management. Violence and crime were also perceived concerns of the workshop participants, affecting housing options. Privatizing healthcare and the perception that it is not a fundamental right further compound the issues, creating barriers to affordable and accessible care. The stigma surrounding using benefits and the lack of collaboration and partnership among service providers exacerbate the problem.

Issue Statements

Chronic Disease

Chronic diseases disproportionately affect lower-income communities, people of color, and those with increased comorbidities, including the immigration population. Substance abuse, historical redlining, structural racism, and medical bankruptcy compound the challenges of navigating complex healthcare systems, financial literacy, and health literacy.

That "one last thing" effect means that comorbidities multiply when chronic disease hits the pressure point. This effect often occurs in the "Black Butterfly" regions of the City, where poor housing, gentrified neighborhoods, and lower education levels intersect. Housing costs, tax debt, multigenerational homes, and the upkeep of homes further strain already limited resources, while access to daily needs for health, such as transportation, food, exercise, and employment, remain difficult to achieve for many City residents

Mental Health

Mental health is a top concern for Baltimore's communities, from families and neighborhoods to infrastructure. Participants perceived that mental health in Baltimore was a greater issue than the state of Maryland as a whole. Factors such lack of resources, knowledge about rent costs, housing affordability, landlord negotiations, and the links between mental health and homelessness contribute to this perception.

Generational households (multiple generations living in one household), poverty, density, the number of children in the home, and physical safety all contribute to the economic impact of mental health challenges. Low-income individuals, people with mental illness, comorbidities (mental health and substance use), returning citizens, recent immigrants, and veterans face significant barriers, including a lack of culturally competent providers, a shortage of subsidized housing, and pervasive stigma.

Issue Statement: Health cannot be managed if other basic needs are not being met, including housing, healthy food, community, mental health services, support services, and finances.

Next Steps

As Baltimore City Health Department's Local Health Improvement Coalition (LHIC) embarks on the Community Health Improvement Plan (CHIP) process, the foundation of the workshop notes and issue statements will inform its efforts. This planning process involves participation from LHIC members. The next steps include a series of meetings convening LHIC members and facilitated by the LHIC team working on the development of the CHIP. LHIC members include community members, city health systems, community-based and faith-based organizations, other key city stakeholders, and BCHD staff.

Submitted by Tamara Green, MD, MPH

Workshop Omega: Policy Priorities

This workshop focused on identifying the top policy priorities of the Community Health Improvement Plan (CHIP). Baltimore City Health Department staffers Alice Huang, Acting Assistant Commissioner of Community Services, and Julia Roche, Legislative Affairs Director, facilitated the discussion. Participants were asked which option would have the most significant impact in Baltimore. “Wraparound services focused on behavioral health challenges as barriers to obtaining or keeping housing” was chosen as the top priority, while “increasing the stock of affordable housing” was chosen as second.

Participants brainstormed ideas for effectively addressing the two policy priorities. The facilitators explained that the goal of the small group discussions was to add more nuance and local context to the high-level policy statements. They encouraged participants to write down what is missing, what additional details should be considered, and what efforts are already underway related to the policy topics.

Wraparound Services

- The “988” mental health hotline
- Tailor service to individual
- Structure between organization (vs. competitive funding)
- What screening process determines mental health
 - Direct service providers with cultural competency
 - Funding for housing needs
- Social support/social isolation/sense of belonging

Housing Stock

- Awareness of what “housing stock” means
- Asking residents what they need
- Black Women Build – CHAP tax credit as a source
- More consistent city resources
- Apartment – Fair market rent (ex. 20% lower than the market with access to resources)
- Below 30% AMI
- Programs for home improvement
- What is affordable? Who decides this
 - Not everyone has the same financial situation; deciders should be able to accommodate individual needs (equity)
- Fund DHCD (80%)
- Keep families in homes (ex. Tax sale issues)
- Moral values being folded into this policy
 - Value-based consequences



Policy Priorities

Participants discussed why it was essential to consider what the city has now versus what might be available later if policies are implemented. This discussion about current resources and context foreshadowed the next breakout activity.

Facilitators encouraged participants to brainstorm ways to make these two potential policies more specific and tailored to Baltimore. For each policy, they discussed what was missing, what should be added, and what was already happening in that area.

During the report-backs, groups emphasized the importance of raising awareness about already available services and the potential benefits of these proposed policies. As one group mentioned, there is so much negative news that much work is needed to counteract public perceptions around housing assistance and support for behavioral health. Participants also noted confusion around the definition of “affordable housing” and the need for greater awareness about these terms.

“(T)here is so much negative news that much work is needed to counteract public perceptions around housing assistance and support for behavioral health.”

Another group discussed the importance of community and the need to stabilize and revitalize historic neighborhoods rather than tear down property and displace networks of people. Participants called for lawyers to assist with returning vacant homes to the housing market and home improvement programs to help people retain their housing. Some successful programs mentioned included the Live Where You Work homebuying incentive, Black Women Build, and other programs that provide down-payment assistance. Groups also highlighted the need for creative solutions, such as incentivizing landlords not to raise rents and expanding non-profit real estate development.

Overall, the session illuminated the importance of ensuring community voices are heard, developing a nuanced understanding of complex issues, collaborating across sectors, coordinating resources and programs, and making CHIP policies relevant and specific to Baltimore.

Compiled from submissions by Shannon Fuller and Tomozia H. Graves

Funder's Panel

The Funder's Panel focused on meaningful ways to partner and secure funding to support innovative ideas to address housing as it relates to health. Kelly Bower, PhD, MSN/MPH, RN, Associate Professor, Johns Hopkins School of Nursing, and an Associate Director for UHI, served as moderator.

Panelists included:

- Alice Kennedy, Housing Commissioner, Baltimore City Department of Housing and Community Development
- Elvis Guzman, Program Officer, The Harry and Jeanette Weinberg Foundation
- Beth Harber, Senior Program Officer, Community Development & Environment, Abell Foundation
- Erin S. O'Keefe, MPP, Senior Program Officer, France-Merrick Foundation.

Alice Kennedy said that the Department of Housing and Community Development, comprised of over 350 staff members across five divisions, is crucial in addressing health-related issues, such as mold and water leakage in rental properties, and supporting new affordable housing projects with permanent supportive housing units.

She also highlighted the importance of correcting historical wrongs, particularly racist housing policies, and focusing on improving health and housing from birth to death.

Kennedy discussed programs and partnerships to improve Baltimore's housing conditions and health outcomes. One initiative is the Housing Upgrades to Benefit Seniors program, which helps older adults age in place.

Kennedy highlighted the substantial demand for this program and the need for approximately \$600 million in maintenance for 25,000 households. The program combines various funding sources to address these needs. Additionally, Kennedy mentioned partnerships focusing on air quality improvements and support for developing permanent supportive housing units across Baltimore. She emphasized the comprehensive approach of these initiatives, involving city agencies, non-profit partners, and development partners to address housing and health issues in the community effectively.

To learn more about funding opportunities with the Baltimore City Department of Housing and Community Development, visit their [website](#).

“At least 25,000 households in Baltimore with someone over the age of 55 have some level of deferred maintenance, typically, need(ing) at least \$25,000 worth of work. It’s a \$600 million issue.” ~ Alice Kennedy



Funder's Panel

Elvis Guzman emphasized the strong interrelation between housing and health, acknowledging the social determinants impacting overall well-being, such as jobs and education.

The Weinberg Foundation's mission focuses on supporting low-income individuals facing basic needs and poverty, targeting six priority communities, including Baltimore, New York City, Northeastern Pennsylvania, the San Francisco Bay Area, Hawaii, and Israel, with an annual giving of about \$150 million. As one of the largest private funders in the United States, the Foundation collaborates with various partners to address community issues effectively. Two unique aspects of the Weinberg Foundation include allocating at least 50% of its grant-making to capital projects, encompassing new development, renovation, and technology infrastructure. Additionally, 30% of their funding supports Jewish causes in the U.S. and Israel. Guzman manages the health portfolio, which awards around \$30 million annually, with 65% dedicated to capital projects. The Foundation's health priorities, identified through extensive research, focus on heart and mental health, addressing long-term outcomes for marginalized communities, particularly BIPOC individuals.

Guzman highlighted the interconnection between housing and health, noting that low-income individuals are more likely to experience homelessness and mental health conditions. The Foundation's health and housing portfolios work together to implement preventative strategies, including food and nutrition, physical activity, and access to quality primary care. He expressed enthusiasm for partnerships with community and city entities and looks forward to discussing further initiatives. Guzman added that the Housing Upgrades to Benefit Seniors program aims to help older adults stay in their homes safely by addressing roof repairs and electrical safety and providing necessary equipment for disabled individuals.



This successful program has generated nationwide interest. He emphasized the comprehensive approach of these initiatives, involving local partners like the Department of Social Security, the Department of Aging, and local government offices to ensure holistic support for older adults. This enables professionals to identify and address residents' challenges, including medical care and follow-up support.

Guzman mentioned a collaboration between Healthcare for the Homeless and a non-profit developer to build permanent supportive housing for chronically homeless individuals or those with chronic conditions. Sojourner's Place at Oliver provides 17 supportive housing units with on-site services. This initiative aims to help residents transition to independent living while allowing them to stay as long as needed.

Funder's Panel

Guzman noted the shortage of housing units and the high development costs, emphasizing the need for continuous funding and resource allocation. He highlighted the Baltimore Regional Housing Partnership's work with public housing residents and their focus on helping families with children suffering from health conditions like asthma. An evaluation by Johns Hopkins showed positive outcomes, with families maintaining their housing and experiencing improved health conditions. Guzman expressed a willingness to provide further details on these initiatives, noting that these examples represent only a portion of the Foundation's efforts in supporting health and housing initiatives.

To learn more about funding opportunities with the Weinberg Foundation, visit their [website](#).

Beth Harber explained that the Abell Foundation supports organizations and groups based in Baltimore, with nearly all its funding directed toward improving the city.

Their funding spans seven major areas: public education, health and human services, criminal justice and addictions, workforce development, arts, community development, and the environment. They provide approximately \$15 million annually in funding.

The Abell Foundation provides financial support and research critical issues. They often collaborate with researchers from institutions like Johns Hopkins. Additionally, they act as a bank of last resort by offering loans or as guarantors to facilitate projects



“More connections are being made about asthma and other kinds of health impacts of breathing gas that's being combusted in your house. So that's one of the things that we're fixing... helping move people toward electrification and induction stoves.” ~ Beth Harber

that might struggle to secure funding. Their development efforts focus on enhancing financial security, promoting housing stability, and preventing eviction and foreclosure. The foundation is also involved in housing development, targeting vacant properties, promoting homeownership, and providing incentives for home purchases. They also invest in neighborhood amenities and comprehensive community development, emphasizing the importance of neighborhood reinvestment.

Harber emphasized the critical role non-profit organizations play in community improvement, noting that the organizations do the work while the foundation provides funding. Most of the funding proposals they receive are unsolicited, driven by the non-profits' identification of community needs, service gaps, and potential solutions. Harber highlighted the importance of non-profits presenting clear plans, including how they intend to measure their impact.

Funder's Panel

Harber pointed out that these costs encompass not just rent or mortgage payments but significant energy bills. She mentioned that government funding is available to assist low-income customers with their energy bills and to help make their homes more energy-efficient. Harber cited a collaboration with Civic Works, an organization conducting house-by-house outreach to assess and improve energy efficiency in rental and owned homes. Civic Works performs immediate fixes like switching to LED light bulbs and wrapping pipes and conducts complete benefits checks to see if households qualify for various types of assistance, including SNAP, water discounts, and energy conservation programs. For about 100 homes annually, they provide deeper retrofits involving weatherization, insulation, and air sealing. Thirty percent of these homes had carbon monoxide issues from appliances like leaking chimneys or furnaces, highlighting a direct link between energy efficiency and health. Harber also mentioned the growing awareness of the health impacts of gas appliances, such as gas stoves, on conditions like asthma. The foundation supports efforts to address these health and safety issues by promoting electrification and induction stoves and preparing for upcoming federal electrification and renewable energy benefits. Learn more about funding opportunities from [The Abell Foundation](#).

Erin O'Keefe said that the France-Merrick Foundation, like the Abell Foundation, primarily focuses on Baltimore City, with some additional, albeit smaller, investments throughout Maryland.

Their mission is to invest in people, places, and the environment to enhance the quality of life for citizens, aligning with the social determinants of health.

The foundation's annual investments in Baltimore range from \$9 million to \$12 million, targeting traditional capital projects (brick-and-mortar) and innovative pilot projects requiring initial seed funding. Their funding priorities include health and human services, environmental sustainability, and education.

In the health sector, they support traditional healthcare institutions and organizations providing direct services, such as permanent support and affordable housing. Their focus spans first-time home ownership to building and transferring community economic wealth across generations.

O'Keefe emphasized the importance of integrating social determinants into their investment decisions, ensuring new housing units are healthy, offering supportive services for families and individuals with disabilities, and incorporating green technologies to reduce future utility costs. She concluded by expressing her excitement about being part of the discussion and her appreciation for the collaborative efforts to improve Baltimore.



Acknowledgments

We would like to thank the leadership and staff of the Urban Health Institute, along with our collaborators at the Baltimore City Health Department Local Health Improvement Coalition for making the 2024 SDOH Symposium possible.



UHI Leadership

From left Associate Directors Vanya Jones, PhD, MPH and Kelly Bower, PHD, MSN/MPH, RN; Director Lisa Cooper, MD, MPH, MACP; Associate Directors Kendrick Gwynn, MD, MPH, and Sadiya Muqueeth, DrPH, MPH.



Baltimore City Health Department

From left Tamara Green, MD, the Chief Medical Officer, and Elise Bowman, MSW



UHI Staff

From left Brandin Bowden, MSc; Tomozia Graves, MS; Mary Spiro, MS; Lisa Cooper, MD, MPH, MACP; Lydia Hickey, M.Ed.; and Natalie Wiggins.

Join UHI for our next SDOH Symposium in 2026.



Editor: Mary Spiro
Assistant Editor: Tomozia Graves

Writers: Ali Aahil Noorali, Shannon Fuller, Tomozia Graves, Tamara Green, Mary Spiro, Christina Vincent

Photography: Unless otherwise indicated, all photos by Lauren Rohrs Salah

Design: Mary Spiro/Canva

“Baltimore is known as the city of charm, and people often ask where the charm is. To which I say, it’s a city that needs tender, care, and love.”

Contact

Johns Hopkins Urban Health Institute
2024 E. Monument Street
Baltimore, Maryland 21205

<https://urbanhealth.jhu.edu> 

urbanhealth@jhu.edu 

@Johns Hopkins Urban Health Institute 

@urbanhealthinst 

@jhurbanhealth 

@Urban Health Institute 