

COMMUNITY

HEALTH

NEEDS

ASSESSMENT

Through a Health Equity Lens

Developed by
Morgan State University
School of Community Health and Policy



FAMILY LEAGUE
OF BALTIMORE

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EXECUTIVE SUMMARY

Purpose & Background

In its role as a Local Management Board and in compliance with the Governor's Office for Crime Prevention, Youth, and Victim Services (GOCPYVS) mandate for tracking Results for Child-Well Being Scorecard metrics, Family League of Baltimore (Family League) is required to determine the needs of the City regarding current problems, community strengths, as well as available programs, services and resources by undertaking community needs assessments. In this report, Family League has contracted with Morgan State University to create an assessment that broadens the report's utility by bringing a health equity lens to the work.

Methods

Using a mixed methods approach, the assessment includes accessible quantitative data at the city and neighborhood levels (identifying specified communities) as well as qualitative information gathered through focus groups and key informant interviews representing communities served by Family League of Baltimore. Over 70 individuals participated in the focus groups along with 13 key informant interviews conducted with community organizations and government agency leaderships. The data were reviewed, analyzed and synthesized to provide an understanding of the breadth and depth of community needs.

Summary of Findings

Maryland Scorecard Results: Among the Maryland Results indicators, the trends for the last three years of data indicate Babies Being Born Healthy (for 2/3 of the State's key indicators) and Youth Employment/Readiness have been moving in the right direction. While School Completion, Family Economic Stability, and School Readiness have been relatively stable over time, Healthy Children, Community Safety, and selected School Success measures (Absenteeism, 3rd Grade Reading) have not been trending positively.

Equity Lens: From an equity perspective, the majority of communities selected showed clear patterns of racial inequity that would align with Baltimore City's history of structural racism through redlining. These communities – Sandtown-Winchester/Harlem Park, Penn North Reservoir Hill, Southwest Baltimore, Madison East End, and Greenmount East, in the main, had statistics in the key areas that were less reflective of child well-being than Baltimore City overall.

- Greater Roland Park/Poplar Hill community was included in the analysis as a reference community, due to it being a predominantly non-African American community and being located in a redlined advantaged area; it had statistics that were consistently outperforming Baltimore City and all other communities by considerable numbers.

- The inequitable non-random clustering had both racial as well as geographical facets (East Side/West Side dichotomy); there were within and between neighborhood differences and some communities, West Baltimore predominantly, that show evidence of meeting or exceeding Baltimore City – notable for the Babies Born Healthy Result.

Community Voices: Community Voices provided a clear perspective on common concerns – crime, violence and safety, transportation, education, housing and food access, jobs (employment and training), and inequity in community environment and resources (funding and programs). Added concerns from community organizations and agencies highlighted cultural inadequacy (training of workers and appropriate programs) and the need for collaboration and coordination across public and private sectors.

Recommendations

Based on the quantitative findings, the goals as set by the Governor’s Office for Crime Prevention, Youth, and Victim Services; the commitments of Family League; and, most importantly, the voices of the community, the following recommendations are highlighted:

1. The four areas that are currently prioritized for Family League (Babies Born Healthy, School Success, Safe Communities, and Youth Employment/Career Readiness) align with the needs and challenges identified through the Community Health Needs Assessment. The recommendation would be to continue to prioritize these with review of the strategic activities and programs associated with them.
2. Family League should consider making effort, as a neutral partner, to promote needed coordinating and collaborating structures to support the outcome that child and family resources, available through public and private sectors, are effectively and efficiently developed and distributed across the City.
3. Structural impediments to healthy children and families exist and persist in communities. Family League programs that focus on children and youth will need to consider partnered relationships that concurrently can address structural concerns (transportation, safety, housing) while Family League supports programs for children and youth with more focus on parents.
4. The context and correlates of the indicators being tracked bear further in-depth study to determine their impact – insight into the role of structural racism, family mobility, gentrification, targeted programming, and policy that may impact these outcomes bear gathering. An evaluation framework that can allow for such an analysis of multiple levels of data would strengthen the empirical basis for decision-making.
5. The input of community remains relevant. Family League’s structure provides opportunity for input. However, as an organization, it may want to consider even more avenues for community voice and influence on programmatic decisions. Communication regarding this report and other critical findings should continue to be a two-way street.

6. Family League should consider a mechanism to support “adaptive village practices.” This term has been created to reflect the stories heard in focus groups about community residents individually and collectively creating healthy spaces for children and community without benefit of a formalized organizational structure. This means looking to fund small scale grants that are directed to specific communities and community gatekeepers who may be creating innovative projects on a small scale that would benefit greatly from infusion of funds. With this opportunity should also come a chance for communities who choose to do so to tell their own stories and celebrate their strengths unfiltered by others.

PURPOSE & BACKGROUND

Family League of Baltimore Mission & Accountability

Family League of Baltimore (Family League) is a 501(c) (3) nonprofit organization and the designated Local Management Board for the City of Baltimore under the Governor's Office of Crime Prevention, Youth, and Victim Services. Its mission is to serve as an architect of change in Baltimore by promoting data-driven, collaborative initiatives and aligning resources to create lasting outcomes for children, families, and communities.

In Fiscal Year 2019, Family League provided approximately \$14 million to 89 funded partners who delivered services to Baltimore's children, youth, and families through over 228 unique sites and locations, benefitting more than 25,000 youth in Baltimore (see Figure 1).¹ To support partners' efforts, Family League provides data analysis, technical assistance, and professional development, seeking to strengthen the capacity of existing service providers across the city. Foundational to the success of Family League's work is the ability to address structural barriers and advance policy solutions that move Baltimore's children and families out of poverty and toward economic success.

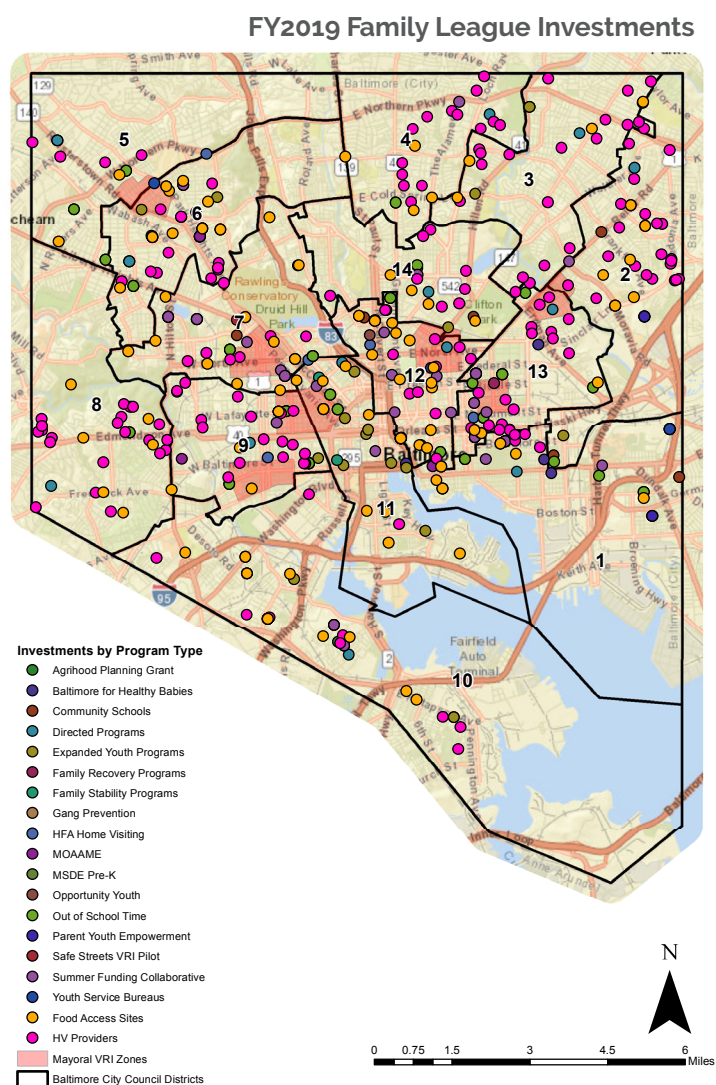


Figure 1. FY2019 Family League Investments

1 Map provided by Family League of Baltimore

As a Local Management Board, the organization is charged with supporting a local interagency service delivery system for children, youth, and families. Family League occupies a unique role in the city, serving as a neutral convener of cross-sector partners guided by the vision of a Baltimore where every child grows up in a family and community that thrives. Family League manages and deploys resources from local, state, and federal government - leveraged against philanthropic supports - to fund effective social change.

Family League has deep relationships at all levels - from the Mayor's Office to community organizations - focused on improving health outcomes of diverse, low-income populations living in many of Baltimore's most vulnerable neighborhoods.

Areas of Accountability/Benchmarks

In its role as a Local Management Board, Family League is required to measure the needs of the city regarding current problems; community strengths; and available programs, services, and resources through undertaking community needs assessments. Family League conducted a needs assessment that was produced in June 2014. The report was responsive to the Maryland's Results for Child Well-Being Report.² Maryland has since revamped its data reporting mechanism and has designed a more accessible, user-friendly interface - the Maryland Scorecard to track the eight key-targeted areas for children's health.



Figure 2. Maryland Results for Child Well-being

In the same vein as the earlier report, the current Community Health Needs Assessment (CHNA) is the culmination of work by Morgan State University School of Community Health and Policy (MSU-SCHP). The work is undertaken to provide an expanded assessment of the needs of the areas served by Family League. This report provides Baltimore's historical context as a backdrop for understanding and responding to the accountability areas as designated by the Governor's Office of Crime Prevention, Youth, and Victim Services.

² Governor's Office of Crime Prevention, Youth, and Victim Services Child Well Being <https://goc.maryland.gov/results-for-child-well-being/>

Historical Context of Health Disparities & Inequity in Baltimore City

Social determinants are the conditions in which people live, work, and engage in recreation that have an impact on health. More specifically, it is the understanding that well-being is a combination of individual, familial, societal, and locational (place-based) contributors.³ Framing under social determinants is especially relevant in Baltimore where health status of residents varies considerably by race/ethnicity, income, and neighborhood. Unfortunately, Baltimore City has a well-documented history of place-based practices that help produce these inequities.

Baltimore is an historic port city, often found at the center of America's history. Baltimore is where the Star-Spangled Banner was penned (at Fort McHenry in 1812) and where the first bloodshed of the Civil War was spilled (during the Pratt Street Riot in April 1861).⁴

The city has often been a destination point for those seeking refuge—Europeans during World War I and World War II, African Americans during the Great Migration, and Central Americans during the first part of the 21st Century. Due to this mixture of peoples and cultures, Baltimore is a city rich in culture, cuisine, unique neighborhoods, and diverse identity.⁵

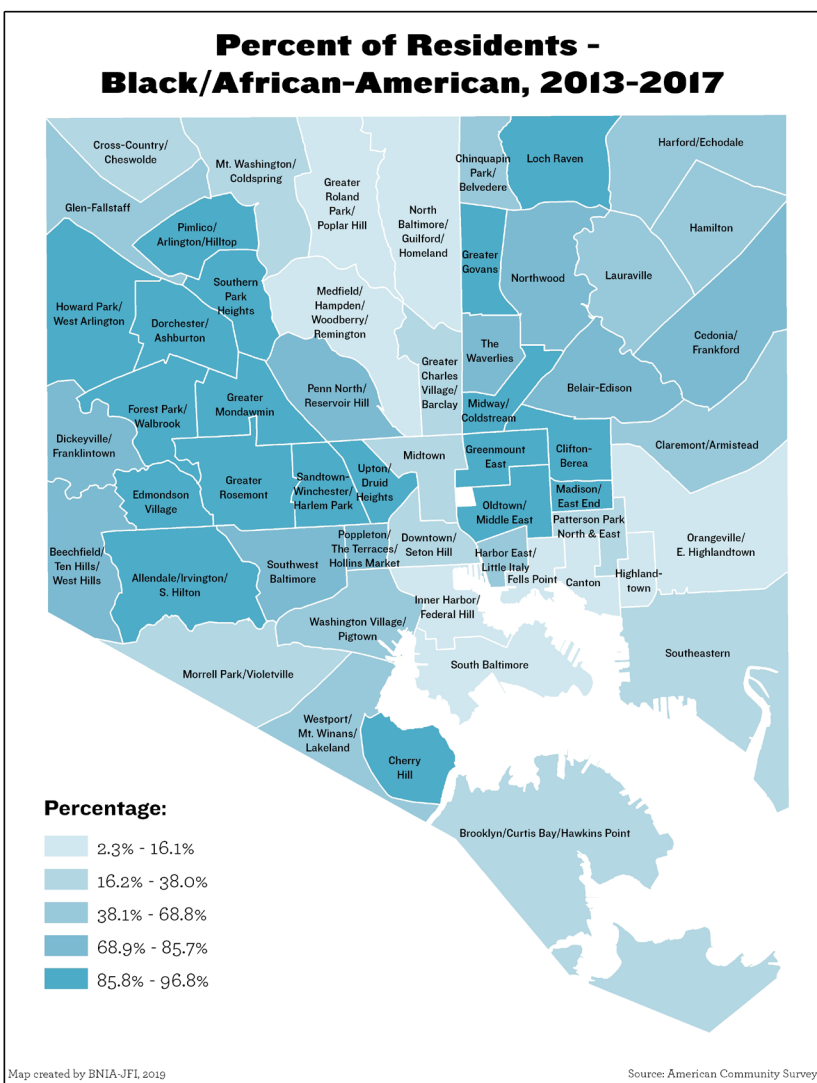


Figure 3. Percent of Residents-Black/African American, 2013-2017

3 The Institute of Medicine. Disparities in Health Care: Methods for Studying the Effects of Race, Ethnicity, and SES on Access, Use, and Quality of Health Care, 2002.

4 Harry A. Ezratty. 2013. Baltimore in the Civil War: The Pratt Street Riot and a City Occupied. Charleston: The History Press.) Fourth Printing. Page 51.

5 History of Baltimore - <https://planning.baltimorecity.gov/sites/default/files/History%20of%20Baltimore.pdf>

However, the city is also characterized by deep racial and spatial divides.⁶ Baltimore's hyper-segregation by race is readily apparent when viewing the racial composition of Baltimore (see Figure 3. Percent of Residents-Black/African American, 2013-2017). In fact, Baltimore is a Category 5 hyper-segregated city.⁷ Baltimore's hyper-segregation results in a striking lack of spatial equity. This classification indicates that in Baltimore "African Americans are highly segregated across [...] five dimensions simultaneously ... These are the most racially segregated metropolitan areas in America." (Massey and Tannen, 2015).

Predatory and discriminatory real estate practices dating back to 1910 included racial zoning, racially restrictive covenants, and a real estate conspiracy against Black homebuyers.⁸ In 1937, the City of Baltimore assisted the federal government's Home Owners Loan Corporation in creating the Residential Security Map⁹ (see Figure 4.) that codified redlining in Baltimore neighborhoods. Redlining is a practice where terms and availability for bank loans for the purchase of homes were systemically denied based on the race of people living in the neighborhood. Over time, the cumulative effects of these policies and practices created what has been referred to as the "Black Butterfly" and the "White L."¹⁰ Communities in the city's

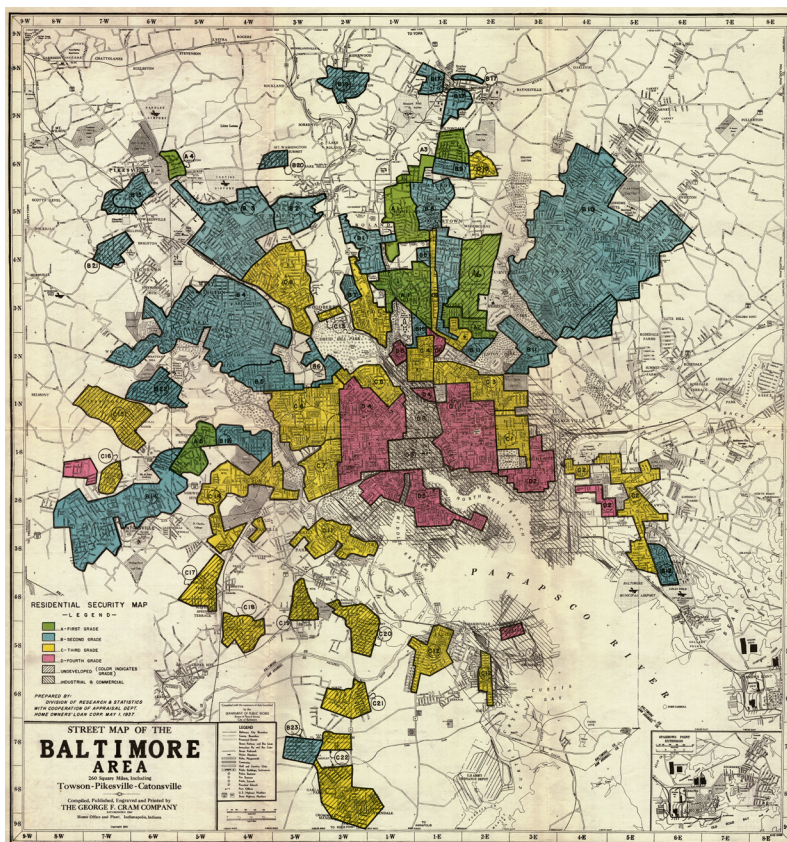


Figure 4. Residential Security Map

6 Lawrence Brown. 2019. Community Health and Baltimore Apartheid: Revisiting Development, Inequality, and Tax Policy. Chapter 6 in: Baltimore Revisited: Stories of Inequality and Resistance in a U.S. City. Edited by P. Nicole King, Kate Drabinski, and Joshua Clark Davis.

7 As with hurricanes, Category 5 hyper segregation is the most devastating and intense form of racial segregation in America. There are five aspects of hyper segregation. A Category 5 hyper segregated city is categorized as being highly segregated on all five of the following measures: Unevenness - the degree to which Blacks and Whites are unevenly distributed across neighborhoods in a metropolitan area; isolation is the extent to which African Americans live in predominantly Black neighborhoods; clustering - the degree to which neighborhoods inhabited by African Americans are clustered together in space; concentration - the relative amount of physical space occupied by African Americans within a given metropolitan environment; and centralization - the degree to which Blacks reside near the center of a metropolitan area. Douglass Massey & Jonathan Tannen. 2015. A Research Note on Trends in Black Hyper segregation. Demography. Vol. 52(3), 1025-1034.

8 Garrett Power. 1983. Apartheid Baltimore Style: The Residential Segregation Ordinances of 1910-1913. Maryland Law Review. Vol. 42(2): 289-328.

9 Johns Hopkins Sheridan Libraries. 2016. Residential Security Map of Baltimore Md. Web link: <https://jscholarship.library.jhu.edu/handle/1774.2/32621>. Also see: Antero Pietila. 2010. Not in My Neighborhood: How Bigotry Shaped a Great American City. Ivan R. Dee.

10 Lawrence Brown. June 28, 2016. Two Baltimore's: The White L vs. the Black Butterfly. Baltimore City Paper. Web link: <http://www.citypaper.com/bcpnews-two-baltimores-the-white-l-vs-the-black-butterfly-20160628-htmlstory.html>.

“Black Butterfly” where African Americans largely live (stretching from East and West Baltimore) are, to this day, characterized by structural disadvantages. In the 1990s and early 2000s, homeowners in the Black Butterfly were also deeply damaged by subprime bank lending which further stripped the wealth of Black homebuyers as thousands of recipients lost their homes to mortgage foreclosures.¹¹

Evidence of the current inequity in communities has been indexed and mapped for Baltimore City as represented in Figure 5. PowerMap.¹²

The power mapping color scheme shows the red color as representing power at the lower end of the distribution and green colors show power at the upper levels of the distribution. Yellow are communities somewhere in the middle.

Meanwhile, the city’s White L neighborhoods, where White Baltimoreans largely live (running from the city’s center from north to south along St. Paul and Charles streets to the Inner Harbor and then moving east along Eastern Avenue), fare considerably better along all key indicators for health, education, and community well-being.

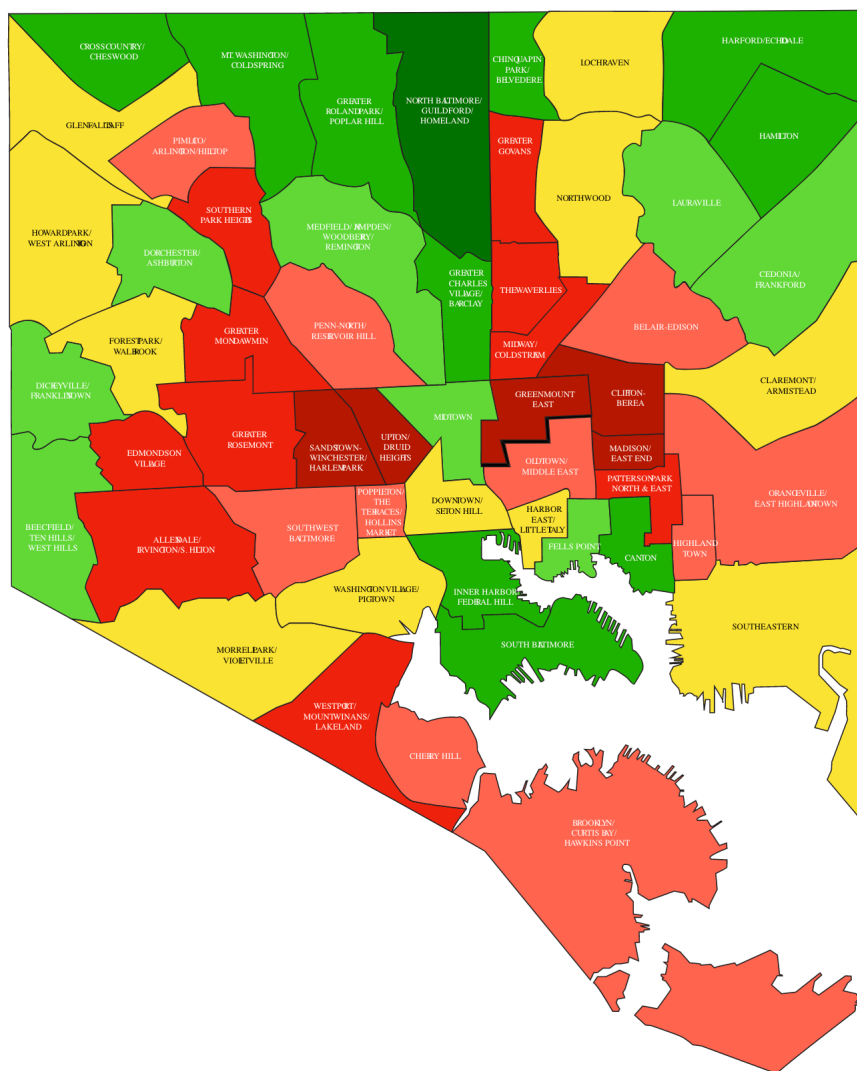


Figure 5. Equity PowerMap

Why does this matter? It matters because socially determined inequities have substantial impact in influencing the lives of the individuals and families who reside in these communities. The empirical evidence for structural influences on population health has been well substantiated.¹³

11 For subprime lending in Baltimore in the 1990s, see: Office of Policy Development and Research. May 2000. Unequal Burden in Baltimore: Income and Racial Disparities in Subprime Lending. U.S. Department of Housing and Urban Development. For subprime lending in Baltimore in the 2000s, see: Jacob Rugh, Len Albright, and Douglas S. Massey. 2015. Race, Space, and Cumulative Disadvantage: A Case Study of the Subprime Lending Collapse. Social Problems. Vol. 62: 186-218.

12 This work is the result of a joint project between Morgan State University School of Community Health and Policy (Public Health program) and the University of Maryland School of Law Community Development Clinic. The data for the Community Equity Metrics (created by the class) are provided in the Appendix. For more information see <http://www.equitybaltimore.org/about/>

13 Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. Public health reports (Washington, D.C. : 1974), 129 Suppl 2(Suppl 2), 19–31. <https://doi.org/10.1177/0033354914129152>

In fulfilling its mission, Family League recognizes this context and requires consideration of the systemic challenges impacting its efforts to improve health and to eliminate the disparities in its mandated areas of accountability.

Working in tandem with the inequity is the reality that many of the children and families living in hyper-segregated communities have been marginalized and disempowered, with their voices not always being heard.¹⁴ The knowledge of the lived experience of families across the City, but especially in these redlined communities, is critical to both understanding the key issues and fashioning effective and efficient supporting programs and structures to achieve desired outcomes for children, families, and communities. The fulfilling of Family League's vision and mission would be made more likely by hearing these voices.

The disparities and inequities that have been noted should not lead to a perception and presumption of children and families as helpless victims of circumstance or communities. Rather, the background is presented to provide a full picture of the context in which Family League will be planning its future agenda. Consequently, it is the intent of this work to provide opportunity for a full assessment designed to capture snapshots through community focus groups and key informant interviews to understand both the strengths and challenges for communities.

14 See: Edwards, L. V., Lindong, I., Brown, L., Hawkins, A. S., Dennis, S., Fajobi, O., Rowel, R., Braithwaite, R., & Sydnor, K. D. (2017). None of Us Will Get Out of Here Alive: The Intersection of Perceived Risk for HIV, Risk Behaviors and Survival Expectations among African American Emerging Adults. *Journal of Health Care for the Poor & Underserved*, 28, 48–68. <https://doi.org/10.1353/hpu.2017.0052>

Jessica Trounstein. 2018. *Segregation by Design: Local Politics and Inequality in American Cities*. Cambridge: Cambridge University Press.

McDougall, H.A. (1993). *Black Baltimore: A New Theory of Community*. Philadelphia: Temple University Press. Pages 54-56.

Fullilove, M.T. & Wallace, R. (2011). Serial Forced Displacement in American Cities, 1916-2010. *Journal of Urban Health*. Vol. 88(3): 381-389. (see Page 384).

METHODS

Overview

Responding to the need to explore the context of historical inequities and community marginalization, an approach was used to acquire two types of information for the report. By gathering both the quantitative (numeric) data as well as the qualitative data derived from focus groups and key informant interviews, a broad and in-depth understanding of the needs of communities can be discerned. To facilitate the work, Family League selected a subset of communities within Baltimore to compile neighborhood-level data that include samplings of communities in the “Black Butterfly” and a comparative community from the “White L.” The process for data gathering included:

- Identifying and analyzing information from existing datasets (public and proprietary)
- Conducting and analyzing data gathered from focus groups from Family League selected service areas
- Conducting and analyzing key informant interviews with stakeholders

Data Gathering

Quantitative Data Collection

The indicators selected for inclusion in the CHNA are based on the eight Results specified by the State referenced in the background material. Linked to the Results are a set of indicators that are tracked through the set of indicators that are tracked through the Results Scorecard Scorecard to allow for consistent and comparable assessment of success and progress for each of the local management boards. There is a fairly lengthy list of indicators across the eight Results – all were not included in this report. The primary considerations for inclusion were: (1) availability at the neighborhood level and/or (2) indicators that were relevant to the four prioritized program areas for Family League (i.e., Babies Born Healthy, School Success, Safe Communities, Youth Employment). In addition to these considerations, the list has been augmented to include measures that are relevant from a social determinants perspective. Where there are relevant indicators not available at the neighborhood level that are considered an important context, the data are reported at the level of City and State for available years.

As a comprehensive access point for neighborhood level data, the Baltimore Neighborhood Indicators Alliance - Jacob France Institute Vital Signs was a main resource for the quantitative data. The enterprise compiles statistics from multiple sources (e.g., Baltimore City Health Department, Baltimore City Public Schools, American Community Surveys, and the Department of Juvenile Services) into a readily accessible portal for salient measures that reflect neighborhood quality of life.¹⁵ This provides a basis for a fairly consistent comparison

15 For BNIA-JFI background refer to: <https://bniajfi.org/history/>; for database access refer to: <https://databniajfi.opendata.arcgis.com>

across communities and over time. Where measures have changed over time, this is noted. The slate of indicators is presented in Table 1 organized by primary domains (health, education, and community) and by Result. While a needs assessment was completed in 2014, this report goes back to 2010 to see the specific trends for each community that might lend further insight for strategic planning.

Table 1: Family League CHNA Report Results Indicators

Domain	Results	Indicators
Health	R1: Babies Born Healthy R2: Healthy Children	Infant Mortality Low Birth weight Birth to Adolescents Full-term Births Prenatal Care Child Mortality Health Insurance Coverage Mental and Behavioral Health Lead Levels
Education	R3: School Readiness R4: School Success R5: School Completion R6: Employment/Career Readiness	Kindergarten Assessment Reading and Math Assessments Truancy (absenteeism) High School Dropout High School Program Completion Youth Employment/Unemployment
Community	R7: Community Safety R8: Family Economic Stability	Violent Crime Gun-related Crimes Child Poverty Household Resources

Qualitative Data Collection

To provide depth to the analysis, the Morgan CHNA Team (faculty and students) conducted focus groups and key informant interviews. The findings from the qualitative data (referred to as “Community Voices”) represent the sessions and key informant interviews with community service providers and government agency representatives who are stakeholders in the outcomes for children, youth, families, and communities. A total of 76 people participated in focus group sessions (adults and youth) along with 13 key informant interviewees. Notes from the sessions were analyzed using qualitative approaches to identify common experiences and responses as well as to capture unique perspectives. Focus groups were all in-person. The key informant interviews were both in-person and by phone.

The key informant interviews were selected based on role and responsibility in order to sample a variety of perspectives on programmatic needs moving forward for Family League. A listing of key informants and locations of focus groups are provided in the Appendix along with the focus group facilitator guide. Sessions were structured in nature and covered the following general topic areas:

- Community strengths/assets
- Community challenges
- Available services
- Assessment of resources and opportunities
- Specific concerns
- Recommended improvements

Data Setting: Community Profiles

Baltimore City communities are built on a platform of neighborhoods. Family League of Baltimore has an interest in serving all communities, as noted by the earlier map presented showing the organization's investments. However, there are areas of particular need based on both historical and current inequities in health and wealth.

For comparative analysis, this CHNA is focusing on seven Community Statistical Areas (CSAs) that represent a diversity of communities in the City and can help provide a better understanding of where, strategically, both assets and challenges exist, allowing Family League to develop and facilitate effective and efficient investment. The communities are outlined on the Baltimore City Health Department Neighborhood Health Profile Map. Tables 2 and 3 list and profile those communities identified by Community Statistical Area and neighborhood name.



Figure 6. Baltimore City 2017 Neighborhood Health Profile

Table 2. Selected Baltimore Community Statistical Areas (CSA) Geopolitical Location

Community Statistical Area (CSA)	City Area	Zip Code	Census Tract	Council District
Sandtown-Winchester/ Harlem Park	West	21217	180200	9
Penn-North/ Reservoir Hill	West	21217	130300	7
Southwest Baltimore	Southwest	21223	200300	9
Madison East	East	21205	70100	13
Greenmount East	East	21202	100100	12
Greater Govans	North	21218	80100	4
Greater Roland Park/Poplar Hill	North	21210	271400	6

Table 3 illustrates the patterns of racial segregation and disparities in social determinants indicators referenced in the background material as reflected in the Power Index graphic. All communities where African Americans constitute more than 60% of the population were classified as “low-power” communities. These were all the selected communities as listed except for Roland Park. The composite hardship score also reflects the clustering of challenges in the specified neighborhoods and illustrates that the challenges are not randomly distributed across the City. The community with the smallest percentage of African Americans (Greater Roland Park) has the highest income, lowest unemployment, and smallest ranking for hardship. The community with the highest percentage of African Americans (Sandtown-Winchester/Harlem Park) has the lowest income, 2nd highest unemployment, and 2nd highest Hardship Index. The relationship between percentage of African Americans and these social determinants SES indicators appears to be present. [Note: The data are not adjusted for population size to which the median household income could be sensitive. The Madison East community is the heart of the Johns Hopkins Medical campus which may influence the Hardship indicator as it linked to housing through multiple indicators.]

Table 3. Selected Baltimore Community Statistical Areas (CSA) Socioeconomic Profiles

Community Statistical Area (CSA)	Population	% Black/ African American*	Median Household Income (\$)	Unemployment**	Hardship Rating***
Sandtown-Winchester/ Harlem Park	15,518	96.7 (1st)	24,374 (6th)	20.7	80 (2nd)
Penn-North/ Reservoir Hill	10,576	85.0 (5th)	33,264 (4th)	17.6	65 (4th)
Southwest Baltimore	5,345	54.2 (6th)	48,175 (2nd)	16.4	56 (6th)
Madison East	7,204	89.9 (4th)	27,454 (5th)	26.4	90 (1st)
Greenmount East	7,691	96.6 (2nd)	23,277 (7th)	24.7	73 (3rd)
Greater Govans	10,762	90.4 (3rd)	36,531 (3rd)	16.1	57 (5th)
Greater Roland Park/Poplar Hill	7,620	6.4 (7th)	104,482 (1st)	2.3	16 (7th)

Source: (Tables 2 and 3) BNIA-JFI Vital Signs; Hardship Index – Baltimore City Health Department

* Baltimore Neighborhood Indicators Alliance calculation of American Community Survey (2014 1-year estimate)

** Percentage of population 16 years and older that are unemployed in the civilian labor force.

*** The Hardship Index is a composite score of socioeconomic hardship within a CSA, relative to other CSAs and to the City. The Hardship Index combines six indicators of public health significance: percentage of occupied housing units with more than one person per room (i.e. crowded housing); percentage of households living below the federal poverty level; percentage of persons aged 16 years or older in the labor force that are unemployed; percentage of persons aged 25 years or older without a high school diploma; percentage of the population under 18 or over 64 years of age (i.e., dependency); and per capita income. The Index ranges from 100 = most hardship to 1= least hardship. Source: Baltimore City 2017 Neighborhood Profiles. <https://health.baltimorecity.gov/neighborhood-health-profile-reports>

DATA FINDINGS

Quantitative Data Findings

The data are represented longitudinally going back to 2010 and concluding with 2017 as available. Where there are data gaps by year, these are noted as ND. Unless otherwise specified, the neighborhood data are from the Baltimore Neighborhood Indicators Alliance Vital Signs Excel database. The Vital Signs database does specify the original source of the data. However, as the report utilized the Vital Signs Excel database and these data were not independently verified, the original sources are not included.

A description is offered for each indicator. The indicators are organized by Results area with one of three Domain designations (Health, Education, or Community). Each Result has summary observations at the end of the respective Result section.

Maryland Results for Child Well-being



Babies Born Healthy



Healthy Children



Children Enter School Ready to Learn



Children Are Successful in School



Youth Will Complete School



Youth Will Have Opportunities for Employment or Career Readiness



Communities Are Safe for Children Youth, & Families



Families Are Safe & Economically Stable



Result 1

Babies Born Healthy

Domain I: Health



Infant Mortality

Description: Infant Mortality is defined as the death of an infant before they reach their first birthday. It also encompasses the number of infant deaths for every 1,000 live births (Centers for Disease Control and Prevention, 2019). For this indicator living below poverty it is defined as the number of infant deaths (babies under one year of age) per 1,000 live births within the area in a five-year period.

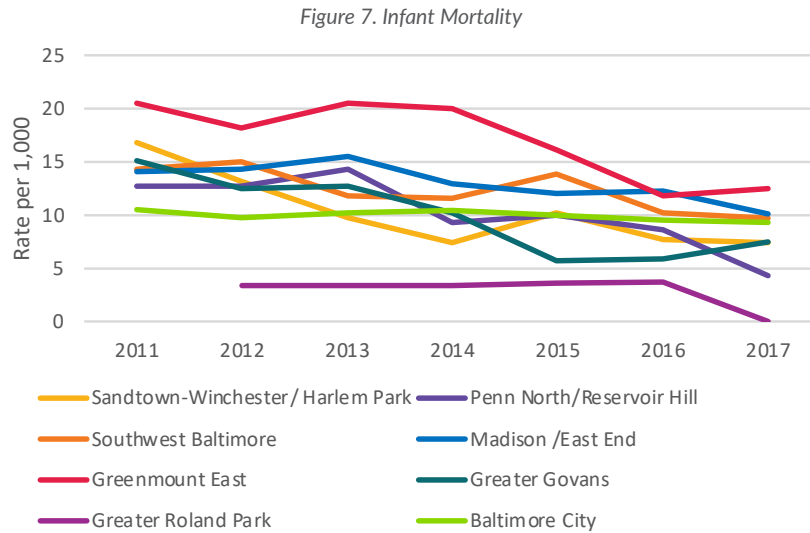


Table 4. Comparative Trends for Infant Mortality Rates

	2010	2011	2012	2013	2014	2015	2016	2017
Maryland*	6.7	6.7	6.3	6.6	6.5	6.7	6.6	6.5
Baltimore City	-	11.7	9.7	10.7	10.4	9.9	9.5	9.3
Neighborhoods								
Sandtown-Winchester/Harlem Park	-	16.8	13.2	9.7	7.4	10.1	7.8	7.4
Penn North/Reservoir Hill	-	12.8	12.6	14.3	9.4	9.9	8.5	4.8
Southwest Baltimore	-	14.2	15	11.7	11.6	13.9	10.3	9.7
Madison/East End	-	14	14.4	15.5	12.9	12.1	12.3	10.1
Greenmount East	-	20.5	18.2	20.5	19.9	16.2	11.8	12.4
Greater Govans	-	15.1	12.4	12.8	10.1	5.7	5.9	7.2
Greater Roland Park/Poplar Hill	-	-	3.3	3.4	3.4	3.6	3.7	0.0



Low Birth Weight

Description: The World Health Organization (WHO) defines Low Birth Weight as a birth weight of less than 2500 g (up to and including 2499 g) or 5.5lb (World Health Organization, 2014). The rates presented here are the same metric - The percentage of children born with a birth weight of at least 5 1/2 pounds out of all births in the area. To identify low birth weight, the original data have been transformed (100-original statistic) to achieve the data presented in the table.

Figure 8. Low Birth Weight

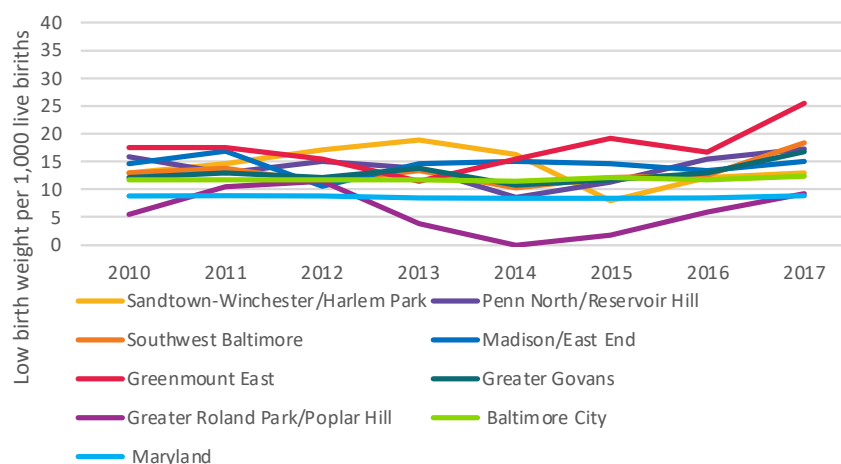


Table 5. Comparative Trends for Low Birth Weight Rates

	2010	2011	2012	2013	2014	2015	2016	2017
Maryland*	8.8	8.9	8.8	8.5	8.6	8.6	8.5	8.9
Baltimore City	11.7	11.6	11.8	11.9	11.5	12.3	11.6	12.4
Neighborhoods								
Sandtown-Winchester/Harlem Park	13.2	14.5	17.2	18.9	16.3	8.0	12.3	13.1
Penn North/Reservoir Hill	15.7	12.9	15.1	13.9	8.6	11.3	15.6	17.3
Southwest Baltimore	13.0	13.9	11.5	13.3	10.3	12.3	12.4	18.4
Madison/East End	14.6	16.9	10.6	14.7	15.2	14.6	13.5	15.2
Greenmount East	17.4	17.6	15.6	11.5	15.4	19.1	16.9	25.5
Greater Govans	12.1	12.9	12.3	13.9	10.8	11.9	13.2	16.8
Greater Roland Park/Poplar Hill	5.7	10.7	11.5	3.7	0.0	2.0	6.0	9.1



Births to Adolescents

Description: The rate of female teens aged 15 to 19 that gave birth per 1,000 females aged 15 to 19.

Figure 9. Births to Adolescents

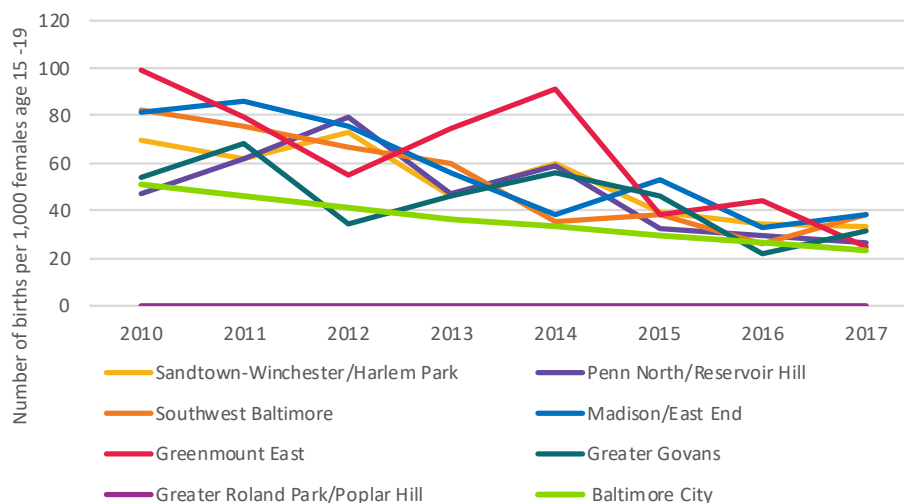
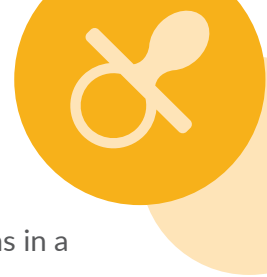


Table 6. Comparative Trends for Adolescent Birth Rates

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	51.1	46.6	41.5	36.1	33.8	29.2	26.9	23.3
Neighborhoods								
Sandtown-Winchester/Harlem Park	69.8	61.9	73.0	46.0	60.3	39.4	34.9	33.3
Penn North/Reservoir Hill	47.1	61.8	79.4	47.1	58.8	32.4	29.4	26.5
Southwest Baltimore	82.4	75.8	66.7	60.1	35.3	37.9	26.1	37.9
Madison/East End	81.0	86.1	75.9	55.7	38.0	53.2	32.9	38.0
Greenmount East	53.7	68.3	34.1	46.3	56.1	46.3	21.9	31.7
Greater Govans	99.2	79.9	55.1	74.4	90.9	38.6	44.1	24.8
Greater Roland Park/Poplar Hill	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0



Full-term Births

Description: The percentage of births delivered at term measures the percentage of births in a calendar year where the baby is delivered between 37 and 42 weeks of gestation.

Figure 10. Full-Term Births

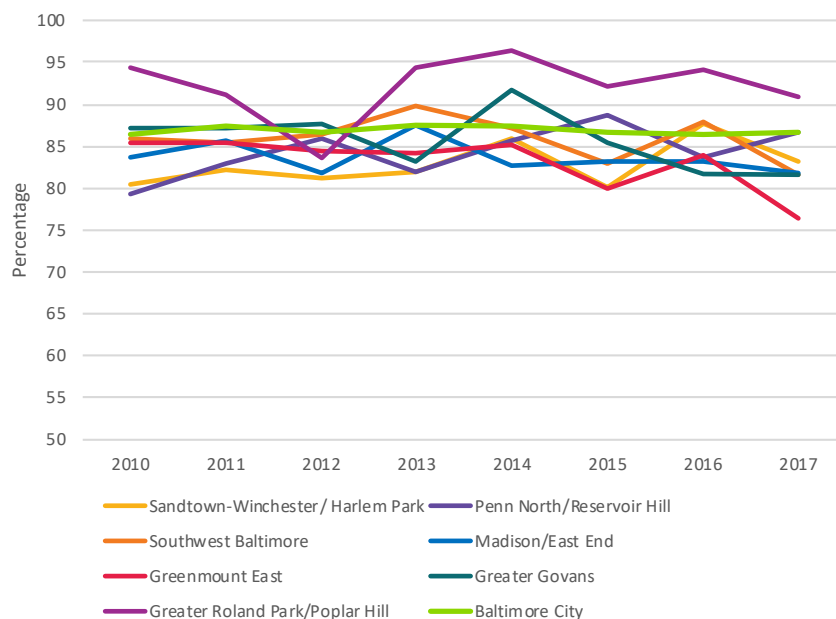


Table 7. Comparative Trends for Percent of Births Delivered at Term (37-42 Weeks)

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	86.5	87.4	86.6	87.5	87.3	86.7	86.4	86.6
Neighborhoods								
Sandtown-Winchester/Harlem Park	80.4	82.1	81.3	81.9	85.8	80.1	87.7	83.1
Penn North/Reservoir Hill	79.3	82.9	86.0	81.9	85.6	88.7	83.7	86.7
Southwest Baltimore	85.8	85.5	86.4	89.8	87.2	83.0	88.0	81.6
Madison/East End	83.6	85.6	81.8	87.5	82.6	83.2	83.1	81.8
Greenmount East	85.4	85.3	84.4	84.2	85.2	80.0	83.8	76.4
Greater Govans	87.2	87.1	87.7	83.1	91.7	85.4	81.8	81.6
Greater Roland Park/Poplar Hill	94.3	91.1	83.6	94.4	96.4	92.2	94.0	90.9



Prenatal Care

Description: The percentage of births where the mother received prenatal care during the first trimester of the pregnancy in a calendar year out of all births within an area. This information is calculated by the Vital Statistics registration information collected from each live birth.

Figure 11. First Trimester Prenatal Care

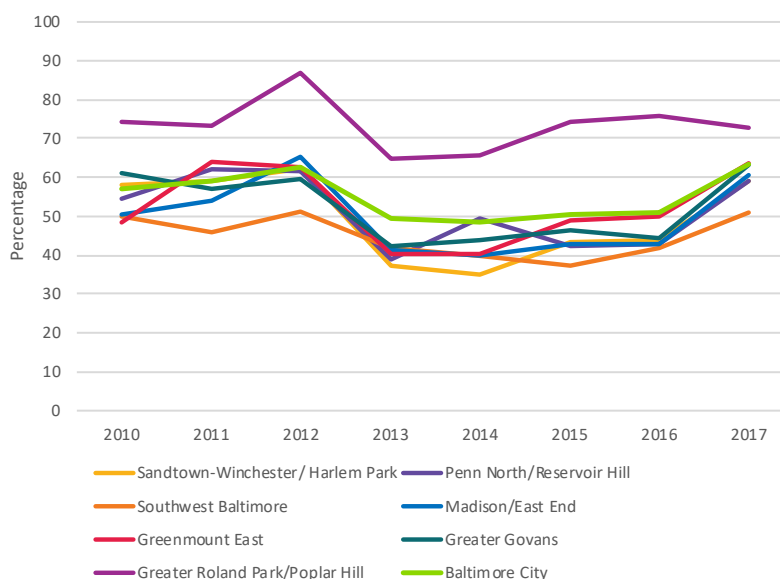


Table 8. Comparative Trends for Percent of Births Where the Mother Received Early Prenatal Care (First Trimester)

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	57.0	59.0	62.7	49.5	48.5	50.4	50.9	63.4
Neighborhoods								
Sandtown-Winchester/ Harlem Park	58.3	59.2	62.2	37.4	35.0	43.2	43.8	59.0
Penn North/Reservoir Hill	54.3	62.1	61.6	38.9	49.6	42.5	42.6	59.2
Southwest Baltimore	50.3	45.7	51.2	41.6	39.9	37.3	41.7	50.9
Madison/East End	50.3	53.8	65.3	41.2	39.9	43.1	42.6	60.6
Greenmount East	48.6	64.0	62.6	40.3	40.3	48.7	50.0	63.6
Greater Govans	61.0	57.1	59.4	42.3	43.9	46.4	44.6	63.2
Greater Roland Park/Poplar Hill	74.3	73.2	86.9	64.8	65.5	74.5	76.0	72.7



Observations

Infant Mortality

Looking at the neighborhood level information, all but two of the communities (Greater Roland Park and Penn North) had rates higher than the state at the end of 2017. Three communities (Southwest Baltimore, Madison East End, and Greenmount East) had higher rates than Baltimore City overall. Relatively dramatic reductions were seen in the Sandtown-Winchester/Harlem Park, Penn North/Reservoir Hill, and Greater Govans communities. Greater Roland Park stands as a consistent outlier with better rates than the city and state – zero mortalities for 2017. The Healthy People 2020 goal for this leading health indicator (LHI) is 6.0.¹⁶ The trend over the last three years for the City overall has not shown appreciable change but has been consistently moving downward (each year within .3 % of the average of 9.6) – trending positively overall.

Low Birth Weight

In Baltimore City, the low birth weight rate is consistently about 30% higher than the state. While the low birth weight rate for the state has been stable, there has been a 6% increase in the low birth weight rate for Baltimore City over the six-year period. The rates in the focus areas, with the exception of Greater Roland Park/Poplar Hill, clearly exceed that of the City for each year, having low birth weight rates up to over 60% higher than the city. The rates in Greater Roland Park/Poplar Hill are consistently substantially lower than the other focus areas, and the rate of low birth weight was 0 in 2014. Also standing out is the 25.5 rate of low birth weight in Greenmount East – it is clearly noted on the line graph as trending upward and above all of the other communities in the last three years. The Healthy People 2020 target for this measure is 7.8%.¹⁷ The overall trend for the City is moves upward with an average of 12.

Birth to Teens

At the neighborhood level, teen birth rates have also consistently dropped over the 6-year period; the Greenmount East neighborhood rate dropping by 75% over this period to have the lowest rate among the predominantly African-American communities. Nevertheless in 2017, the rates are still 2 to 2.5 times the rate of the state of Maryland. Also of note, Greater Roland Park has had 0 births to teens recorded over the past 6 years. Looking only at the last three years, teen births have considerable directional variability across neighborhoods (up and down) except for Sandtown-Winchester/Harlem Park and Penn North/Reservoir Hill (trending downward) and Greater Roland Park/Poplar Hill. The last three-year trend for the City is downward, moving in a positive direction.

Prenatal Care

For first trimester prenatal care, the last three-year trend is generally positive for Baltimore City. It is worth noting that there was a precipitous drop in levels of prenatal care in 2012-2013 – the percentages went from 62.7% to 49.5% and then began to rebound in 2015 – while 2017 saw another spike, this time in the upward/positive direction reaching 63.4% (25% increase over prior year), the highest across all years of the data. Each neighborhood, except for Greater Roland Park/Poplar Hill, experienced the drop in 2012 and the spike in 2017.

16 Healthy People 2020 Maternal Child Health Indicators: Infant Mortality (MICH 1.3) Leading Health Indicator <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>

17 Health People 2020 Maternal Infant Child Health Indicators: Low Birth Weight (MICH 8.1) <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>



For the comparative assessment, all communities except Greater Roland Park and Greater Govans had lower prenatal care rates than Baltimore City across the data span – Govans had some years of lower percentages but in the main either matched or exceeded the City. However, all the percentages fall below the Healthy People 2020 objective of 84.8%. The last three-year average for the City is 54.9; and as previously noted, the last year was (2017) 63.4%.¹⁸

18 Health People 2020 Maternal Infant Child Health Indicators: Revision for Prenatal Care (MICH 10.1)
https://www.healthypeople.gov/node/4833/data_details#revision_history_header



Result 2

Healthy Children

Domain I: Health



Child Mortality

Description: There are varying descriptions in the reporting of child mortality. The Centers for Disease Control and Prevention (CDC)'s description of child mortality is *deaths to children 0 to 21 from all causes per 100,000*. However, data from the Baltimore City Health Department is defined as the **number of deaths of persons between the ages of one and 14 per 10,000 persons within the area in a five-year period**. This is the description being used.

Figure 12. Child Mortality (0-14Years of Age)

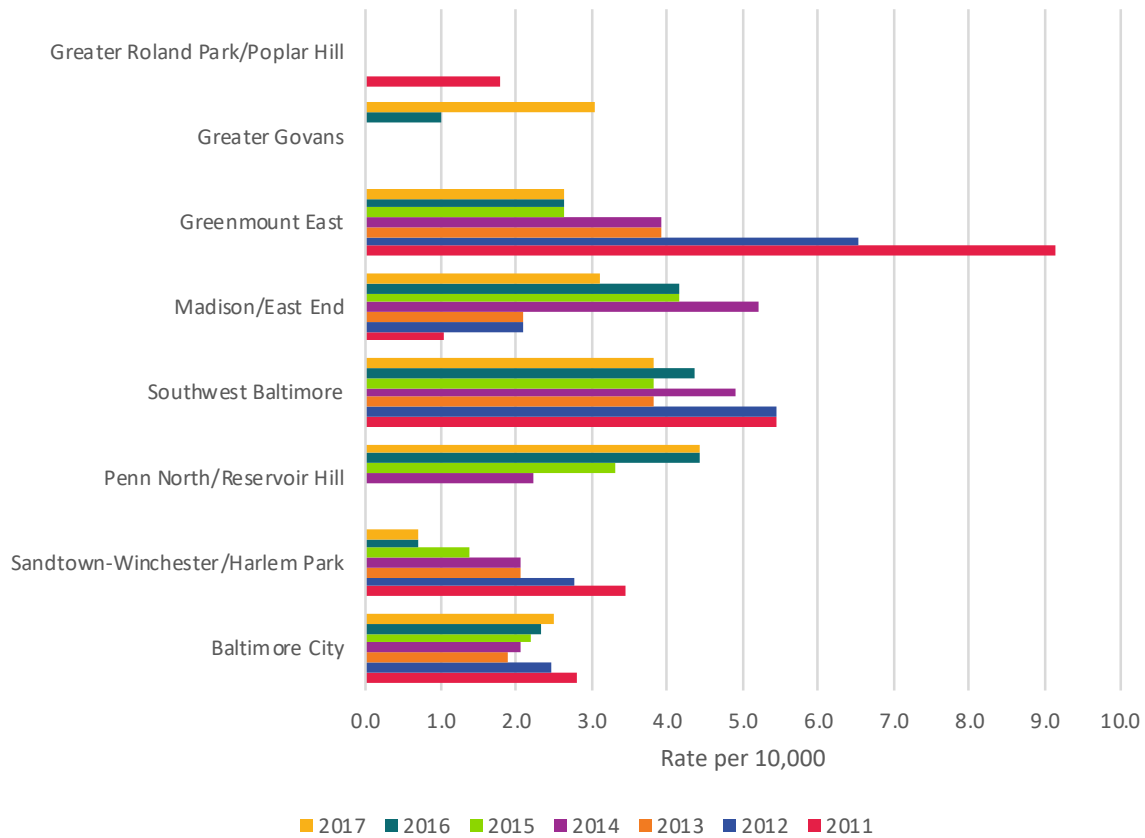




Table 9. Comparative Trends for Child Mortality Rates

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	-	2.8	2.5	1.9	2.1	2.2	2.3	2.5
Neighborhoods								
Sandtown-Winchester/ Harlem Park	-	3.4	2.8	2.1	2.1	1.4	0.7	0.7
Penn North/ Reservoir Hill	-	0.0	0.0	0.0	2.2	3.3	4.4	4.4
Southwest Baltimore	-	5.4	5.4	3.8	4.9	3.8	4.3	3.8
Madison/East End	-	1.0	2.1	2.1	5.2	4.2	4.2	3.1
Greenmount East	-	9.2	6.5	3.9	3.9	2.6	2.6	2.6
Greater Govans	-	0.0	0.0	0.0	0.0	0.0	1.0	3.0
Greater Roland Park/Poplar Hill	-	1.8	0.0	0.0	0.0	0.0	0.0	0.0



Elevated Blood Lead Levels

Description: The number of children aged 0 to 6 that are found to either have elevated blood lead levels ($\geq 10\text{Mg/dL}$) or lead poisoning ($\geq 20\text{ Mg/dL}$) out of the number of children tested within an area in a calendar year.

Figure 13. Total Numbers Tested for Lead Poisoning

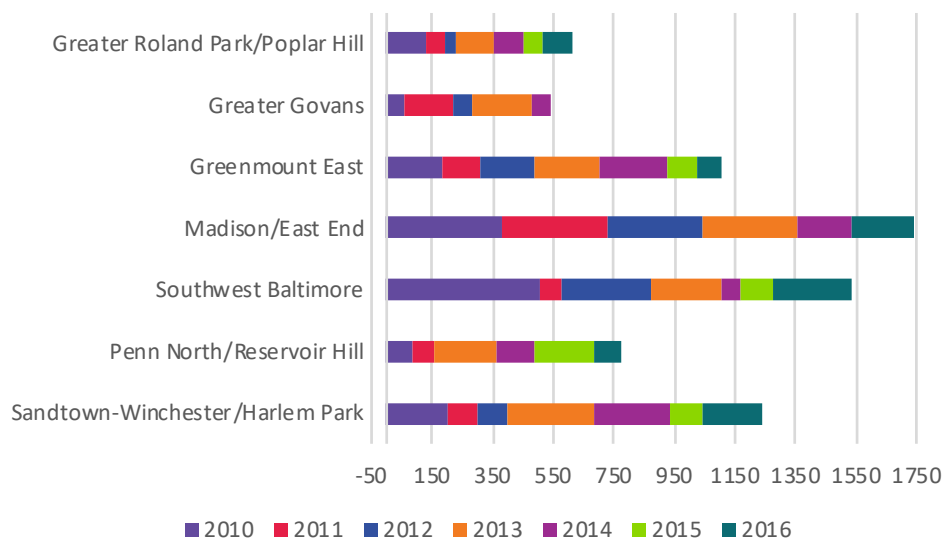


Table 10. Comparative Trends for Number of Children (aged 0-6) Tested for Elevated Blood Lead Levels

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	19,702	19,036	18,723	18,535	17,961	17,222	16,892	-
Neighborhoods								
Sandtown-Winchester/Harlem Park	203	99	95	291	248	104	202	-
Penn North/Reservoir Hill	88	70	0	202	130	195	92	-
Southwest Baltimore	506	72	296	236	62	108	258	-
Madison/East End	377	353	318	312	173	NA	205	-
Greenmount East	183	123	185	209	229	96	80	-
Greater Govans	54	167	64	194	63	NA	NA	-
Greater Roland Park/Poplar Hill	132	57	43	122	99	65	97	-



Table 11. Comparative Trends for Percent of Children (aged 0-6) with Elevated Blood Lead Levels

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	1.6	1.4	1.2	1.2	1.1	1.2	1.0	-
Neighborhoods								
Sandtown-Winchester/Harlem Park	6.9	0.0	7.4	0.0	2.8	0.0	2.5	-
Penn North/Reservoir Hill	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-
Southwest Baltimore	5.3	6.9	3.7	5.5	0.0	8.3	0.0	-
Madison/East End	6.1	5.9	4.4	3.8	4.0	-	2.4	-
Greenmount East	3.8	3.6	3.8	4.8	4.8	6.3	6.3	-
Greater Govans	0.0	0.0	0.0	2.6	0.0	-	-	-
Greater Roland Park/Poplar Hill	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-

Percentage of Children with Health Insurance

Description: Percentage of children ages 0-18 with health insurance coverage. The data for Maryland and Baltimore City were similar from 2011 through 2017. Neighborhood level data was only available for 2017.

Table 12. Comparative Trends for Percentage of Children with Health Insurance

	2017
Baltimore City	96.4
Neighborhoods	
Sandtown-Winchester/Harlem Park	98.5
Penn North/Reservoir Hill	98.4
Southwest Baltimore	94.3
Madison/East End	92.7
Greenmount East	99.5
Greater Govans	99.4
Greater Roland Park/Poplar Hill	95.6



Observations

Child Mortality

The overall trend in Baltimore City (last three years) is moving in a non-positive direction (increase of 14% between 2015 and 2017). The numbers may be seen as relatively small, but the directionality is the concern, heading back to numbers from 2012. Only Greater Roland Park/Poplar Hill and Greater Govans had a more positive set of numbers, overall, than Baltimore City. The community with the highest and most persistent gap between it and Baltimore City was Southwest Baltimore. A troubling trend was a significant uptick for Madison East End in 2014 that has been decreasing from that high point but nonetheless exceeds the City.

Among the communities with an overall negative trend compared to the City, Sandtown-Winchester/Harlem Park is singled out because, for the last three years, it has been showing a significant decrease in its child mortality rates. [Note: While the data are not directly comparable, as a context, the top three causes of death among children (0 – 21) in Maryland are Sudden Infant Death, Injury (motor vehicle accidents being the highest), and homicide.¹⁹]

Lead Level

The data indicate that, among those between 0 and 6 years of age who have been tested, there has been a steady decline in the percentage who have elevated blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$ with a value of 1% in 2016. However, the percentage in Greenmount East was almost six times the City's percent positive in 2016, and Madison East and Sandtown-Winchester/Harlem Park were twice that of the City in the same year.

Maryland has undertaken a dedicated approach to preventing lead exposure through a number of regulations but has also been increasing testing to identify children who may be at risk for cognitive and behavioral compromise. Maryland State Regulations (COMAR) 10.11.04.04 indicates the conditions under which children must be tested, primarily based on being at-risk due to living conditions identified by specified areas.²⁰ As there is no safe level of lead in the blood, these data must be viewed in that context. Baltimore City Health Department conducts outreach and education to promote blood lead testing for all children ages one and two as mandated by the state and the Baltimore City Health Code.²¹ Consequently, the numbers will vary and will not fully reflect actual lead poisoning level percentages. With the history of lead paint in Baltimore City housing and the current demolition activities in areas being gentrified, it was important to include this as an indicator though no concluding statement other than what has been provided is being made.


Percentage of Children With Health Insurance

High rates of coverage are evident for each community though it is not 100% coverage. Data were not readily available at the neighborhood level.

19 Maryland State Child Fatality Review Board 2018 Annual Legislative Report [https://phpa.health.maryland.gov/documents/Health-General-Article-5-704\(b\)\(12\)-Maryland-State-Child-Fatality-Review-Team-2018-Annual-Legislative-Report.pdf](https://phpa.health.maryland.gov/documents/Health-General-Article-5-704(b)(12)-Maryland-State-Child-Fatality-Review-Team-2018-Annual-Legislative-Report.pdf)

20 Regulation access (<http://www.dsd.state.md.us/comar/comarhtml/10/10.11.04.04.htm>) (Excerpt: Effective March 28, 2016, a primary care provider for a child who resides, or who is known to have previously resided, in an at-risk area shall administer a blood test for lead poisoning during the 12-month visit and again during the 24-month visit.

21 Baltimore City Health Department Lead related website (<https://health.baltimorecity.gov/lead/lead-poisoning>)



Result 3 **Children Enter** **Ready to** **Learn – School** **Readiness**

Domain II: Education

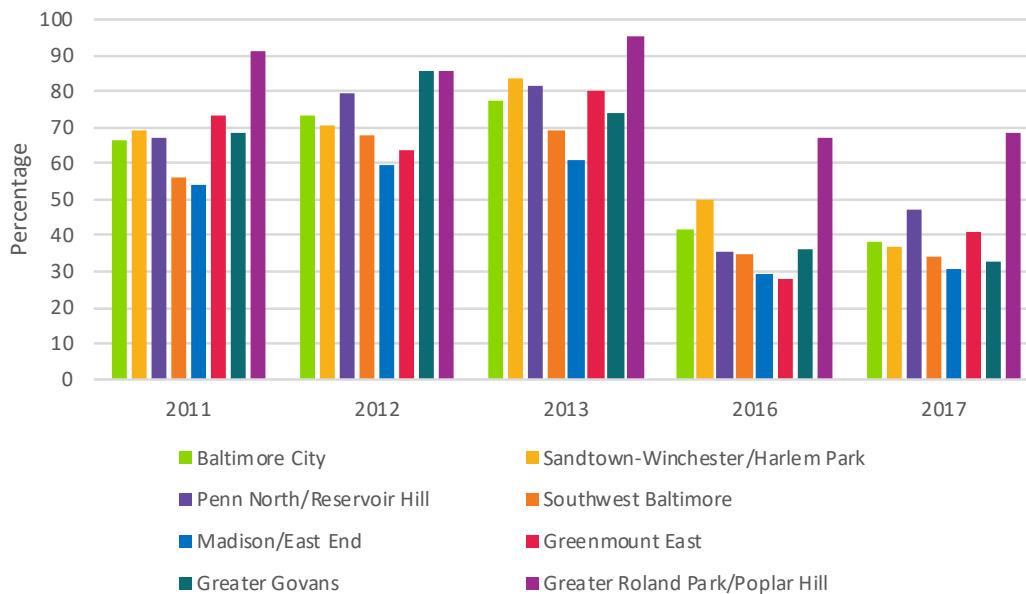


Kindergarten Readiness Assessment

Description: The Maryland Model for School Readiness (MMSR) values represent the percentage of children whose composite score indicates full school readiness out of all kindergarten school children tested within an area in a school year.

Starting in School Year 2014-2015 (no data for those years), the State began using the Kindergarten Readiness Assessment (KRA) tool R4K. The numbers represent percentage of readiness; but because they are composites of multiple domains, the expectation was that the scores would differ significantly from the MMSR.

Figure 14. Kindergarten Readiness - MMSR and KRA (R4K)



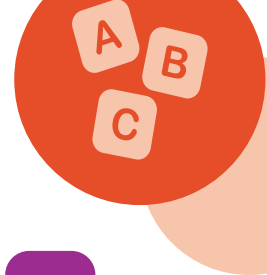


Table 13. Comparative Trends for Kindergarten School Readiness

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	-	66.2	73.1	77.6	-	-	41.7	38.0
Neighborhoods								
Sandtown-Winchester/Harlem Park	-	69.3	70.3	83.6	-	-	50.0	37.0
Penn North/Reservoir Hill	-	66.9	79.3	81.9	-	-	35.6	47.5
Southwest Baltimore	-	56.1	68.0	69.1	-	-	34.6	34.4
Madison/East End	-	54.1	59.4	61.0	-	-	29.2	31.0
Greenmount East	-	73.5	64.0	80.3	-	-	27.6	41.0
Greater Govans	-	68.4	85.8	74.1	-	-	36.4	32.8
Greater Roland Park/Poplar Hill	-	91.3	85.7	95.2	-	-	67.4	68.3

Observation

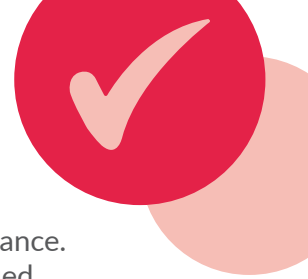
For the period during which the MMSR was used to assess readiness of kindergarten school children, Baltimore City reported an increasing trend in the percentage of full school readiness, from 66% in 2011 to 83.6% in 2013. This higher percentage was not sustained when the Kindergarten Readiness Assessment (KRA) was applied. For the two years of data using the KRA, it appears that for Baltimore City about 40% of kindergarten children are full school ready. This is much less than the percentage deemed ready applying the MMSR. The increasing trend in readiness measured during the MMSR years and the lower percentage rates between the MMSR years and the KRA years occurred for all of the neighborhoods. While 95% of Greater Roland Park kindergarten children were deemed full school ready in 2013 using the MMSR, the percentage reduced to 67% in 2016 using the KRA, still at a rate higher/faring better than Baltimore City. Across both periods of assessment Southwest Baltimore and Madison/East End consistently fell below the rate of full school readiness among kindergarteners while their respective reported rates for each assessment tool were stable. Greater Govans trended above Baltimore City during MMSR years but KRA measures of readiness are less than rates for Baltimore City. No trend is being determined – considered as stable.



Result 4

Children Are Successful in School

Domain II: Education



Reading and Math Assessments

The State of Maryland changed the instrument used to assess reading and math performance. Both sets of assessments are presented in one table with the relevant instrument identified.

Description: The Maryland School Assessment (MSA) and the PARCC (new tool 2015) represents the percentage of students passing M.S.A. exams in reading and mathematics. The MSA reflects percentage of students who have tested as advanced or proficient. The PARCC reflects the percentage of students who have tested as exceeding or meeting expectations.

Figure 15. 3rd Grade MSA and PARCC Reading Assessments

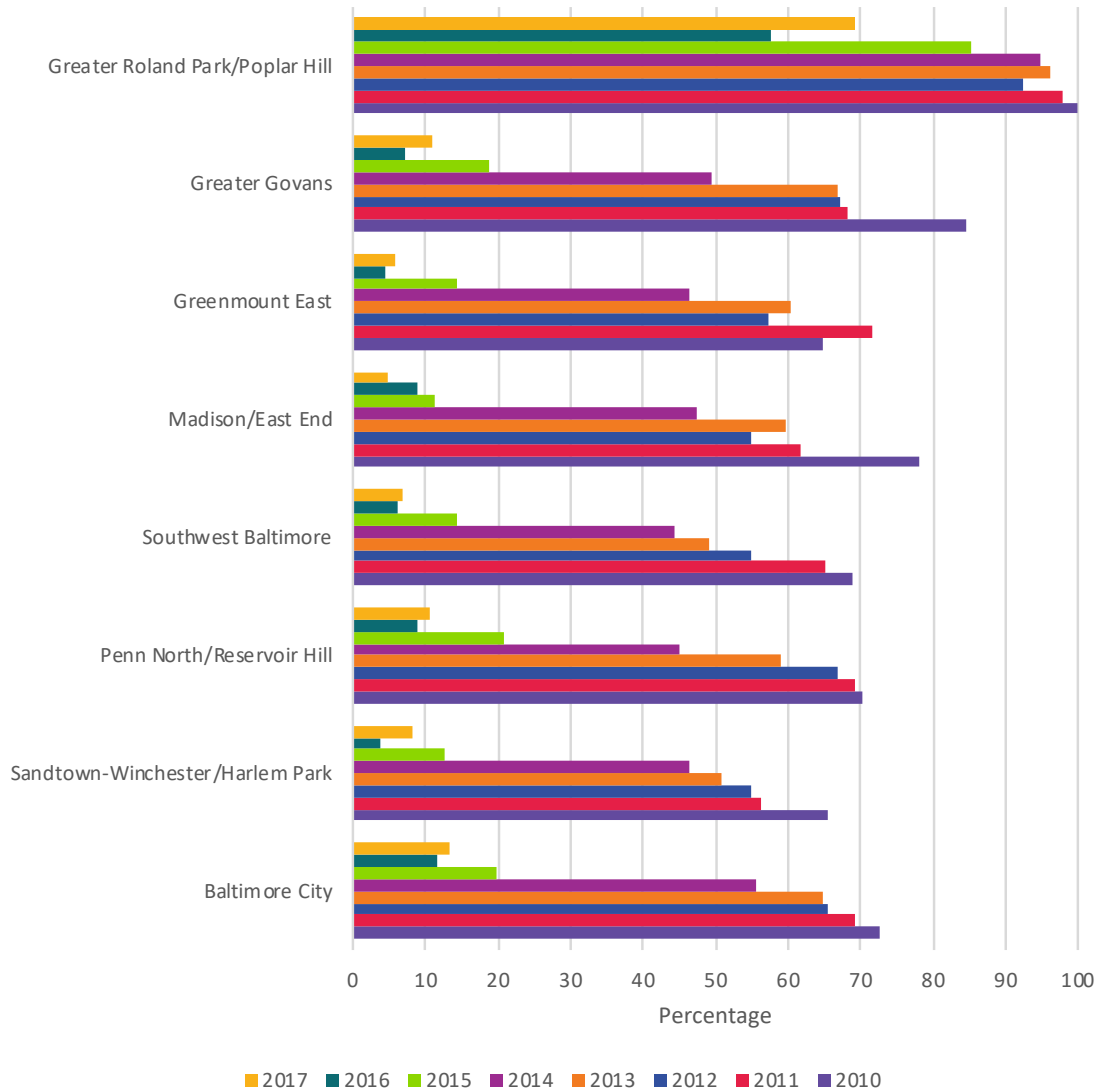




Figure 16. 3rd Grade Math MSA and PARCC Assessments

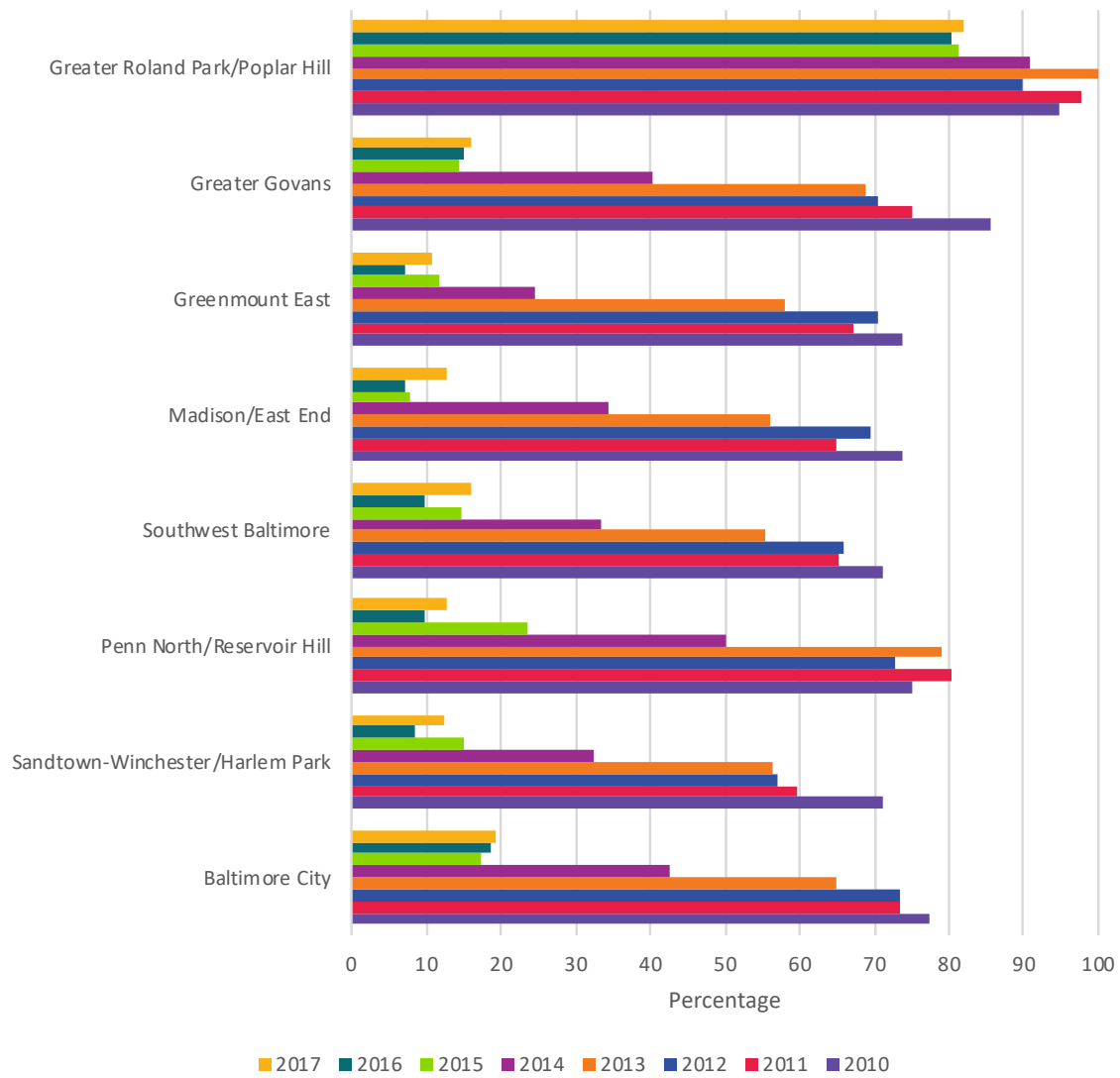


Table 14. Comparative Trends for Percentage of 3rd Grade Students Passing Math

	MSA Assessment					PARCC Assessment		
	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	77.5	73.3	73.6	68.1	46.8	17.3	18.7	19.4
Neighborhoods								
Sandtown-Winchester/Harlem Park	71.2	59.8	57.1	57.3	38.0	15.0	8.3	12.4
Penn North/Reservoir Hill	75.5	80.4	72.9	75.2	34.5	23.6	9.8	12.8
Southwest Baltimore	71.1	65.4	65.9	58.7	32.5	14.8	9.8	16.1
Madison/East End	73.8	64.8	69.5	59.6	42.5	8.0	7.3	12.6
Greenmount East	73.7	67.4	70.4	61.4	36.2	11.7	7.1	10.8
Greater Govans	85.7	75.2	70.5	72.0	47.4	14.5	15.0	16.0
Greater Roland Park/Poplar Hill	94.9	97.9	90.0	96.4	97.0	81.3	80.4	82.1

Table 15. Comparative Trends for Percentage of 3rd Grade Students Passing Reading

	MSA Assessment					PARCC Assessment		
	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	72.5	69.4	65.5	64.9	55.6	19.7	11.6	13.4
Neighborhoods								
Sandtown-Winchester/Harlem Park	65.4	56.4	54.8	50.9	46.4	12.6	3.9	8.1
Penn North/Reservoir Hill	70.2	69.2	66.9	59.0	44.9	20.8	9.0	10.6
Southwest Baltimore	68.9	65.3	55.0	49.2	44.2	14.4	6.2	6.8
Madison/East End	78.1	61.9	55.0	59.2	47.5	11.2	8.8	4.7
Greenmount East	64.9	71.6	57.4	60.4	46.5	14.3	4.5	5.9
Greater Govans	84.8	68.3	67.4	66.9	49.6	18.6	7.0	11.1
Greater Roland Park/Poplar Hill	100.0	97.8	92.3	96.4	95.0	85.4	57.7	69.2



Absenteeism

Description: The percentage of 1st through 5th grade students that were recognized as being absent from public school 20 or more days out of all students.

Figure 17. 1st – 5th Grade Chronic Absenteeism

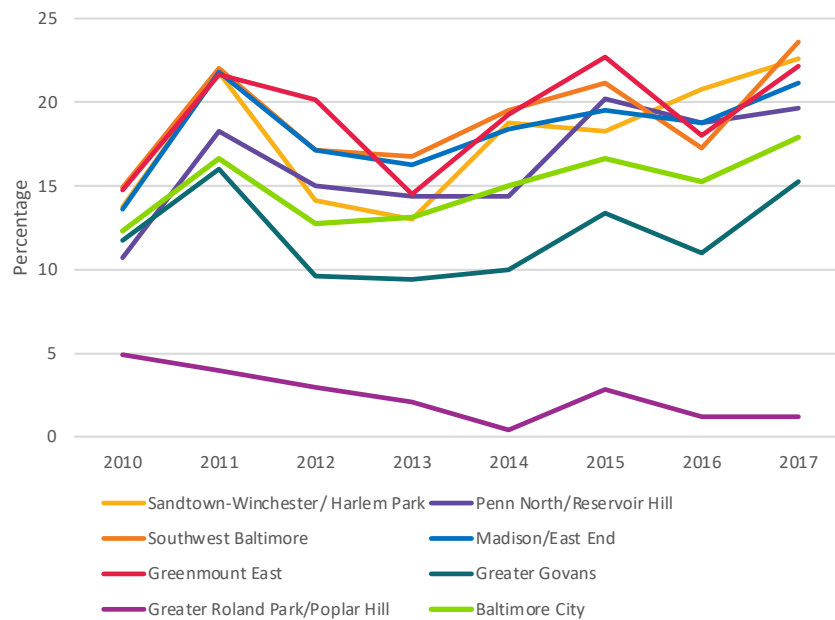


Table 16. Comparative Trends for Percent of 1st-5th Grade Students that are Chronically Absent (Missing at least 20 days)

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	12.3	16.6	12.7	13.1	15.0	16.6	15.3	17.9
Neighborhoods								
Sandtown-Winchester/Harlem Park	13.7	21.8	14.1	13.0	18.8	18.2	20.8	22.6
Penn North/Reservoir Hill	10.7	18.2	15.0	14.4	14.4	20.2	18.7	19.6
Southwest Baltimore	14.9	22	17.1	16.7	19.5	21.1	17.2	23.6
Madison/East End	13.6	21.8	17.1	16.3	18.4	19.5	18.7	21.1
Greenmount East	14.7	21.6	20.1	14.5	19.3	22.7	18	22.1
Greater Govans	11.7	16	9.6	9.4	10.0	13.4	11.0	15.3
Greater Roland Park/Poplar Hill	4.9	3.9	3.0	2.1	0.4	2.8	1.2	1.2

Description: The percentage of 6th to 8th grade students that were recognized as being absent from public school 20 or more days out of all students.

Figure 18. 6th - 8th Grade Chronic Absenteeism

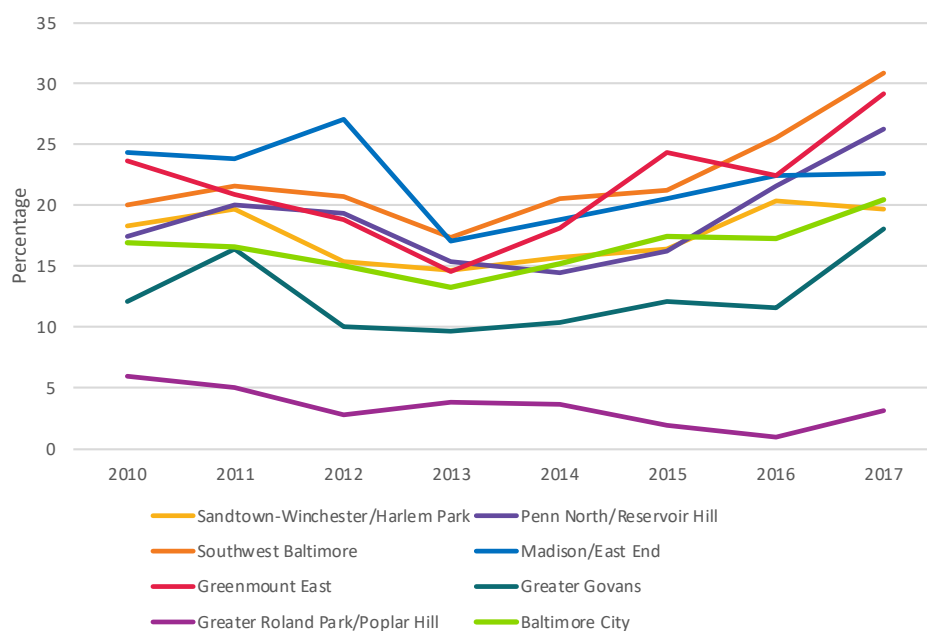


Table 17. Comparative Trends for Percent of 6th-8th Grade Students that are Chronically Absent (Missing at least 20 days)

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	16.9	16.7	15.1	13.3	15.2	17.4	17.3	20.5
Neighborhoods								
Sandtown-Winchester/Harlem Park	18.3	19.7	15.5	14.7	15.7	16.5	20.4	19.7
Penn North/Reservoir Hill	17.5	20.1	19.4	15.5	14.5	16.3	21.6	26.3
Southwest Baltimore	20.0	21.7	20.8	17.4	20.5	21.3	25.5	30.9
Madison/East End	24.4	23.9	27.1	17.1	18.9	20.5	22.4	22.7
Greenmount East	23.7	20.9	18.9	14.6	18.2	24.3	22.5	29.2
Greater Govans	12.1	16.4	10.1	9.7	10.4	12.1	11.6	18.1
Greater Roland Park/Poplar Hill	6.0	5.1	2.8	3.8	3.7	2.0	1.0	3.1

Description: The percentage of 9th to 12th grade students that were recognized as being absent from public school 20 or more days out of all students.

Figure 19. 9th – 12th Grade Chronic Absenteeism

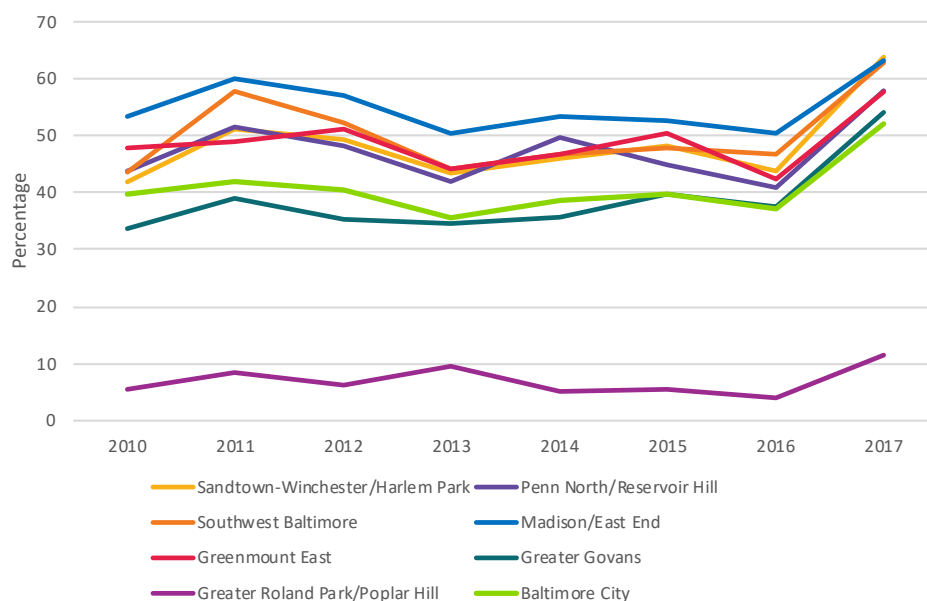


Table 18. Comparative Trends for Percent of 9th-12th Grade Students that are Chronically Absent (Missing at least 20 days)

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	39.7	42.1	40.4	35.6	38.7	39.6	37.2	52.1
Neighborhoods								
Sandtown-Winchester/Harlem Park	41.9	51.3	49.3	43.4	46.1	48.1	43.9	63.8
Penn North/Reservoir Hill	43.9	51.6	48.3	41.9	49.8	44.8	40.9	57.9
Southwest Baltimore	43.6	57.8	52.1	44.3	46.6	47.7	46.8	62.8
Madison/East End	53.3	60.1	56.9	50.4	53.2	52.7	50.6	63.2
Greenmount East	47.7	49.1	51.0	44.3	46.9	50.4	42.4	57.7
Greater Govans	33.7	38.9	35.3	34.5	35.8	39.6	37.6	54.1
Greater Roland Park/Poplar Hill	5.6	8.4	6.3	9.5	5.3	5.6	4.0	11.5



Observations

Indicators of School Success discussed here include performance on reading and math assessments and absenteeism. Third grade reading and math levels have been found to be predictive of performance in middle and high school as well as high school completion. Engagement in the learning process is an essential element; students must be present to be successful. Thus, absenteeism rates are a proxy for and predictive of less than successful performance in schools.

Reading and Math Assessments

For the period 2010 through 2014 when the MSA was used, Baltimore City experienced a consistent and steep decline for both math and reading in the percentage of students who scored as advanced or proficient. Similar declines were noted in all of the focus neighborhoods, with neighborhoods generally reporting lower percentages of achievement than the city overall in reading and math with a few exceptions. Greater Roland Park's students performed higher in both reading and math than the city overall every year during the five-year period of 2010 to 2014. Greater Govans exceeded Baltimore in math four of the five years during this period and in exceeded the city overall reading three of the five years.

While there may be some convergence issues with making comparisons between MSA score and PARCC scores, the declining trend in reading noted with MSA data continued with PARCC data for the period 2015 through 2017. Contrary to the decline in math observed with MSA data, PARCC data on math performance indicate an increasing trend among 3rd graders overall in Baltimore City.

Performance on the PARCC reading assessment among Baltimore 3rd grade students declined each year since its implementation in 2015. This decline was noted for all the focus neighborhoods as well. In all neighborhoods except Greater Roland Park, less than 15% of 3rd graders met or exceeded expectations in reading, with 69% of Roland Park 3rd graders meeting or exceeding expectations in reading. Contrarily, performance on the PARCC math assessment among Baltimore 3rd graders increased over the same three-year period. This increase was not realized among all the focus neighborhoods. Madison/East End and Pen Lucy (located in Northeast Baltimore near The Waverlies) experienced increases among its 3rd graders. Carrollton Ridge (located in Southwest Baltimore) also showed an increase over the 2015 scores; however, the 2016 increase to 30% seemed to be an outlier, more than double the 2015 score of 13.3% and appreciably greater than the 2017 score of 16%.

Chronic Absenteeism

As could be expected, rates of absenteeism are lower among the elementary school grades 1 through 5; increasing in the 6th through 8th middle school grades as students become more independent; and are highest for high school grades 9th through 12th, during which time school drop-out typically occurs. Although the rate of school absenteeism among 1st – 5th graders in Baltimore City has fluctuated over the past 6 years, there has been an overall increase from 12.3% in 2010 to 17.9% in 2017. In all focus areas except Greater Roland Park and Greater Govans, the rates have exceeded that of Baltimore City. Four focus areas – Harlem Park, Carrollton Ridge, Madison/ East End and Johnston Square – all have rates above 20%.

In Baltimore City, there is a general upward trend in the rate of school absenteeism among 6th through 8th and 9th through 12th graders. The rates for 9th through 12th graders increased from 39.7% in 2010 to 52.1% in 2017. In all the focus neighborhoods except Roland Park, the absenteeism rates exceed that of Baltimore City.



Result 5

Youth Will Complete School

Domain II: Education



High School Withdrawal

Description: The percentage of 9th through 12th graders who withdrew from public school out of all high school students in a school year. Withdraw codes are used as a proxy for dropping out of school based upon the expectation that withdrawn students are no longer receiving educational services. A dropout is defined as a student who, for any reason other than death, leaves school before graduation or completion of a Maryland-approved education program and is not known to enroll in another school or State-approved program during a current school year.

Figure 20. High School Withdrawal

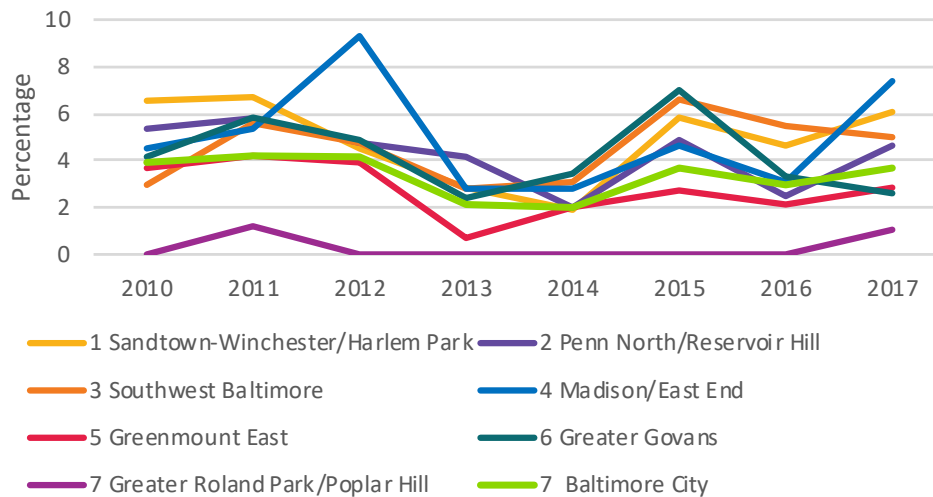


Table 19. Comparative Trend for High School Dropout/Withdrawal Rate

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	3.9	4.2	4.1	2.1	2.0	3.7	3.0	3.7
Neighborhoods								
Sandtown-Winchester/Harlem Park	6.6	6.7	4.5	2.9	1.9	5.8	4.6	6.1
Penn North/Reservoir Hill	5.3	5.8	4.8	4.1	2.0	4.9	2.5	4.6
Southwest Baltimore	3.0	5.6	4.8	2.8	3.1	6.6	5.5	5.0
Madison/East End	4.5	5.3	9.3	2.8	2.8	4.6	3.1	7.4
Greenmount East	3.7	4.2	3.9	0.7	2.0	2.7	2.1	2.8
Greater Govans	4.1	5.8	4.9	2.4	3.5	7.0	3.3	2.6
Greater Roland Park/Poplar Hill	0.0	1.2	0.0	0.0	0.0	0.0	0.0	1.0



High School Completion

Description: The percentage of 12th graders in a school year that successfully completed high school out of all 12th graders within an area. Completers are identified as completing their program of study at the high school level and satisfying the graduation requirements for a Maryland High School Diploma or the requirements for a Maryland Certificate of Program Completion.

Figure 21. Percent High School Completion

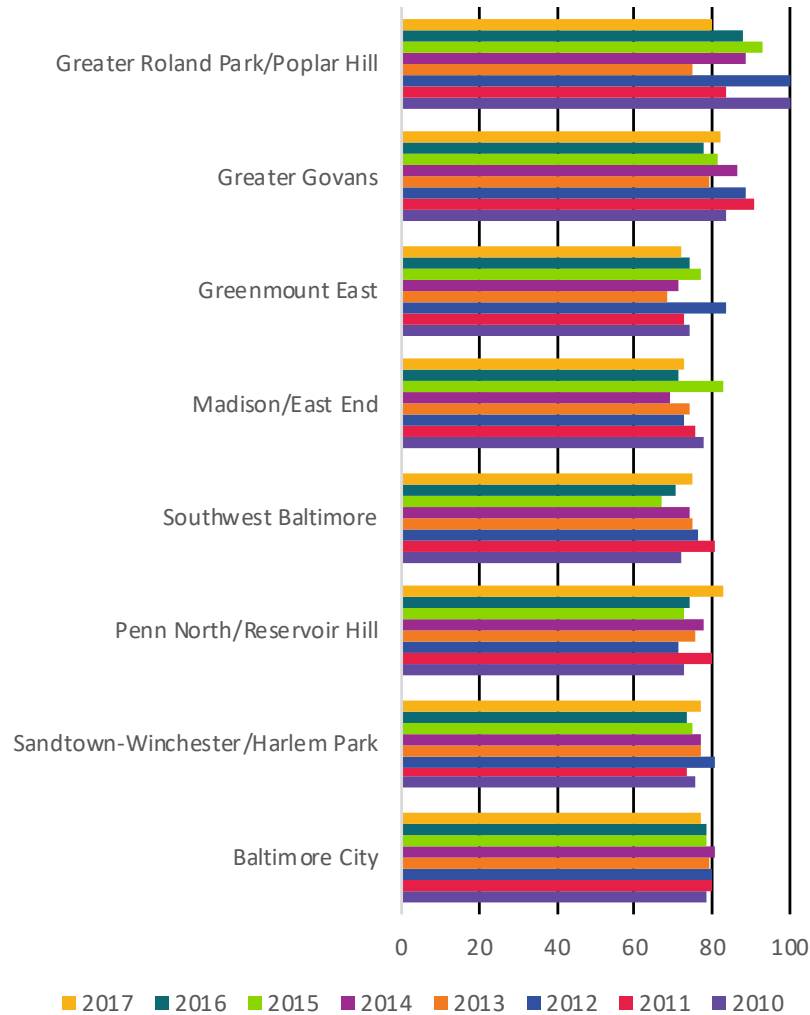




Table 20. Comparative Trend for High School Completion Rate

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	78.4	80.3	80.3	79.3	80.7	78.3	78.4	77.3
Neighborhoods								
Sandtown-Winchester/Harlem Park	75.5	73.5	80.5	77.2	77.4	75.2	73.6	76.9
Penn North/Reservoir Hill	72.7	80.3	71.3	75.4	78.1	72.6	74.1	82.7
Southwest Baltimore	71.7	80.9	76.2	74.8	74.2	66.9	70.7	75.2
Madison/East End	77.7	75.4	72.9	74.2	69.3	82.7	71.6	73.0
Greenmount East	74.1	72.9	83.3	68.3	71.3	77.3	74.2	71.7
Greater Govans	83.8	91.0	88.7	79.5	86.2	81.7	78	82.4
Greater Roland Park/Poplar Hill	100.0	83.3	100.0	75.0	88.9	92.9	88.0	80.0

Observations

High School Withdrawal

Over the six-year period between 2011 and 2017, high school withdrawal rates have been fairly stable in Baltimore City. Sandtown-Winchester/Harlem Park, Penn North/Reservoir Hill, Madison East End, and Southwest have all had higher withdrawal rates than Baltimore City for most of the data years reviewed. The gaps have been most pronounced are in the Sandtown-Winchester/Harlem Park communities.

Unique among the findings, Greenmount East and Greater Roland Park/Poplar Hill both have had a pattern of dropout percentages the same or lower than Baltimore City – Greater Roland Park was consistently much lower – in only two years was there a dropout percentage higher than 1.2 compared to Greenmount East's highest value of 4.2%.

Greater Govans was the community that had variations very similar to the city but with an exceptional peak at 7.0% in 2015. This was a spike year for all the communities except Greenmount East and Greater Roland Park/Poplar Hill.

High School Completion

For high school completion, Baltimore City has been fairly stable – the range of completion rates falling between 77.3% to 80.7% over the data review period, though the 2017 data show a downward trend that started in 2015. The west and east communities (Sandtown-Winchester/Harlem Park, Penn North/Reservoir Hill, Southwest Baltimore, Madison East End, and



Greenmount East) have shown a similar negative comparative relationship to Baltimore City in completion rates overall. In contrast, Greater Govans and Greater Roland Park/Poplar Hill had rates lower than Baltimore City for the majority of the data points.

The ranges for this indicator were not large but noteworthy. The lowest range for the City over the time period was 77.3% while the lowest range for the east and west communities was 68.3% but with a high of 80.9%, a much wider range.



Result 6

Youth Will Have Opportunities for Employment or Career Readiness

Domain II: Education



Youth Connectedness

Description: The percentage of persons aged 16 to 19 who are in school and/or are employed out of all persons in their age cohort.

Figure 22. Percent Youth (Ages 16-19) in School and/or Employed





Table 21. Comparative Trends for Percentage of Population aged 16-19 in School and/or Employed

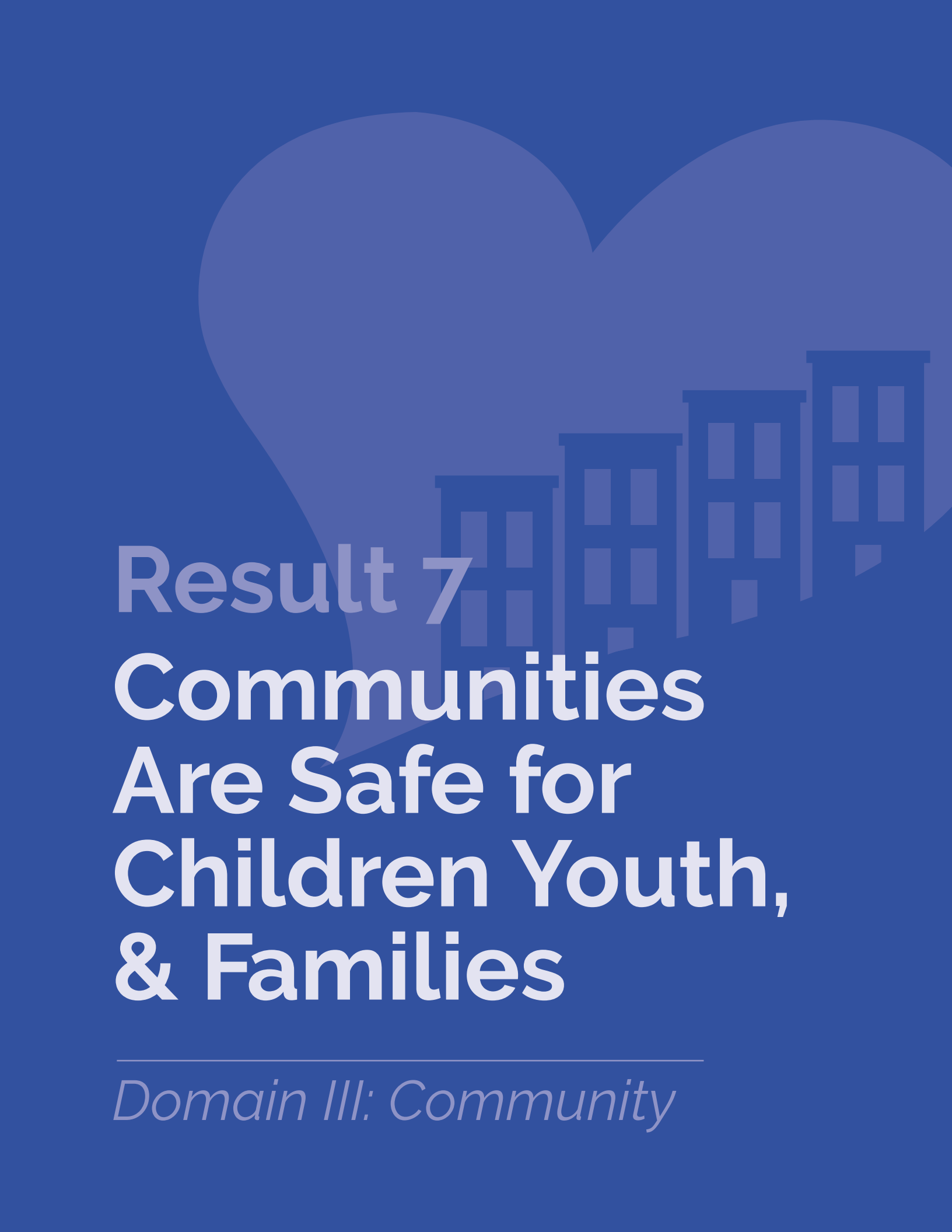
	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	86.0	87.4	87.9	87.7	88.1	81.0	86.2	87.3
Neighborhoods								
Sandtown-Winchester/Harlem Park	73.5	79.8	79.7	79.2	84.4	82.0	89.2	81.6
Penn North/Reservoir Hill	68.3	77.9	78.4	78.0	81.9	80.7	82.8	76.5
Southwest Baltimore	84.7	79.1	88.8	87.6	89.9	75.0	90.5	88.9
Madison/East End	70.1	67.4	73.4	76.3	72.4	73.6	85.7	90.9
Greenmount East	92.7	93.3	91.3	82.8	73.4	67.4	77.9	79.1
Greater Govans	79.3	85.3	83.1	80.8	78.9	68.6	76.1	74.2
Greater Roland Park/Poplar Hill	95.4	96.5	98.8	99.5	100.0	100.0	100.0	100.0

Observation

Employment/Career Readiness

The percent of youth ages 16 to 19 years old in school or employed has remained stable for Baltimore City, hovering around 87% over the last eight years and experiencing a drop in one year (2014) that did not go below 80%. At the neighborhood level, Greater Roland Park has consistently had the highest percent of persons in this age group as employed or in school, reporting 100% for years 2014 through 2017. Between 2010 and 2013, the percentage held firmly above 95% for Greater Roland Park. While there has been upward and downward variability in annual percentages at the neighborhood level, the neighborhoods have generally reported lower percentages than Baltimore City with the exception of Greater Roland Park. The neighborhoods of Greenmount East and Greater Govans experienced some of the lowest youth-in-school or employed percentages. Since 2014, less than 80% of their youth in this age group were identified as in school or employed.

One neighborhood may be showing early signs of improvements in this measure. Southwest Baltimore may be trending upward, reporting percentages higher than Baltimore City for 2016 and 2017 at 85.7% and 90.9%, respectively. The three-year trend for the City is positive, with steadily increasing levels of connectedness.



Result 7 Communities Are Safe for Children Youth, & Families

Domain III: Community



Violent Crimes, Shootings, and Gun-Related Homicides

Description: The violent crime rate measures the number of Part 1 crimes identified as being violent (homicide, rape, aggravated assault, and robbery) that are reported to the Police Department. These incidents are per 1,000 residents in the neighborhood to allow for comparison across areas.

Figure 23. Violent Crime

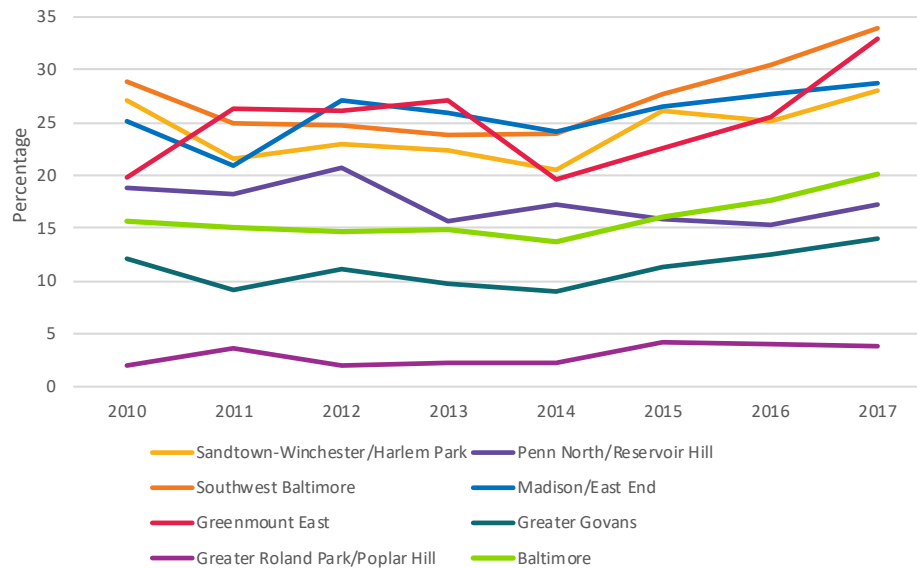


Table 22. Comparative Trends for Violent Crime Rate per 1,000 Residents

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	15.6	15.1	14.7	14.8	13.7	16.1	17.6	20.1
Neighborhoods								
Sandtown-Winchester/Harlem Park	27.1	21.5	23.0	22.4	20.5	26.1	25.1	28.0
Penn North/Reservoir Hill	18.8	18.2	20.7	15.6	17.3	15.8	15.3	17.2
Southwest Baltimore	28.8	24.9	24.8	23.8	23.9	27.6	30.5	33.9
Madison/East End	25.1	20.9	27.0	25.8	24.2	26.5	27.6	28.7
Greenmount East	19.7	26.3	26.1	27.0	19.6	22.6	25.5	32.9
Greater Govans	12.1	9.2	11.2	9.8	9.0	11.3	12.5	14.0
Greater Roland Park/Poplar Hill	2.0	3.7	2.0	2.3	2.2	4.2	4.1	3.8



Neighborhood Shootings

Description: The rate of 911 calls for shootings per 1,000 residents in an area. Since the data comes from 911 calls, it is possible that multiple calls could be made for a single incident.

Figure 24. Rates of Neighborhood Shooting

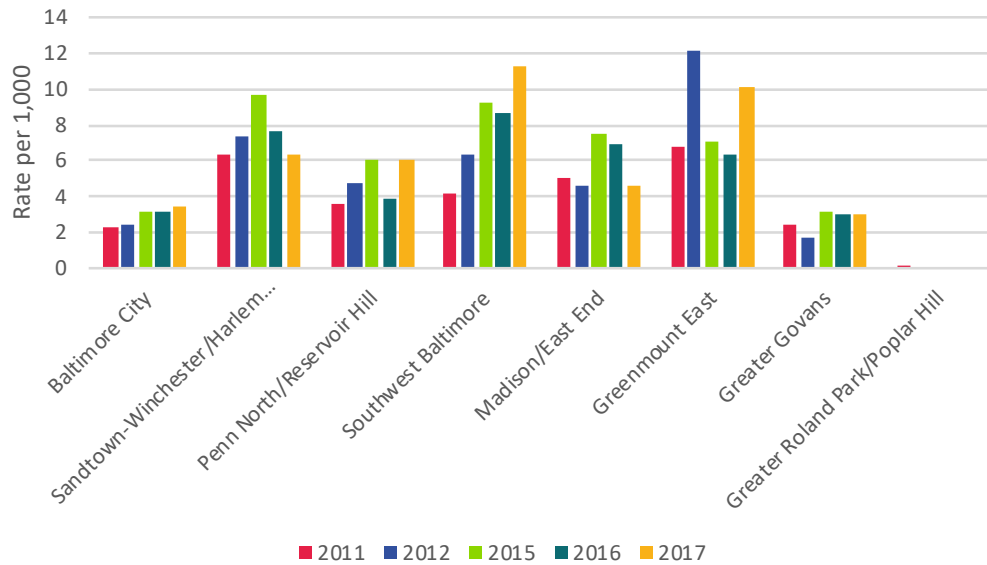


Table 23. Comparative Trends for Number of Neighborhood Shootings per 1,000 Residents

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	-	2.3	2.4	-	-	3.2	3.1	3.5
Neighborhoods								
Sandtown-Winchester/Harlem Park	-	6.4	7.4	-	-	9.7	7.6	6.3
Penn North/Reservoir Hill	-	3.6	4.7	-	-	6.1	3.9	6.0
Southwest Baltimore	-	4.1	6.3	-	-	9.2	8.6	11.2
Madison/East End	-	5.0	4.6	-	-	7.5	6.9	4.6
Greenmount East	-	6.8	12.1	-	-	7.0	6.4	10.1
Greater Govans	-	2.4	1.7	-	-	3.2	3.0	3.0
Greater Roland Park/Poplar Hill	-	0.1	-	-	-	0.0	0.0	0.0



Gun-related Homicides

Description: The rate of homicides by firearm as reported in the Part 1 crime data per 1,000 residents in an area.

[Due to nature of the metric, a graph for gun-related homicides would not effectively reflect the findings]

Table 24. Comparative Trends for Number of Gun-Related Homicides per 1,000 Residents

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	-	0.2	0.3	0.3	0.3	0.5	0.4	0.5
Neighborhoods								
Sandtown-Winchester/Harlem Park	-	0.6	0.6	0.9	0.3	1.2	1.2	1.0
Penn North/Reservoir Hill	-	0.6	0.7	1.0	0.5	0.9	0.4	0.7
Southwest Baltimore	-	0.5	0.4	0.7	0.7	1.3	1.3	1.3
Madison/East End	-	0.4	0.6	1.2	0.6	1.0	1.7	0.8
Greenmount East	-	0.5	1.3	1.0	0.2	1.5	0.7	2.0
Greater Govans	-	0.2	0.3	0.2	0.4	0.7	0.2	0.7
Greater Roland Park/Poplar Hill	-	0.0	0.0	0.0	-	0.0	0.0	0.0

Observations

Violent Crime

The rate of violent crime in Baltimore City decreased during the period from 2010 to 2014. However, in the last three years (2015 – 2017), this trend appears to have reversed with the rate of violent crimes increasing from a low of 1.7 per 1,000 residents to a high of 20.1 in 2017, a 47% increase. All neighborhoods have experienced an increase in violent crimes. Even the two neighborhoods which consistently reported rates lower than Baltimore city for the period from 2010 to 2017 (Greater Roland Park and Greater Govans), experienced an increase in violent crime in 2015 which seems to have remained. Penn North was the only community to see a decrease in violence from 2014 to 2015 to less than the rate of Baltimore City. Violent crime in Penn North has begun to increase but is still below rates experienced by the city overall.

Gun Related Homicides

This three-year trend of increasing violence for Baltimore City is also reflected in data on gun-related homicides, which increased from 0.3 per 1,000 residents in 2014 to 0.5 per 1,000 residents in 2015, a 40% increase which continued into 2017. At the neighborhood level, there



has been up and down variability from year to year for some. Greater Roland Park experienced no reported gun-related homicides and Greater Govans rates have nearly matched the City's rate. The remaining neighborhoods have consistently exceeded the rate for Baltimore City. In 2017, Greenmount and Southwest Baltimore experienced more than double the rate of gun homicides as Baltimore City.

Neighborhood Shootings

Consistent with the other indicators, reported shootings in Baltimore have been somewhat consistent over the last three years displaying marginal increases, but the rate overall is higher than in previous reporting years. At the neighborhood level, similar to the other indicators, Greater Roland Park reports no shootings (2015 – 2017). Greater Govans' rates for shootings were below those experienced by Baltimore City. For the other neighborhoods, the rates were appreciably higher. Southwest Baltimore and Greenmount East were more than double the City's rate.



Result 7 Families Are Safe & Economically Stable

Domain III: Community



Childhood Poverty

Description: This indicator measures the percentage of persons under the age of 18 living in households where the total income fell below the poverty threshold out of all children in households in an area. Federal and state governments use such estimates to allocate funds to local communities. Local communities use these estimates to identify the number of individuals or families eligible for various programs.

Figure 25. Percent of Children Living Below Poverty

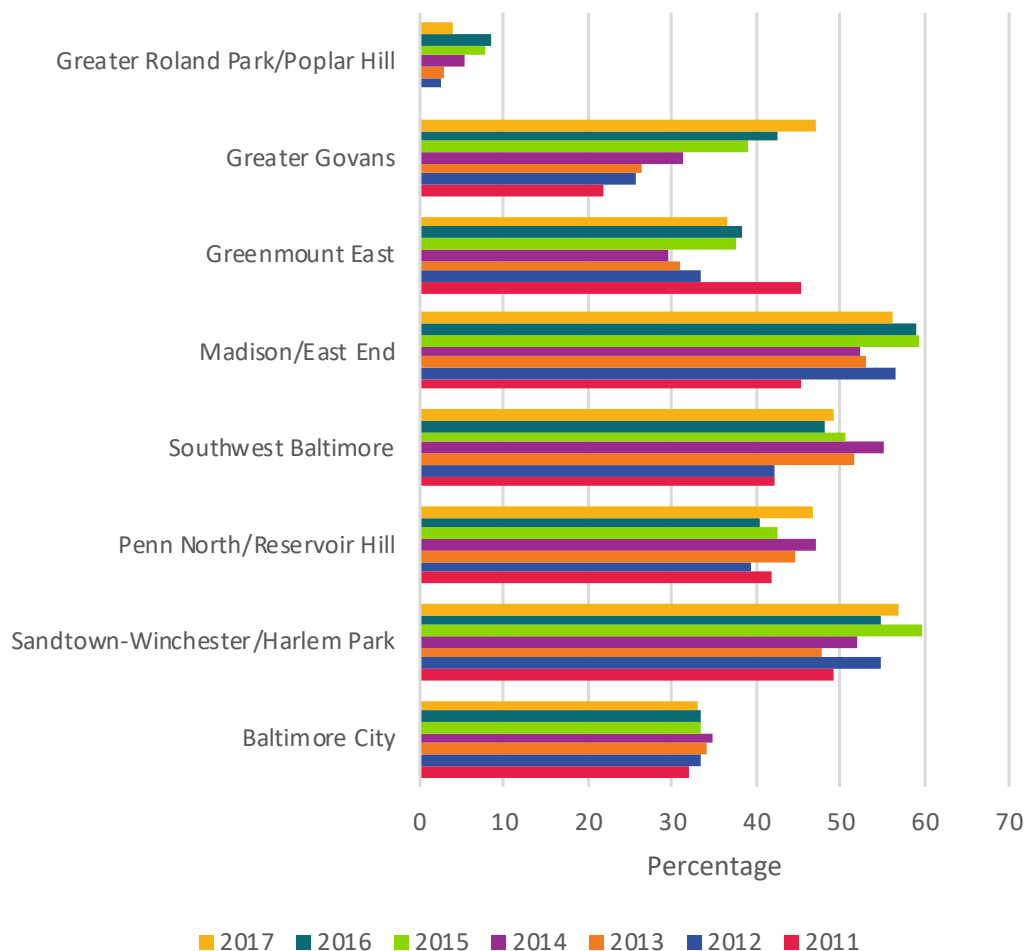




Table 25. Comparative Trends for Percent of Children Living Below the Poverty Line

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	-	31.9	33.4	34.1	34.6	33.5	33.3	32.9
Neighborhoods								
Sandtown-Winchester/Harlem Park	-	49.0	54.8	47.6	52.0	59.8	54.8	56.7
Penn North/Reservoir Hill	-	41.7	39.3	44.7	47.2	42.5	40.5	46.6
Southwest Baltimore	-	42.3	42.0	51.7	55.0	50.5	48.0	49.2
Madison/East End	-	45.2	56.4	53.1	52.2	59.3	58.8	56.1
Greenmount East	-	45.2	33.4	30.8	29.6	37.7	38.3	36.4
Greater Govans	-	21.9	25.7	26.4	31.4	39.1	42.6	47.2
Greater Roland Park/Poplar Hill	-	0.0	2.4	2.9	5.3	7.7	8.5	3.8



Household Vehicle Access

Description: The percentage of households that do not have a personal vehicle available for use out of all households in an area.

Figure 26. Percent Household Lacking Vehicle Access

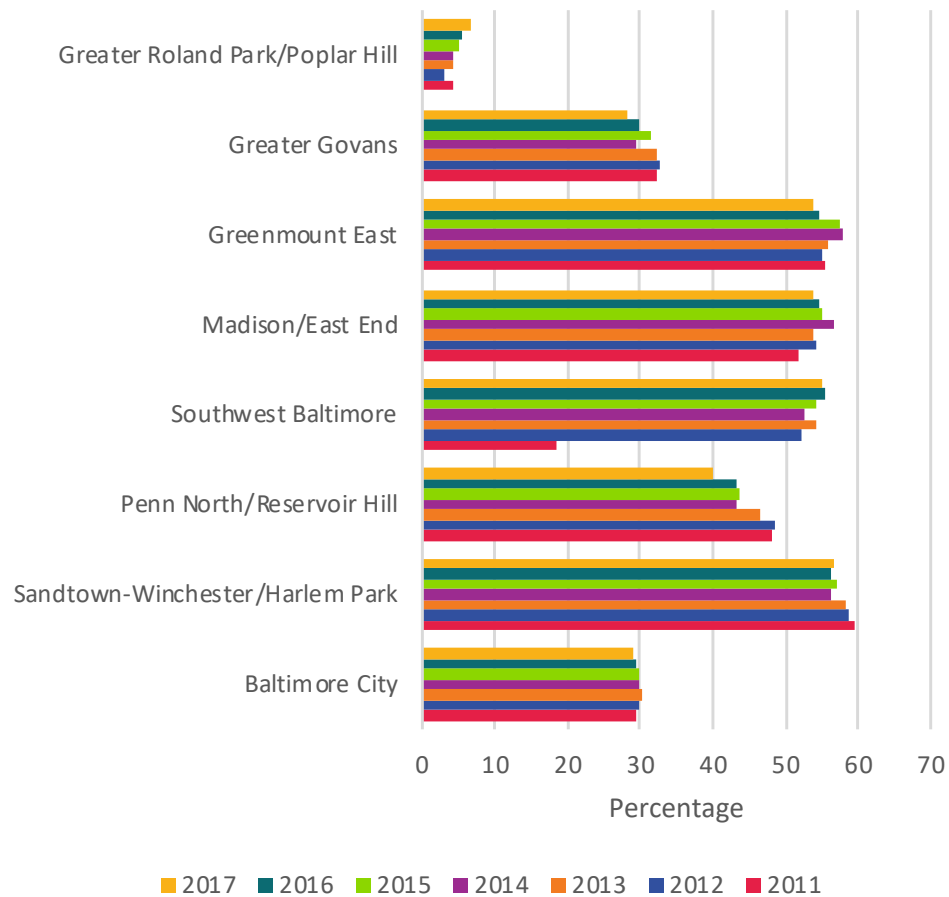




Table 26. Comparative Trends for Percent of Households with No Vehicles Available

	2010	2011	2012	2013	2014	2015	2016	2017
Baltimore City	-	29.6	30	30.3	30.0	29.8	29.4	29.0
Neighborhoods								
Sandtown-Winchester/Harlem Park	-	59.7	58.9	58.2	56.3	57.0	56.1	56.7
Penn North/Reservoir Hill	-	48.1	48.7	46.5	43.3	43.7	43.2	40.2
Southwest Baltimore	-	18.5	52.2	54.2	52.8	54.3	55.6	55.2
Madison/East End	-	51.7	54.2	53.8	56.6	55.2	54.7	54.0
Greenmount East	-	55.6	55.2	56.0	57.8	57.3	54.5	53.8
Greater Govans	-	32.4	32.8	32.2	29.4	31.6	30.0	28.4
Greater Roland Park/Poplar Hill	-	4.2	3.0	4.1	4.4	5.1	5.5	6.6

Observations

Children Living Below the Poverty Line

Baltimore City child poverty rates have been very stable at roughly 33% though there has been a slightly positive trend over the last three years. Communities with consistently higher poverty rates relative to Baltimore City are the Sandtown-Winchester/Harlem Park, Penn North/Reservoir Hill, Southwest Baltimore, and Madison East End. The gaps are on the magnitude of 10% or more with few exceptions. Greater Roland Park/Poplar Hill has rates consistently far below Baltimore City as would be expected from median income for the community. Greater Govans and Greenmount East provide less clear patterns. During the period of 2012 – 2014, Greenmount had relatively similar rates (either equal or slightly above) while Greater Govans has, in the last three years of data, had fairly significant increase in child poverty (an 8% point increase from 2014 to 2015 and increasing by several points thereafter).

Percent Households with No Vehicles

The percentages of households in Baltimore with no vehicle availability have been fairly stable over the entire span of data at between 29% and 30%, with percentage being 29% last year. With the exception of Greater Roland Park/Poplar Hill and Greater Govans, every community had percentages that were higher than Baltimore City; a large and persistent gap with percentages ranging from 40% to 55%. Given the state of public transportation in the City, this has significant implications.

Quantitative Summary for Results through an Equity Lens

It would be difficult to effectively communicate the totality of the quantitative findings simply by restating the data observations. Therefore, the overall summary of the Results findings is designed to encapsulate and highlight the information that is deemed most relevant for Family League's strategic planning process moving forward.

As the report was framed around the issue of equity, an equity lens is applied to reviewing the data. Existence of equity would predict that well-being indicators should be present in a fairly random pattern. The presence of clustering of indicators in a non-positive direction would indicate that inequity, not equity, may be at play. This would be consistent with the historical background presented in the opening portion of the report.

Table 27 represents a summary of the findings from the quantitative data organized by Results Area. The legend for the table defines the meanings of the symbols used. In alignment with the equity lens, the statistics for each community are placed in context relative to Baltimore City data. The decision-making for assigning an assessment value for each indicator by community was based on data across all years; the overall trend data refers to discernible patterns for Baltimore City statistics only covering the last 3 years. This was intended to align with the strategic planning cycle and Family League's role as the Baltimore City Local Management Board. The decision for the arrow directionality was based on the percent of indicators that fell discernibly above or below Baltimore City. Where no pattern was clear or the number of under-versus-over data points were equal, the bi-directional arrow was applied.

Overall, from an equity perspective, the data tend to support the premise of inequity - notable in the communities located in East Baltimore (Greenmount East and Madison East End) though clustering of inequity in West Baltimore communities was also clear but not as consistent. The one community that has better outcomes than Baltimore City and all other communities is Greater Roland Park/Poplar Hill, the one community within the "White L."

As these are only a small subset (~13%) of the 55 statistical areas in Baltimore and about 11% of the total population (64,716/602,495), the findings should not be over-generalized. However, the patterns that emerge may have implications for communities with similar demographics. Given the within and between community variation for several indicators, it is clear that the drivers of these outcomes are probably many. Assessment would be more precise with the inclusion of more contextual information.



Quantitative Summation

Table 27. Equity Lens for Results - Relative Status of Neighborhood Versus Baltimore City

	Sandtown-Winchester/Harlem Park	Penn North/Reservoir Hill	Southwest Baltimore	Madison/East End	Greenmount East	Greater Govans	Greater Roland Park/Poplar Hill	Overall Baltimore City Trend
Babies Born Healthy								
Infant Mortality	○	↓	↓	↓	↓	↑	↑	✓
Low Birth Weight	○	○	↓	↓	↓	↓	↑	×
Teen Births	↓	○	↓	↓	↓	○	↑	×
Full Term Births	↓	○	↓	↓	↓	↓	↑	✓
Prenatal Care	↓	↓	↓	↓	○	↓	↑	✓
Healthy Children								
Child Mortality	○	↓	↓	↓	↓	↑	↑	×
Children Enter School Ready to Learn								
Kindergarten Readiness	○	○	↓	↓	○	↓	↑	○
Children Are Successful in School								
3rd Grade Reading	↓	↓	↓	↓	↓	↓	↑	×
3rd Grade Math	↓	○	↓	↓	↓	↑	↑	✓
Absenteeism	↓	↓	↓	↓	↓	↑	↑	×
Youth Will Complete School								
High School Withdrawal	↓	↓	↓	↓	↑	○	↑	○
High School Completion	↓	↓	↓	↓	↓	↑	↑	○
Youth Will Have Opportunities for Employment or Career Readiness								
Youth in School and/or Employed	↓	↓	○	○	↓	↓	↑	✓
Communities Are Safe for Children Youth, & Families								
Violent Crime	↓	↓	↓	↓	↓	↓	↑	×
Gun Related Homicides	↓	↑	↓	↓	↓	↑	↑	×
Neighborhood Shootings	↓	↓	↓	↓	↓	○	↑	○
Families Are Safe & Economically Stable								
Child Poverty	↓	↓	↓	↓	↓	↓	↑	○
Household Vehicles	↓	↓	↓	↓	↓	○	↑	×








KEY

- ↓ Indicator falls below Baltimore City overall (across all years)
- ↑ Indicator falls above Baltimore City overall (across all years)
- Indicator has no clear pattern (across all years)
- ✓ Baltimore City generally trending in the right direction in the last 3 years of data
- ×
- Baltimore City had no clear direction or was stable

Qualitative Findings

Community Voices

The Community Voices section of this report reflects focus groups held in communities at various sites as well as the key informant interviews associated with service providers who work closely with communities. Where there are comments or concluding statements, they are specifically noted. These were guided discussions; but in the interest of presenting a cohesive narrative, the communications are arranged topically to facilitate presentation. Comments are provided in the aggregate as well as by neighborhood as deemed appropriate. The sessions are captured under the following headings:

-  **Crime, Violence, Drugs, and Safety**
-  **Housing and Food Access**
-  **Employment, Financial Access, and Economic Development**
-  **Transportation**
-  **Schools and Education**
-  **Police and Local Government**
-  **What's Working and What's Needed**

Focus Groups

The session reflects the feelings, opinions, and insights of the individuals who participated. While they are not reflective of everyone and should not be taken as generalizable, they do provide window into the experiences of members of the respective communities. To a great extent, the findings mirror the related aspects of the quantitative data.



On the Topic of Crime, Violence, Drugs, & Safety

As supported by the neighborhood data tables, crime and violence are issues that continue to plague communities in Baltimore City. In focus groups in Cherry Hill and Carrollton Ridge, youth participants in responded that they have seen more violence than they should. Many have experienced the deaths of friends and loved ones. A nineteen-year-old male in Carrollton Ridge stated that he doesn't want his son to grow up in the area. Respondents shared that in the homes, children are often in the middle of bitter custody battles or witness intimate partner violence. Schools are often placed on lockdown in response to inside or outside threats. The Madison East End community spoke of general concerns over violence and specific concerns in school, in homes, and fear of harm to children walking to school. The violence was seen as varying from "block to block" with "too many killings."

“

It's a safety issue to go places you don't really know or aren't familiar with.

Community social workers in Upton remarked that certain resource providers are afraid to be in these communities at nighttime due to fear of crime, and as a result, children miss out on services. In the Penn North session, however, the issue of crime was not a factor because, "We police ourselves," and "We keep ourselves safe."

“

My father ain't been in my life because he been locked up all the time.

The Harlem Park community session particularly noted the devastating impact of "crack" (seen as an intended government plan) in the community. The social workers in the Upton/Druid Heights community commented that other drugs, including opioids, have impacted the neighborhood as well. It has attracted traffic from other areas, noting the presence of white males coming to access the drug and engaging in street corner panhandling. In the Highlandtown session, participant raised fear that youth turn to selling drugs in order to purchase phones. A Carrollton Ridge participant observed that residents see [drugs] everywhere. In community sessions, like Cherry Hill, the abuse of opioids, methadone, and alcohol were also noted.

Harlem Park participants clearly mapped and expressed the costs of these conditions. Participants clearly described the pathway of drugs/violence/crime to prison to lack of parents to "adulthood" of children and destruction of families to destruction of community – (i.e., the village needed to raise children). Expressed by a youth in the Carrollton Ridge group, "My father ain't been in my life because he been locked up all the time."



On the Topic of Housing & Food Access



They get over on people in the City because they don't know the law.

Universally, the community participants raised some form of concern related to housing issues – affordability, poor conditions, neighborhood blemish of vacancies, eviction practices, and the onslaught of gentrification.

Regarding evictions, one Carrollton Ridge community members noted that, “They get over on people in the City because (community members) don’t know the law.” A Cherry Hill participant shared that people “often get kicked out.” Harlem Park participants raised the concern over vacant houses, lack of affordable housing, and the gentrification of Reservoir Hill. Penn North community residents see the same picture of “tearing houses down and replacing them with more expensive ones.”

Food access and choice was seen as problematic for some of the groups, notable in the Cherry Hill and Carrollton Ridge sessions and also noted in Madison East. In Cherry Hill, accessing food choices means taking “taking two buses” since Sam’s Club and Wal-Mart closed (due to the Under Armour planned development) in the community and having no place to make use of WIC vouchers. In Carrollton Ridge, community participants shared the opinion that “As far as food [goes] there are no healthy options. You can get a chicken box but no place to get fresh vegetables,” and that, “Wegman’s and Harris and Teeter, they only open those in White areas ... I call those White grocery stores.”




As far as food [goes] there are no healthy options. You can get a chicken box but no place to get fresh vegetables.




On the Topic of Employment, Financial Access, & Economic Development

The issue of employment and economic investment were threaded throughout the sessions. Concerns were for youth as well as adults in the communities. Madison East community participants spoke of the need for youth job training, career readiness, and employment opportunity. Cherry Hill reported that there are challenges with gaining employment and that those who are currently employed do not get a high enough income for the distance they have to travel to get to and from work. Another community member reported that typically people need “one job to pay the bills and another job so that you can have the other job” because the jobs they have are not paying enough to cover the cost of working. In the Highlandtown community, one participant described it as “they are not just [fair] jobs.” Employment programs were noted – (e.g., Youth Works). In Harlem Park, community shared that felony convictions (criminal records) also made gainful and legal employment a challenge.



[You need] one job to pay the bills and another job so you can have the other” job.



What is the last new thing y’all seen open up around here?

The issues of financial access and economic development were noted in two communities. Cherry Hill referenced the lack of stores and store closings (Sam’s Club and Walmart) as signs of disinvestment. Carrollton Ridge participants noted there was only one bank and that “a lot of people don’t have bank accounts.” Check-cashing facilities have replaced banks. One Carrollton Ridge member raised the issue through the question, “What is the last new thing y’all seen open up around here?” Penn North focus group members talked about finances in more direct ways – needing money to fund programs that were already underway.



On the Topic of Transportation

Community members in Cherry Hill feel that their community is one of the most left out because there is a Charm City Circulator stationed at the Cherry Hill light rail, but it does not service Cherry Hill community. [Context: The Charm City Circulator is a privately funded, free, public transit shuttle bus. The Charm City Circulator makes stops at John Hopkins, City Hall, Harbor East, Hollins Market, Federal Hill, Penn Station, Inner Harbor, Fort McHenry, and Cherry Hill.] Therefore, transportation in their communities is often limited and infrequent. Concerns about bus routes echoed in the Penn North session as well - residents can see the bus stops but the buses can't take children to school. In Harlem Park, participants noted that the Baltimore Link was intended to be a positive addition to transportation, but it was actually disruptive. A ride to work that was once 45 minutes became an hour and a half.

Carrollton Ridge members raised concerns over cost and sanitation and noted that, while there may be many buses that go by, "If you don't have a bus pass, you can't get on the bus." Paying the bus fare was a commonly noted problem. [Context: Costs for an all-day pass for the Maryland Transit Administration bus (MTA). The daily cost is \$4.40 thus amounting to \$30.80 a week. The monthly pass is \$74.00.] As voiced by participants, the fares can hinder families from tending to basic needs such as obtaining and maintaining employment. Transportation barriers also inhibit students attending school regularly which can contribute to chronic absenteeism.

"A ride to work that was once 45 minutes is now an hour and a half."

"Bus fare and school bus pass policies create challenges and barriers for children and families."

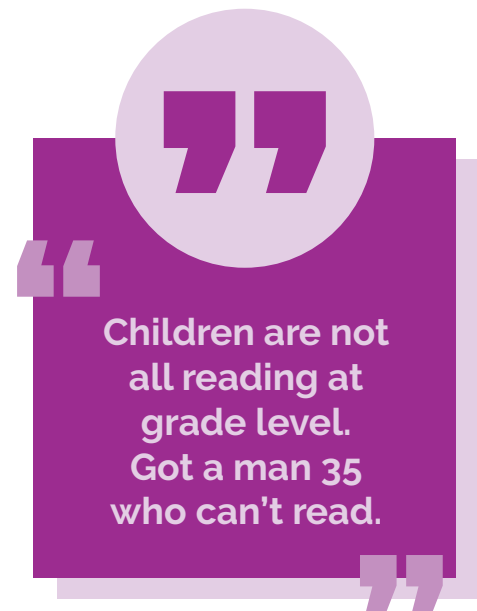
Respondents from Cherry Hill and Upton/Druid Hill social workers stressed that transportation was problematic for students and their families. Community members reported that Baltimore City Public Schools does not provide transportation to middle and high school students; therefore, it creates a challenge particularly for students that live more than 1.5 miles from their zone school. However, City Schools does provide S-passes to middle school students. They noted the limitation with an S-pass is that it is only valid from 6am to 8pm from trips to and from school. After 8pm students have to pay money. Community residents in Madison East End expressed need for a bus because of the area they have to walk to get to school.

For Highlandtown participants the buses represented particular multiple issues as mothers and as members of the Latinx community – drivers not stopping, bias against mothers with strollers, unruly behavior by other passengers, and harassment. "The biggest fear is payday and riding transit on payday" [fear of being robbed.]



On the Topic of Schools & Education

Relative to education, community members in three sessions (Harlem Park, Carrollton Ridge, and Cherry Hill) shared the perspective that children do not feel safe in school due to violence in the community or students' own behavior in schools. For example, a Cherry Hill participant mentioned that some kids throw chairs at people and curse at teachers. School closures, a lack of funding, and quality education were also mentioned as issues from the Upton/Druid Heights social work session. Cherry Hill community members mentioned that the library is an asset because of its extensive programming for the community. Another consistent concern was literacy – children not reading at grade level as well as adults not being literate. One comment makes this point well: “Got a man 35 who can’t read.” The comments regarding quality of education varied by community and by school, so no common theme emerged from that perspective. Two of the groups noted that while the schools were adequate, the quality of teaching was not consistently adequate.



On the Topic of Police & Local Government

The role and relationship of the community groups to local government are reflected in comments on policing, government services and responsiveness and care for community. Perceptions of police varied but were not, for the most part, positive. Issues of corrupt policing (planting stuff), non-caring police (as reflected in slow response time, too few police), over-policing (notably with youth and children in school) to general uncertainty (never know what officer might show up). The assessment of government responsiveness varied as well but it was not generally communicated that government was readily there for them but rather had to be coaxed to come, see an opportunity to come, or have pressure placed to come.



On the Topic of What's Working & What's Needed

From an assets perspective, each community session recognized a program, a person or internal community activism that was a strength for the community. Harlem Park residents talked about “community elders” who monitor the children and youth and trade knowledge among community members that could be passed along through “the village.” A strong, similar thread presented itself in Madison East where several comments focused on helping each other out, building leaders from amongst themselves, and focusing on the need for their own collective action. In the Penn North session, focus groups shared a number of innovative ideas to support the community, including creating a “safe house” for children and youth, providing free braiding, cookouts, summer camps, and day care – all without formal funding and fanfare.

Carrollton Ridge community members spoke of a “Food Project” and sports programming. Highlandtown focus group members talked about parenting education and an increase in sports activities. Cherry Hill participants talked about the urban garden as a great addition.

All of the communities noted a recreation center or community center with programming as being an asset for children, youth, and families. For the Highlandtown Community, with its growing Latinx population, it was shared that awareness of and sensitivity to culturally specific issues and concerns that impact safety, mental health, legal status, schooling, parenting behaviors, and community cohesion need to be factored in as needs of the communities.



Recommendations from Community to Support & Strengthen Communities

The focus groups produced many recommendations on what is needed to help support and strengthen communities. These recommendations are captured as follows:



Treatment Centers

(mental and behavioral health for children and adults)



Jobs/Employment and Career Opportunities

(skills training, business development, professional development)



Children and Youth Programming

(after-school and weekends – recreation and skill building especially for males)



Invested People

(mentors, advocates, government officials)



Family Support

(parenting classes, male-involved programs)



Community Spaces

(community center, parks)



Improved Policing



Physical Improvements

(sanitation, street lighting)

Community Voice

Focus Group Summary

To summarize the perspectives that emerged from across the sessions that may have implications for understanding community strengths, challenges, and need, the following points are listed.

1

Crime, Violence, and Safety

This is a major and across-the-board challenge area for communities. Homicide and gun violence are significant problems; experiencing, witnessing, or having knowledge of one or both has a considerable effect on children's schooling (learning and attendance), mental health, and the ability for residents to create community spaces.

2

Housing

Access to safe, affordable, and healthy housing is a consistently pressing concern, whether the issue is access to homeownership or dealing with the issues associated with rental properties.

3

Employment

Youth and adult employment were widely discussed. Preparation for employment, availability of employment within the community, and vocational skills training were all raised in conversations.

4

Transportation

Transportation was a multifaceted issue woven throughout discussions. Affordability, accessibility, efficiency, safety, and quality were all noted as specific concerns. These transportation challenges also impacted success in school, employment, and access to services.

5

Schools

Schools were seen both as assets and an area of challenge. Communities applauded existing opportunities for after-school programs and the value of education, but these were overshadowed by concerns with school safety which are extensive enough to disrupt school attendance.

6

Finances

The financial infrastructure in these communities – specifically financial literacy (lack of bank accounts) and access to institutions and capital – appears to be an area of significant challenge.

7

Government Responsiveness (Including Police)

Community members do not generally view the government, without specificity, as an advocate or supporter of community well-being.

8

Value & Respect for Community

The voices among several of the sessions expressed the feeling of being unfairly treated and viewed by the rest of the city – whether it be benign or intentional neglect or purposeful destruction with communities only being known for the bad things and never for the good. **As one person put it, “Cherry Hill never gets to shine.”**

9

Family Focus

Woven throughout the sessions were references to family-focused needs with culturally specific context. Parents need supports (parenting classes, job opportunity, affordable day care); activities for teens, especially boys; and activities for men in the community to increase male involvement.

Community Organization Leaders

There were five organizations represented among these key informant interviews. Each organization provides direct services to community residents in their respective areas (Baltimore City overall or specific neighborhoods). Their insights on strengths, challenges, and recommendations are captured in summarized key take-away form.

Among the community organization leadership, the same issues that community identified in the focus group sessions emerged – big issues of **transportation, community safety, housing (safe and affordable), employment opportunity, and food access/choice.**

Organization leaders also shared the perspective that there are **inadequate resources and attention directed to youth, particularly adolescents/teenagers.** This seems to represent a lack of caring (one comment – it seems Baltimore youth don't matter) or a lack of understanding of the unique developmental stages for youth exposed to community trauma as well as lack of cultural sensitivity to and understanding of both children and youth and the community environments in which they live, work, and play (Programs serve youth but do not understand or meet the needs).

Leaders made the observation that there was **differential treatment and opportunity being made available to communities they served, associated with race and ethnicity and compounded by socioeconomic circumstances** (e.g., gentrification impacting housing costs and affordability; public resources being spent in neighboring communities but not theirs; vacant housing addressed in one section of a community but not another, racial/ethnic composition being the key difference).



Not many understand or meet the needs of the youth served. We try to meet youth at their level...Our organization has a "We Don't Give Up" Policy.

Lonnie Walker
CEO, JOY Baltimore



Community schools bring resources... Stronger schools that are open 7 days a week are needed.

Robin Truiett-Theodorson
Director of Banner
Neighborhoods

There is not enough attention being paid to the total family. Programming needs to consider children and families; dads and older parents were noted as an under-served group. In some cases, there need to be family needs assessments implemented as an across-the-board strategic approach for all entities delivering services. Key gap areas identified were employment and mental/behavioral health services.

Community programs are being increased to serve and support children. Many have met with success; organizations are working to extend those services through partner development and resource sharing. One neighborhood community center leader noted, "Reaching out is a big deal – kudos to Family League!" That being said, **more "grassroots outreach" to raise awareness of programs, more collaboration to expand and avoid duplication or over-saturation in selected communities, and greater sharing among organizations and providers outside of their service network needs to occur and be incentivized.**

Education was also a common thread. Lack of education and literacy is a "highway to failure." Community schools need to be created where they do not exist and open seven (7) days a week where they do. More resources are needed for middle and high schools as elementary schools seem to be more adequately served.

”

There is a need for increased business development for economic boost and resources and service provision to residents.

George Mitchell

President of Langston Hughes Community Business and Resource Center

”

Children's safety is a major issue – violence on the streets is a problem. ..there need to be more opportunities to provide children alternatives to gang activity.

Ralph Moore

Vice President, By Peaceful Means

”

Genuine grassroots outreach is not occurring among some programs [that are] waiting to be needed... needed because populations are challenged in asking for help.

Kimberli Hammonds

Executive Director, DRU Mondawmin Healthy Families

Government Agency Perspectives

These interviews were all conducted by phone. For the purpose for which it was designed to be used, the information gathered from those sessions is presented in the format of key take-aways.

Coordination and collaboration are needed to be most effective in achieving desired target results. From a variety of perspectives, organizations (public and private) operate in silos, leaving opportunity for over-abundance in some areas and insufficiency in others – whether it be from a place-based perspective or a categorical perspective (e.g., abundance of summer camps but insufficient after-school or weekend programming). One suggestion was to create an inventory of all resources across all agencies and then geo-code them in an interactive map driven by a monitored database.

Political and funding environments heavily influence what programs can be delivered and how they are delivered. These environments do not always operate under data-assisted decision-making models and therefore can dilute the potential for impact on child, family, and community well-being despite having the best intentions.

More resources need to be focused on parents as care providers for children, especially in the area of parental employment. While youth employment is valued, sometimes these opportunities can be competitive with parents. To assure resources for parents and youth, planning and balancing need to be achieved. Parental mental health/behavioral health treatment also need to be made more available.

Transportation is a central challenge to linking people with resources. The view was that, in many cases, resources are available but not accessible. There were differing views about the most effective way to place services (community dense versus centralized) but adequate transportation remains a barrier regardless.

Cultural mismatch is an issue. All individuals who serve children and families are not equally prepared to be sensitive and appropriately responsive to the individuals they serve, often in communities where they do not live. Adequate consideration needs to be paid to hiring and training individuals on the frontline of service.

Inequities exist and persist between communities – differential environmental exposures (violence, drug activity, other crimes, transportation, adequate housing stock) all influence well-being but the resources and response to needs is not equally distributed and has a clear racial pattern.

Community assets do exist. Community volunteers, community leaders, political and police relations (where developed), parents invested in children's education were all noted but were not the dominant aspects of the discussions.

SUMMARY OF FINDINGS

A considerable number of indicators have been utilized in painting the picture of the well-being of children, families, and communities that are the focus of Family League of Baltimore's Community Health Needs Assessment. The data have been expanded to assure that they can be placed within the context of the Governor's Office of Crime Prevention, Youth and Victim Services accountability goals but also to reflect a much-needed equity lens on child well-being that shines light on the nature of the inequity in the distribution of health for children in specific neighborhoods in Baltimore.

Qualitative Summation

The qualitative findings have already been synthesized by participant category. Looking across the community voices heard from focus groups, the community organization leaders, and the government agency administrative leaders, the cross-cutting issues were:



Crime, violence and safety



Jobs/Employment



Education



Inequity in community environments and resources



Housing and food access



Cultural inadequacy (workers and programs)



Transportation



Lack of coordination and collaboration across all sectors

Convergence of Qualitative & Quantitative Findings

The point of collecting two types of data is to assure breadth and depth but also cross-validation of information. Four strong points of convergence were identified:

1

Crime, Violence, and Safety

The issues of crime, violence, and safety from the qualitative findings are mirrored in the findings on community safety. It is worth noting that not all the community members describe unsafe neighborhoods. The neighborhood variation in the quantitative data echoes that perspective.

2

Education

Education as a problem area is reflected in school success and school withdrawal statistics; by and large the City is not well-performing. The brunt of this seems to be disproportionately impacting predominantly African American communities, again with pockets of variation. Community members across the board raised the issue of inconsistency in the adequacy of schools, the impact of violence and safety on schools, and poor literacy rates as being significant concerns.

3

Transportation

Transportation was a universal point of frustration and sense of unfairness among community; from the quantitative data, the percent of households without vehicles and the overall effectiveness of Baltimore City public transit system together would lead someone to predict this to be an issue – the data in the report support this prediction.

4

Unemployment

The unemployment rates in the predominantly African American communities were no lower than 16% in an economy where unemployment rates are at some of their all-time lowest. Each voice representing community made reference to the need for jobs for adults and youth as well as training and re-introduction of skilled employment.

Strategic Recommendations

Progress has been made over a six-year span in a number of areas with trends moving in the right direction for the City (based on data through 2017) but not across all indicators; several are relatively flat. There does seem to be an East-West distinction in terms of positive indicators (by neighborhood) along with racial/ethnic differences that are pervasive. As one community organization member put it, “The West Side gets everything.” In light of all the findings; the goals as set by the Governor’s Office; the commitments of Family League; and, most importantly, the voices of the community, the following recommendations are presented for consideration:

1

The four areas that are currently prioritized for Family League align with the needs and challenges identified through the Community Health Needs Assessment. The recommendation would be to continue to prioritize these domains with review of the strategic activities aligned with them.

2

Community variation may persist and warrant specific strategic consideration of how programs and resources are disbursed as well as consideration of the degree and nature of accessing those resources. Transportation and community preferences for accessing resources will need to be considered as moving out of a community is not always considered a wise and safe strategy.

3

Family League should consider making an effort, as a neutral partner, to promote needed coordinating and collaborating structures to support the outcome that child and family resources made available through public and private sectors are effectively and efficiently developed and distributed across the City. Several of the organization leads raised this as their “big picture” challenge given grant funding restraints and political shifts.

4

Structural issues and concerns persist in communities. While Family League supports programs that focused on children and youth, it will need to consider partnered relationships that concurrently address structural concerns (transportation, safety, housing). Consideration of programming for families of children beyond elementary age may be warranted as issues of parental struggles around employment and behavioral health were fairly frequently noted.

5

The context and correlates of the indicators being tracked bear further in-depth study to determine their impact – consider the role of structural racism, family mobility, gentrification, targeted-programming, and policy that may impact these outcomes. An evaluation framework that can allow for data gathering and analysis of multiple levels of data would strengthen the empirical basis for decision-making.

6

Data gathering gaps may also be considered. While it is a sensitive issue to collect some neighborhood-level data, because of the history of redlining and the current reality of the Black Butterfly and White L, understanding the impact of Family League interventions may warrant collection of community level data beyond specific targeted programmatic outcomes in undertaking evaluation. This would certainly be an area where partnership would be valuable.

7

The input of community remains relevant. Family League's structure provides an opportunity for input, but as an organization it may want to consider that even more avenues for community voice and influence on programmatic decisions may further enhance quality. Communication regarding this report and other critical findings should continue to be a two-way street.

8

Family League may want to consider a mechanism to support “adaptive village practices.” This term has been created to reflect on the stories heard in focus groups about community residents creating healthy spaces for children and community without benefit of a formalized organizational structure. This means looking to fund small-scale grants that are directed to specific communities and community gatekeepers who may be creating innovative projects that would benefit greatly from infusion of funds – a little could go a long way and have many positive rippling effects. With this opportunity should also come a chance for communities who choose to do so to tell their own stories and celebrate their strengths unfiltered by others.

In closing, the history of the City of Baltimore matters today.

Many of the geographic communities in the Black Butterfly are experiencing ongoing hurt and harm due to deep and ongoing redlining, sub-prime lending, and the inequitable distribution of resources. This painful history and the unaddressed legacy of hyper-segregation harms many groups in Baltimore City including African Americans; Native Americans; Latinx community members; and recent refugees from Bhutan, Nepal, and Sudan. Lead poison remains a potent neurotoxin damaging the brains and cognitive capacity of too many children in the Black Butterfly.

The inequitable allocation of public and private capital dollars remains an issue undermining the healthy lives for many children and families, contributing to poverty; the lack of greenspace, grocery stores, recreation centers; and the overexposure to toxic environmental waste and emissions. The public policy work of Family League should directly lift this history up and confront the ongoing legacy of racial hyper segregation and its strategic plan should ensure that these issues are addressed front and center.

SELECTED COMMUNITY RESOURCES

The selected community resources include health services, family and child services, childcare programs, and schools. These resources are organized into three categories:

1. Early Childhood
2. Adolescent
3. Family & Community

Early Childhood Resources

Head Start Programs

Dayspring Head Start | www.dayspringbaltimore.com/head-start

Sites

- Patterson (Administrative Office) – 1125 N. Patterson Park Ave., 21213
- Bowleys Lane – 5010 Bowleys Lane, 21206
- Dukeland – 2803 North Dukeland, 21216
- Dunbar – 621 N. Eden Street, 21205
- Eutaw/Mashburn Elementary – 1624 N. Eutaw Place, 21217
- Gardenville – 5427 Belair Rd., 21206
- Harford Elementary School Annex – 1919 North Broadway, 21213
- Harford Elementary School Modular – Behind 1919 North Broadway, 21213
- St. William of York – 600 Cooks Lane, 21229

Union Baptist Head Start | www.unionbaptistheadstart.org

- Union Baptist/Harvey Johnson Head Start Program – 1211-19 Druid Hill Ave., 21217

YMCA of Central Maryland Head Start – Baltimore City | <http://ymaryland.org/programs/preschool/headstart>

Sites

- All Saints (Administrative Office) – 3510 Eldorado Ave., 21207
- Community John Rod Elementary – 100 N. Chester St., 21231
- Dickey Hill Elementary – 5020 Dickey Hill Rod, 21207
- Dr. Nathan Pitts Ashburton Elementary – 3935 Hilton Road, 21215
- Edgewood – 1900 Edgewood Street, 21216
- Elgin Modular – 2030 Elgin Ave., 21217
- Furman L. Templeton – 1200 Pennsylvania Ave., 21217

- Hampden Elementary – 3608 Chestnut Ave., 21211
- Henderson/Hopkins – 2100 Ashland Ave., 21205
- Leith Walk Elem – 1235 Sherwood Ave., 21239
- Liberty Heights Elementary – 3901 Maine Ave., 21207
- Matthew Henson Elementary – 1600 N. Payson St., 21217
- Moravia – 4605 Belair Rd., 21206
- North Bend Elementary – 181 North Bend Rd, 21229
- Samuel Coleridge-Taylor Elementary – 507 West Preston Street, 21201
- Walter P. Carter Elementary – 820 E. 43rd Street, 21212
- Weinberg - 900 E. 43rd Street, 21218
- Westside – 2235 N. Fulton Ave., 21217
- Yorkwood Elementary – 5931 Yorkwood Rd., 21239

Catholic Charities Head Start – Baltimore City |
www.catholiccharities-md.org/children-and-families/head-start/

Sites

- Sterrett (Administrative Office) – 915 Sterrett St., 21230
- Bay Brook Elementary – 4301 Tenth St., 21225
- Bon Secours Hollins Terrace – 1800 Hollins St., 21223
- Charles Carroll/Barrister Elementary School, 1327 Washington Blvd., 21230
- Curtis Bay Elementary – 4301 W. Bay Ave., 21225
- Delta Lambda Outreach Center – 1501 N. Dukeland St., 21216
- Harlem Park – 1500 Harlem Ave., 21217
- James McHenry Elementary, 31 S. Schroeder St., 21223
- Joseph Avenue – 2920 Joseph Ave., 21225
- S. Baltimore Child Dev. Center – 2707 Sethlow Rd., 21225
- St. Edward's Church – 2848 W. Lafayette Ave., 21226
- St. Benedicts – St. Benedict's, 2612 Wilkens Ave., 21223
- St. John Lutheran Church – 224 Washburn Ave., 21225
- Transfiguration Church – 765 W. Hamburg St., 21230
- Westport Academy – 2401 Nevada St., 21230

St. Vincent de Paul Head Start – Baltimore City |
www.vincentbaltimore.org/programs_head_start_st_vincent_baltimore.html

Sites

- Patterson Park (Main Office) – 242 S. Patterson Park Ave., 21231
- Arlington Elementary P.S. #234 – 3705 W. Rogers Ave., 21215
- Caroline – 1427 N. Caroline St., 21213
- Our Lady of Fatima – 6400 E. Pratt St., 21224
- Pimlico – 5001 Park Heights Ave., 21215
- Pimlico Arts Center – 4330-C Pimlico Rd.

Early Head Start Programs

Maryland Family Network – Baltimore City | www.marylandfamilynetwork.org/

Sites

- Bon Secours Family Support Center – 26 N. Fulton Ave., 21223; 410-364-3629
- Baltimore City Health Dept. – 2200 N. Monroe Street, 21217; 410-396-2974
- Harry & Jeanette Weinburg ECC – 2100 Ashland Ave., 21205; 443-642-3591
- Maryland Family & Child Services – 4330-F Pimlico Rd., 21215; 410-578-0244
- Our House – 2707 Sethlow Road, 21225; 410-396-8469
- PACT - 1114 Mount Street, 21225; 410-982-0845
- Southeast EHS Center – 100 N. Chester Street., 21231; 443-923-4300
- Waverly Family Support Center– 829 Montpelier Street, 21218; 410-235-0555

Child Care Providers

Two non-profit organizations provide directory support to help families identify day care providers. Both organizations provide training resources for day care providers as well as parent education resources.

Maryland EXCELS | <https://marylandexcels.org/choosing-quality/>

Maryland Family Network – Baltimore City | www.marylandfamilynetwork.org/

Maryland EXCELS is a voluntary Quality Rating and Improvement System that awards ratings to registered family child care providers, licensed child care centers (Head Start, Letter of Compliance facilities, school-age only child care), and public pre-K programs that meet increasingly standards of quality in key areas. Families can search their database to locate and

learn about daycare providers.

Maryland Family Network consists of a network of 12 Child Care Resource Centers that offer training, mentoring, coaching, and other support for child care professionals as well as training and support services for parents. The organization also features a search function to locate day care.

Women, Infant, & Children (WIC) Clinics & Programs

**Northpoint Government Center
Dundalk WIC**
7701 Wise Avenue
Baltimore, MD - 21222
410-887-6000

**Baltimore City WIC Clinic
Edmondson Avenue**
4536 Edmondson Avenue
Baltimore, MD - 21229
(410) 396-9427

Baltimore City WIC Clinic Eden St
621 N. Eden Street
Baltimore, MD - 21205
(410) 396-9427

Baltimore City WIC Clinic Harford Rd
5610 Harford Road
Baltimore, MD - 21214
(410) 396-9427

Essex WIC office
201 Back River Neck Road
Baltimore, MD - 21221
410-887-6000

Adolescent Resources

Baltimore City Parks and Recreation Violence Reduction Initiative

Baltimore City Parks and Recreation (BCPR) has a Violence Reduction Initiative (VRI) with services aimed towards teens and young adults. VRI recreation centers are designed to adolescent youth young adults with a safe space to engage. Beginning March 6, 2020 these locations will operate until 10PM on Fridays and Saturdays.

- Greenmount Recreation Center, 2304 Greenmount Avenue, 21218
- Crispus Attucks Recreation Center, 1600 Madison Avenue, 21217
- James McHenry Recreation Center, 911 Hollins Street, 21223
- Rita R. Church Recreation Center , 2101 St. Lo Drive, 21213
- Robert C. Marshall Recreation Center, 1201 Pennsylvania Avenue, 21201
- Lillian Jones Recreation Center, 1310 N. Stricker St. 21217
- C.C. Jackson Recreation Center, 4910 Park Heights, 21205
- Samuel F. B. Morse, 424 S. Pulaski Street, 21223

Ready by 21

Provided by the Baltimore City Department of Social Services (DSS), Ready by 21 provides youth 14 years and older who are in foster care with access to education or training programs that support finding and keeping a job; developing a supportive network of family and friends; finding housing; training to manage your own finances; and getting access to healthcare. Registration for classes is online.

Family & Community Resources

Baltimore City Department of Social Services

Public Assistance Centers

- Northeast Regional Office - 2000 N. Broadway Street, Baltimore, Maryland 21213
- Dunbar-Orangeville Center - 2919 E. Biddle Street, Baltimore, Maryland 21213
- Harbor View Center - 18 Reedbird Avenue, Baltimore, Maryland 21225
- Hilton Heights Center - 500 N. Hilton Street, Baltimore, Maryland 21229
- Northwest Center - 5818 Reisterstown Road, Baltimore, Maryland 21215
- Penn-North Center - 2500 Pennsylvania Avenue, Baltimore, Maryland 21217

Office of Child Support

Baltimore City Office of Child Support - East
1900 Howard Street, Suite 102, Baltimore,
Maryland 21218

Baltimore City Office of Child Support - West
2401 Liberty Heights Avenue (Mondawmin
Mall), Baltimore, Maryland 21215

Federally Qualified Health Centers & Lookalikes

Baltimore Medical System (BMS) | www.bmsi.org

Two Sites

- Mergenthaler Vocational-Technical High School (Mervo), 3500 Hillen Rd, Baltimore City, 212182227 Phone 443-703-3663
- Tench Tilghman K-8 School, 600 N Patterson Park Ave, Baltimore City, 21205-2447 Phone 410396-9247

Healthcare For the Homeless | www.hchmd.org

Four Sites

- Convalescent Care Program, 620 Fallsway, 21202-4117
- HCH Mobile Van, 421 Fallsway, 21201-4800

- Health Care for the Homeless 421 Fallsway, 21202-4800
- Health Care for the Homeless, West Baltimore, 2000 W Baltimore St, 21223

Total Healthcare (THC) | www.totalhealthcare.org

Six Sites

- Saratoga Health Center, 1501 W Saratoga St, Baltimore City 21223-1749
- Men's Health Center, 1515 W North Ave, Baltimore City, 21217-1735
- Mt. Royal Health Center, 922 W North Ave, Baltimore City, 21217-3940
- Kirk Health Center, 2400 Kirk Ave, Baltimore City, 21218-5507
- Division Health Center, 1501 Division St, Baltimore City, 21217-3121
- Westside Health Center, 2449 Frederick Ave, Baltimore City, 21223-2856

Recreation Centers

Baltimore City Recreation and Parks manages over 40 recreation centers. Additionally, some former city recreation centers are now managed by private operators.

Baltimore City Recreation and Parks Rec Centers

Bentalou

222 N. Bentalou St., Baltimore 21223

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday; 10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Cahill Performing Arts Center

4001 Clifton Ave., Baltimore 21216

Hours of Operation: Monday - Friday: 9 a.m. - 9 p.m. and Saturdays: 9 a.m. - 5 p.m.

Carroll Cook

5061 E. Eager St., Baltimore 21205

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday; 10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

CC Jackson

4910 Park Heights Ave., Baltimore 21215

Hours of Operation: Monday - Friday: 9 a.m. - 9 p.m. Saturdays: 9 a.m. - 5 p.m.

Cecil Kirk

909 E. 22nd Street, Baltimore, MD 21218

Hours of Operation: Fall/Winter/Spring: 1-9 p.m. Summer: 8:30 a.m.-4:30 p.m., After-school Adventures (September-June) and Camp Baltimore (June-August, before and after care available)

Chick Webb

623 Eden St., Baltimore 21205

Hours of Operation: Monday - Friday: 9 a.m. - 9 p.m. Saturdays: 9 a.m. - 5 p.m.

Coldstream

1401 Fillmore St., Baltimore 21218

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday; 10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Collington Square

1409 Collington Ave., Baltimore, MD 21213

Hours of Operation: Winter/Spring/Fall: 3-8 p.m. Summer: 8 a.m.-4 p.m.

Curtis Bay

1630 Filbert St., Baltimore 21226

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday; 10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

DeWees

5501 Ivanhoe Rd. 21212

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday; 10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Edgewood-Lyndhurst

835 Allendale St., Baltimore 21229

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday; 10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Ella Bailey

100 E. Heath Street, Baltimore 21230

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday; 10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Farring-Baybrook

4501 Farring Ct., Brooklyn, Md. 21225

Hours of Operation (Community Center) Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday; 10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday. Hours of Operation (Therapeutic Recreation): Fall/Winter/Spring: 8:30 a.m.-4:30 p.m. Summer Camp Variety: 7:30 a.m.-5:30 p.m.

Fred Leidig

301 South Beechfield Ave., Baltimore 21229

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday; 10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Fort Worthington

2710 E. Hoffman St., Baltimore 21213

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday; 10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Gardenville

4517 Hazelwood Ave., Baltimore 21206

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Greenmount

2304 Greenmount Ave., Baltimore 21218

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Herring Run

5001 Sinclair Lane, Baltimore 21206

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

James Gross

4600 Lanier Ave., Baltimore 21215

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

James McHenry

911 Hollins St., Baltimore 21223

Hours of Operation: Fall, Winter and Spring: 5 p.m. -9 p.m.—Monday through Friday. Summer: 8
a.m.-8 p.m.—Monday through Friday.

Lillian Jones

1310 N. Stricker St. 21217

Hours of Operation: Fall/Winter/Spring: 1-9 p.m. Summer: 8:30 a.m.-5:30 p.m., After-school
Adventures, September-June (Before and after care available) and Camp Baltimore, June-August
(Before and after care available)

Lakeland

2921 Stranden Rd., Baltimore 21230

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Locust Point

1627 E. Fort Ave., Baltimore 21230

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Madison Square

1400 E. Biddle St., Baltimore 21213

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday. Dome Summer Hours:
6-10 p.m.

Mary E. Rodman

3600 W. Mulberry St., Baltimore 21229

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Medfield

1501 Woodheights Ave., Baltimore 21211

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Mora Crossman

5900 E Pratt St, Baltimore, MD 21224

Hours of Operation: Mora Crossman Recreation Center is closed until further notice while John Ruhrah Elementary/Middle School is under renovation. Recreation users are encouraged to visit Joseph Lee Park (6200 East Pratt St.).

Morrell Park

2651 Tolley St., Baltimore 21230

Hours of Operation: Monday - Friday: 9 a.m. - 9 p.m. Saturdays: 9 a.m. - 5 p.m.

Mt. Royal

120 W. Mosher St., Baltimore 21217

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Northwood

1517 Winford Rd., Baltimore 21239

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Oliver

1600 N. Spring St., Baltimore 21213

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Parkview

2610 Francis St. Baltimore, MD 21217

Hours of Operation: Spring/Fall/Winter: 1-9 pm, Summer: 8:30am-6:00pm, After-school
Adventures September-June (Before and after care available) and Camp Baltimore June-August
(Before and after care available)

Patapsco/Cherry Hill

844 Roundview Rd., Baltimore 21225

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Rita Church Community Center at Clifton Park

2101 St. Lo Drive, Baltimore 21213 Hours of Operation: Monday - Friday: 9 a.m. - 9 p.m.
Saturdays: 9 a.m. - 5 p.m.

Robert C. Marshall

1201 Pennsylvania Ave., Baltimore 21202

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Roosevelt

1221 W. 36th St., Baltimore 21211

Hours of Operation: Monday - Friday: 9 a.m. - 9 p.m. Saturdays: 9 a.m. - 5 p.m.

Samuel F.B. Morse

424 S. Pulaski St., Baltimore 21223

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday.

Solo Gibbs

1044 Leadenhall St. 21230

Hours of Operation: Fall/Winter/Spring: 1-9 p.m. Summer: 8:30 a.m.-5:30 p.m.

Virginia S. Baker at Patterson Park

2601 E. Baltimore St., Baltimore 21224

Hours of Operation: Fall, Winter and Spring: 1-9 p.m.—Mondays and Wednesday through Friday;
10 a.m.-6 p.m.—Tuesdays. Summer: 8 a.m.-8 p.m.—Monday through Friday. During School Breaks:
11 a.m.-7 p.m.

Walter P. Carter

820 E. 43rd St., Baltimore, MD 21212

Hours of Operation: Monday - Friday: 5 - 9 p.m. Saturday: 1 - 6 p.m.

Woodhome

7310 Moyer Ave., Baltimore 21234

Hours of Operation: Monday - Friday: 9 a.m. - 9 p.m. Saturdays: 9 a.m. - 5 p.m.

Privately Managed Recreation Centers

Brooklyn O'Malley

3560 3rd St. Baltimore, MD 21225

Hours of Operation: Fall/Winter/Spring: 1-9 p.m. and Summer: 9 a.m.-4 p.m.

Furley

4633 Furley Ave. Baltimore. MD 21206

Hours of Operation: Spring/Fall/Winter 1-9 p.m. and Summer: 8 am-5:30 p.m.

Easterwood

1530 N. Bentalou St. Baltimore 21216

Hours of Operation: Fall/Winter/Spring: 2-8:30 p.m. and Summer: Call for dates and times

Towanda
4100 Towanda Ave. Baltimore 21215
Hours of Operation: Fall/Winter/Spring: 3-9 p.m. and Summer: 8:30 a.m.-5:30 p.m.

O'Donnell Heights
1200 Gusryan St. Baltimore, 21231
Hours of Operation: Fall/Winter/Spring: 1-9 p.m. and Summer: 8:30 a.m.-5:30 p.m.

Ralph Young
2031 Fayette St. 21231 Hours of Operation: Call for hours

Community Action Partnership Centers

Northern Community Action Partnership Center
Adongo Matthews, Manager
5225 York Road
Baltimore, Maryland 21212

Northwest Community Action Partnership Center
Desiree Mack, Manager
3939 Reisterstown Road
Baltimore, Maryland 21215

Southern Community Action Partnership Center
Natalie McCabe, Manager
606 Cherry Hill Road
Baltimore, Maryland 21225

Southeast Community Action Partnership Center
Diane Nesbitt, Manager
3411 Bank Street
Baltimore, Maryland 21224

Eastern Community Action Partnership Center
Fernando Moore, Manager
1731 E. Chase Street
Baltimore, Maryland 21213

Connexion Point Church (Satellite Location)
3816 Edmondson Ave.
Baltimore, Maryland 21229
Tuesday: 8:30 am to 4:30 pm