

Questions and Answers on Neighborhood Health Profiles

What are these reports?

The Neighborhood Health Profiles bring together data about major health outcomes and present them for each of 55 Community Statistical Areas in the city of Baltimore. Community Statistical Areas are clusters of neighborhoods developed by the City's Planning Department based on recognizable city neighborhoods. Each Neighborhood Health Profile is divided into three sections. The first section provides an overview of demographic information – the age, race and ethnicity, and average socioeconomic level of neighborhood residents. The second section provides data on life expectancy, mortality and causes of death. The third section provides data on maternal and child health outcomes. The final section summarizes how each neighborhood compares to the city as a whole across all the major health indicators.

Why were they developed?

The Neighborhood Health Profiles allow residents and local organizations to understand the health status of their own communities. The information can then inform and inspire action to create healthy neighborhoods.

How were they developed?

These reports were put together by the Baltimore City Health Department Office of Epidemiology and Planning and Sommer Scholars from the Johns Hopkins Bloomberg School of Public Health. Data in the Profiles represents the most up to date information currently available. Sources of data include: the Maryland Vital Statistics Administration at the Department of Hygiene and Mental Health, the US Census, the Baltimore Neighborhood Indicators Alliance, and the Maryland Department of the Environment. Data have been combined across recent years to provide more reliable estimates, since estimates for areas as small as Community Statistical Areas can jump around from year to year. Where appropriate, data are age-adjusted, which means that differences in health indicators between neighborhoods are not due to differences in the number of elderly in the neighborhoods. Further information about data sources and methodology are available in the Technical Notes section.

What are the limitations of these reports?

These reports only contain data on a select set of health indicators among many other possible indicators. Unavailable are data about health behaviors such as smoking, diet, and exercise, data about the prevalence of chronic diseases, and data about community-level health determinants such as availability of healthy foods and safe recreation spaces. Another limitation of the mortality data presented in these reports is that life expectancy, years of potential life lost and mortality rates are based on population data and health outcome data that come from slightly different years. The most recent population data available for Community Statistical Areas are from the 2000 U.S. Census. In comparison, the death records used to calculate life expectancy,

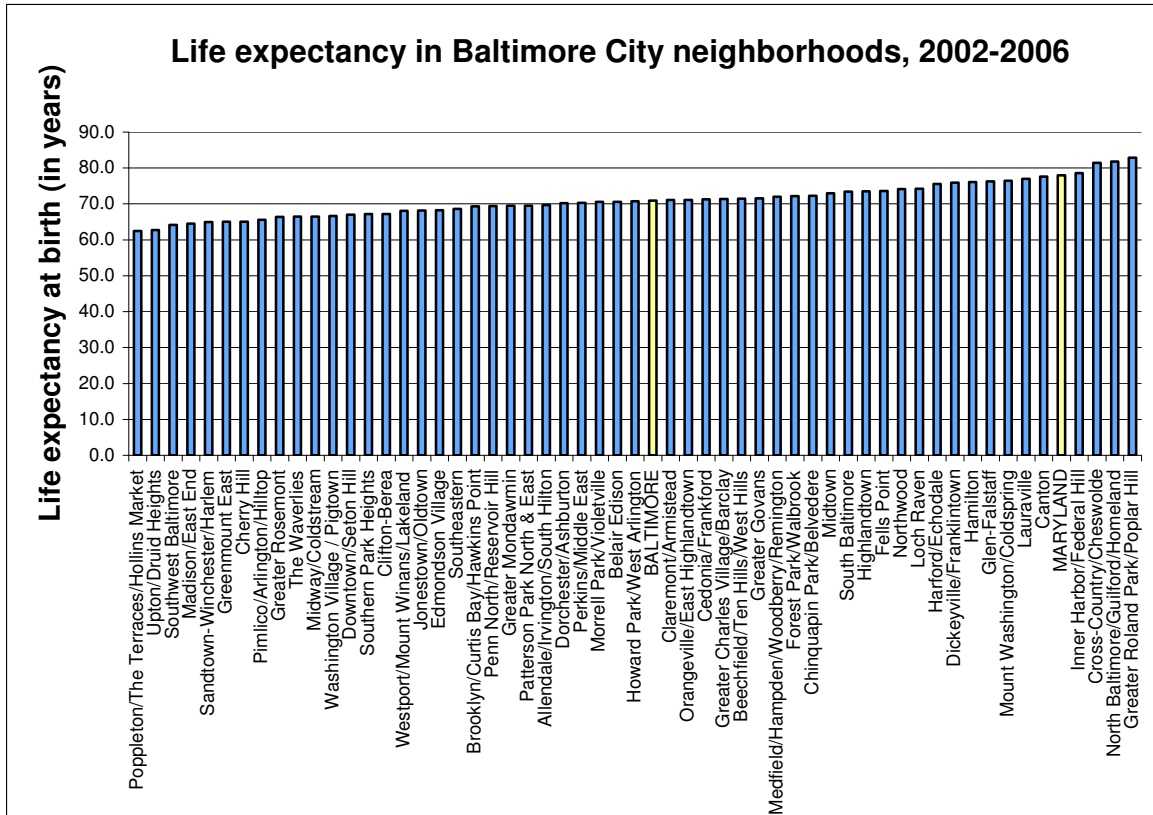
years of potential life lost and mortality rates are from 2002-2006. The estimates presented may therefore be under- or over-estimates of the actual rates, depending on how much the population of each neighborhood has changed since the 2000 census.

How often will they be updated?

These reports will be updated at least every two years as new data become available. Additional indicators will also be added when possible.

How much variation exists between neighborhoods in Baltimore?

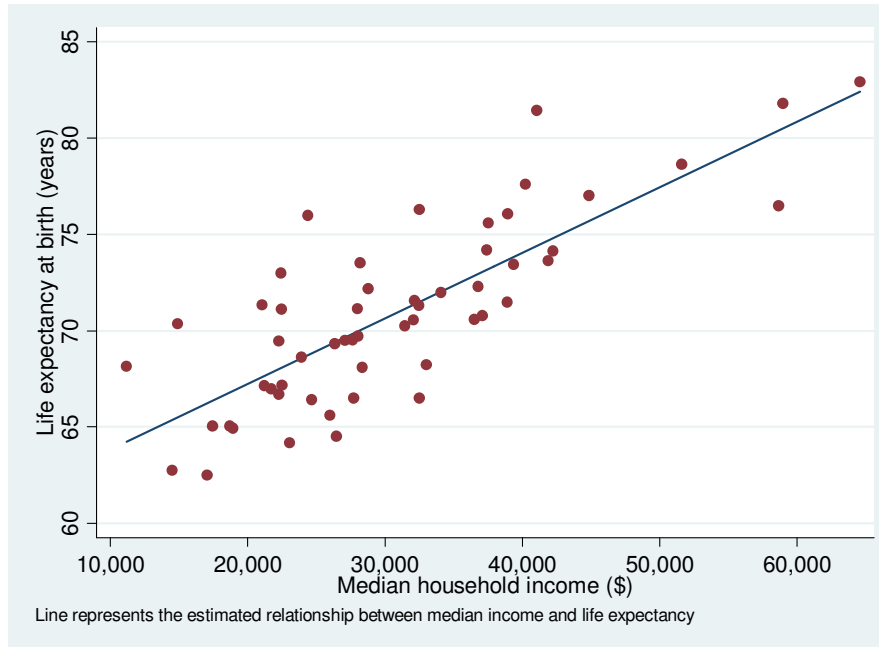
There is wide variability in major health outcomes between neighborhoods. The graph below shows the range of life expectancy by neighborhood. In the neighborhood with the shortest life expectancy, residents died more than 20 years earlier than in the neighborhood with the longest life expectancy. The other health outcomes in the Profiles also show substantial variation.



What accounts for the wide variability between neighborhoods?

There is no simple answer to this question. Health is the consequence of a complex interplay of biology, economics, social circumstances, and behavior. The graph below shows the relationship between median household income, a measure of neighborhood residents' economic resources, and life expectancy.

Two things stand out about this graph. First, there is a strong relationship between income and life expectancy. Differences in income explain more than half of the



variability in life expectancy between neighborhoods. On average, for every \$10,000 more in neighborhood median income, residents lived 3.4 years longer. Second, income alone does not explain all of life expectancy. For each median income level,

there is a wide distribution in life expectancies. For example, communities with a median income of approximately \$25,000 have a range in life expectancies of approximately 10 years. Other factors, including race, education, employment, access to healthy food, and the quality of the environment play important roles.

How can communities use these reports?

Knowledge is power. This information will allow communities to understand the major health challenges facing their own residents and take action. For example, a community might see the enormous impact of heart disease, diabetes, and stroke on mortality and target tobacco use, a leading cause of these conditions.

The Health Department is sending the reports to every community organization registered with the city's Office of Neighborhoods. Health Department staff will meet with neighborhood organizations to answer questions and help develop strategies for change.

What are the implications of these reports for the city's approach to health?

There are two main implications of these reports. First, we need to continue investing in the economic development of our communities since economic resources and health are so tightly intertwined. Second, we will use the information to identify communities with particular health needs to target services and outreach.