BALTIMORE CITY HEALTH DEPARTMENT

Local Health Improvement Coalition (LHIC) Meeting

October 28, 2022

Brandon M. Scott
Mayor, Baltimore City
Letitia Dzirasa, M.D.
Commissioner of Health, Baltimore City

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Agenda

Topic	Mins
Meeting Norms & Chat Introduction	5
Introduce New CMO - Dr. Tamara Green	10
LHIC Purpose and Goals Recap	5
Voices from Our Coalition: Dr. Letitia Dzirasa, Health Commissioner, Baltimore City Health Department	15
Updates from Our Priority Areas: Diabetes Strategy, City-Wide Care Coordination, Social Determinants of Health	45
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Closing and Next Steps	5

Meeting Norms

- When you join, please chat-in or say your name.
- State your name before speaking.
- Verbalize messages in chat.
- Speak for yourself only, using "I" statements: "I do not like…" instead of "we do not like…"
- Raise your hand to speak and use your camera when possible.
- Closed Captioning is available through Teams by clicking on More Actions and selecting "Turn on live captions".
- Meeting notes will be sent in "text only" format at the end of each meeting.

LHIC Goals & Purpose

Local Health Improvement Coalition (LHIC)

1. The coalition's purpose is to identify and address Baltimore City's most **pressing structural health disparities** by bringing together a **multisector group,** with representation from community, health, and government.
2. Requires the **shared leadership** of healthcare, government, organizations, community members, and representatives from underserved communities.
3. Each LHIC identifies **3 health priorities** and works to address them through a diversity of perspectives, collaboration, and pooling resources.

Baltimore City LHIC

Relaunched in 2021

63 Active Members

3 Health Priorities

Quarterly meetings

Bi-weekly Work Group Meetings

Our Website: https://health.baltimorecity.gov/local-health-improvement-coalition

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October 2022 Update

AUGUST 2021: Reconvened LHIC during the Covid-19 pandemic

OCTOBER 2021: Ratified with 63 members

JANUARY 2022: Initiated 3 workgroups (SDoH, Care Coordination, and Diabetes)

MAY - AUGUST 2022:

Workgroups identified their focus, leads, and developed charters, logic models, and goals for each priority area

JUNE- SEPTEMBER 2022:

Active recruitment, grant proposals for youth engagement, listening sessions, community surveys, and literature reviews

OCTOBER 2022: Quarterly LHIC meeting Charter and progress Update

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Welcome Dr. Tamara Green!

- Emergency Medicine Physician
- Master's in Health Promotion and Disease Prevention
- Certificate in Health Policy
- Previous experience teaching residents and students
- Time spent supporting policy analysis for US Senate
- Passionate about improving health outcomes through high quality care delivery and an equity-focused approach to health policy

BALTIMORE CITY HEALTH DEPARTMENT

Baltimore City Health Department

2021 Annual Report Highlights

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Restarting the LHIC

- Developed a new webpage
- Created a new charter
- New priorities established
- Engaged 130 members

AMERICAN RESCUE PLAN ACT (ARPA) FUNDING

The Health Department successfully was awarded an $80 million dollar ARPA investment through extensive coordination and collaboration with the talented team in the Mayor's Office of Recovery Programs (MORP). The period of performance for this allocation covers FY22-FY25. This transformative investment will allow the Health Department to continue to support the City's efforts to mitigate the effects of COVID-19 as part of the pandemic response, and we are grateful for Mayor Scott's leadership and support.

This multi-year investment will decrease over time with the expectation that there will be a de-escalation in the response efforts due to recovery. The allocation for each fiscal year is featured below:

Since January 2020, the Health Department has been actively responding to the COVID-19 pandemic. Through its Health Department Operations Center (HDOC) and Incident Command System (ICS) we have developed critical operational strategies. The key components are geared towards COVID-19 testing, contact tracing, outbreak investigation, vaccinations, VALUE communities, food insecurity, and communications. The FY23 ARPA budget allocation aligns with those key elements as depicted in the chart below:

DESCRIPTION	AMOUNT
Communications	$333,333
Contractual Services	$1,558,962
Food Insecurity	$6,048,000
General Operating Supplies	$231,000
HOA Building Costs (Rental Costs)	$780,000
IT- Licensing and Maintenance for Microsoft Vaccination and Testing System	$300,000
IT- Software Maintencance for Charmcare	$50,000
Online Lab Results Portal for Patients	$25,000
PPE- Inventory Management System	$66,000
PPE- Warehousing Cost- Rent	$400,000
PPE- At Home Test Kits/ Lab Supplies/ Reagants	$4,300,000
Salary & Fringe (Contact Tracers, Outbreak Investigators, Mobile Vax &Testing)	$12,110,582
GRAND TOTAL	**$26,202,877.00**

$80M ARPA Investment

- BCHD secured $80M in federal funding through FY25.
- The funding will support ongoing COVID-19 response including vaccination efforts, testing, communications, food insecurity programming, IT infrastructure, and PPE.

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Accreditation Earned

- BCHD earned a five-year accreditation through the Public Health Accreditation Board, a national body that sets best practices for public health agencies.

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ACCREDITATION

In 2021, BCHD was awarded five-year accreditation status through the Public Health Accreditation Board. This national accreditation program sets standards against which the nation's governmental public health departments can continuously improve the quality of their services and performance.

This recognition, during the ongoing public health response to the COVID-19 pandemic, serves as reinforcement that the public health services BCHD provides are responsive to the needs of the residents of Baltimore City and shows our commitment to continuously improving upon our delivery of essential public health services, including responding to a public health emergency.

THE OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The Office of Public Health Preparedness and Response (OPHPR) prepares the City for public health emergencies such as large-scale disease outbreaks, bioterrorism events, and other emergencies with an impact on the health of the community. We do this through public health emergency planning; community preparedness and health resilience outreach; emergency preparedness personnel training; healthcare emergency response coordination; and supporting agency continuity of operations during emergencies.

In 2021, a majority of OPHPR's work was focused on planning and response to meet the ongoing needs of the COVID-19 pandemic. Throughout 2021, all seven OPHPR staff were assigned roles within BCHD's Incident Command Structure for COVID-19 response coordinating personal protective equipment (PPE) requests from healthcare partners and the community, supporting City-wide mass vaccination efforts, and fielding Maryland Responds volunteers. Through its Maryland Responds volunteer program OPHPR fielded 147 Maryland Responders to support the City's COVID-19 work. OPHPR also lead the efforts around the BCHD mass vaccination sites which provided 24,797 vaccinations in early 2021. OPHPR also applied for and coordinated a new grant award for the agency, the CDC COVID-19 Public Health Workforce Supplemental Funding to support staffing needs for COVID response.

ACCOUNTABLE HEALTH COMMUNITIES

Accountable Health Communities (AHC) is a 4.3-million-dollar, five year grant, awarded by the Centers for Medicare and Medicaid Innovation (CMMI). The purpose of AHC is to screen for patient social needs in clinical settings across Baltimore City and to align key stakeholders to address the root causes of social determinants of health.

Baltimore's AHC model screens patients for basic needs (like food, utility assistance, and housing) at 12 clinical delivery sites across all of the City health systems and at BCHD clinics. Patients who are identified as high risk and have a basic need are referred to HealthCare Access Maryland (HCAM). The navigators at HCAM help the patient find the resources they need to be healthy. BCHD aligns the stakeholders of the City to address the gaps in the resource landscape by convening healthcare, community, and government in quarterly alignment meetings.

IN 2021, THE AHC PROGRAM:

- 3,828 high-risk patients (have Medicaid or Medicare and have been to the emergency department 2+ times) have been asked about social needs across 12 healthcare facilities
- 1,833 patients accepted navigation services from our HCAM colleagues
- 1,112 patients were connected to resources (e.g. food, mental health resources, financial assistance, etc.)
- Revamped the search and filters in Charmcare.org
- Surveyed 13,624 patients about their social needs across 12 clinical delivery sites. The results of which are below:

NEED	AHC Eligible Residents, 8/2018 - present (n=4606)	All screened residents, 9/2020 - present (n=5033)
Financial Strain	81%	71%
Food	71%	55%
Mental health	70%	59%
Living situation	58%	50%
Substance use	47%	40%
Education	29%	28%
Interpersonal Safety	7%	6%
Transportation	61%	51%
Employment	36%	31%
Utilities	23%	20%

Screening for Social Needs

- BCHD continued Accountable Health Communities work.
- $4.3M, 5-year grant from the Centers for Medicare and Medicaid to screen for social needs in our clinics
- Funding allowed navigators to connect 2,868 patients to food, mental health, and financial resources

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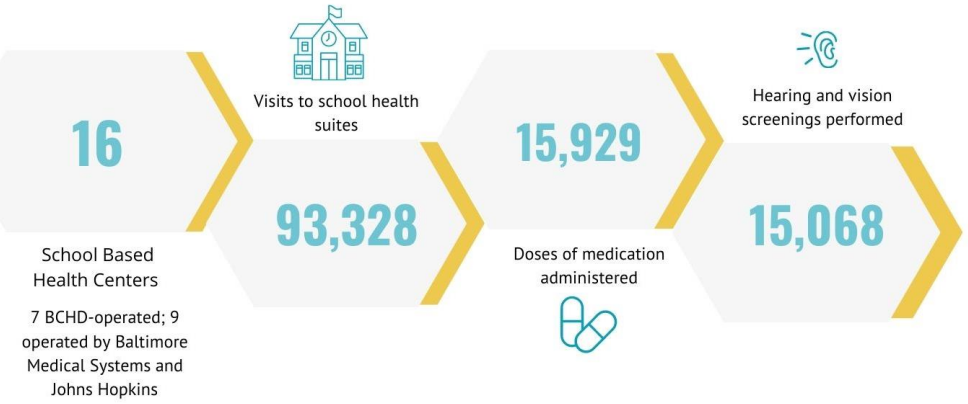
SCHOOL HEALTH

School Based Health Centers provide the following comprehensive primary care in addition to the basic health services available in the health suite model:

- Preventive services such as annual health maintenance, sports physicals, and immunizations; care of minor acute illnesses and injuries; mental health services; health education; case management; basic laboratory tests; and reproductive health care

Despite the COVID-19 pandemic, school health staff were on-site in City Schools and available to provide services to students.

DURING SCHOOL YEAR 2020-2021, THERE WERE:



Presence in Baltimore's Schools

- School Health provider for BCPSS
- Continued preventive services including annual health maintenance, sports physicals and immunizations
- 400 prescriptions and 574 exams in our *Vision to Learn* program for children
- Over 90K visits to school health suites; 15K hearing and vision screenings; and nearly 16K doses of medicine administered

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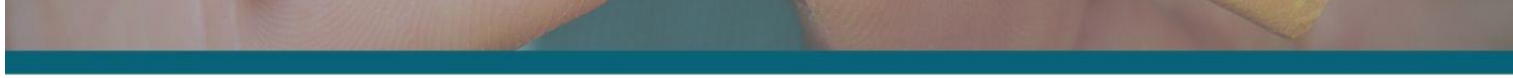
Tobacco-Free Baltimore

- Performed tobacco enforcement across the city with retailers
- Outreach to more than 4,000 residents regarding the dangers of smoking
- Nearly 300 cessation classes online and in person



The Tobacco-Free Baltimore Program is charged with addressing the epidemic of tobacco addiction through support and cessation for users, the prevention of youth indoctrination, and tobacco enforcement.

This is achieved through :

- Educational outreach
- Cessation treatment services for citizens of all ages

Tobacco-Free Baltimore is also responsible for tobacco enforcement to ensure that tobacco license holders are not selling to minors

IN 2021, TOBACCO ENFORCEMENT:

Conducted more than **310** COMPLIANCE CHECKS

167 Issued CITATIONS

Conducted **29** face-to-face educational sessions with tobacco retailers

Overdose Prevention

- Released updated 3-year strategic plan for opioid prevention
- More than 4,000 people trained in the use of naloxone
- More than 4,000 kits distributed

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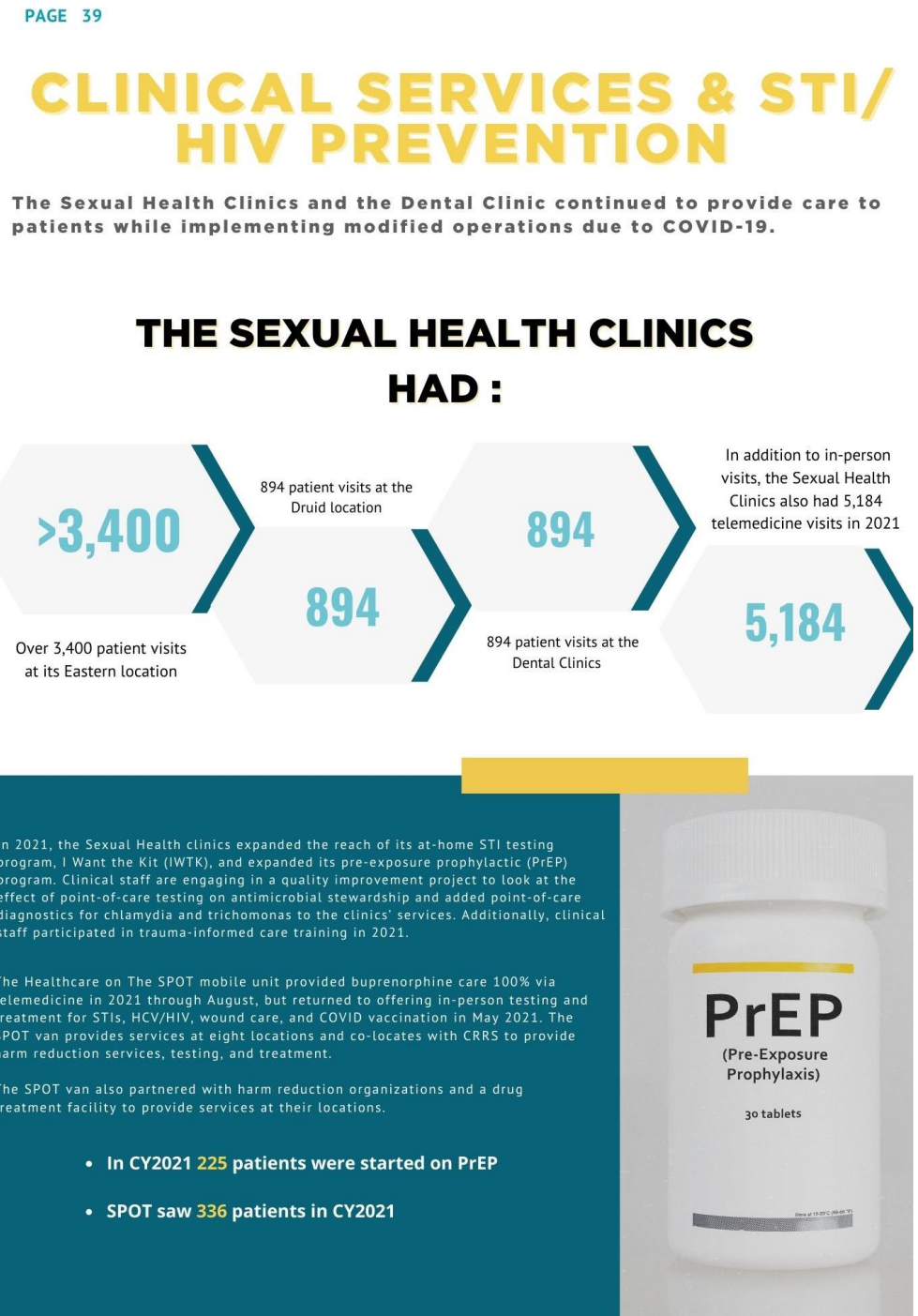

Clinical Services Making an Impact

- Two City-based clinics on Eastside and West Side of the city providing reproductive healthcare, immunizations, STI screening, PrEP, dental services and now supporting limited MPX testing and vaccination efforts
- Nearly 900 dental patients at our clinics
- Thousands of visits online and in person
- More than 200 patients started on PrEP

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Supporting Older Adults in the Pandemic

- House Division of Aging Services and serve as Local Area Agency on Aging (AAA)
- > 800 thousand meals delivered to older adults
- Conducted flu and COVID-19 vaccination events in all public senior housing sites across the City
- Fielded 35,000 calls at our MAP call center – resource hub for older adults and adults living with disabilities

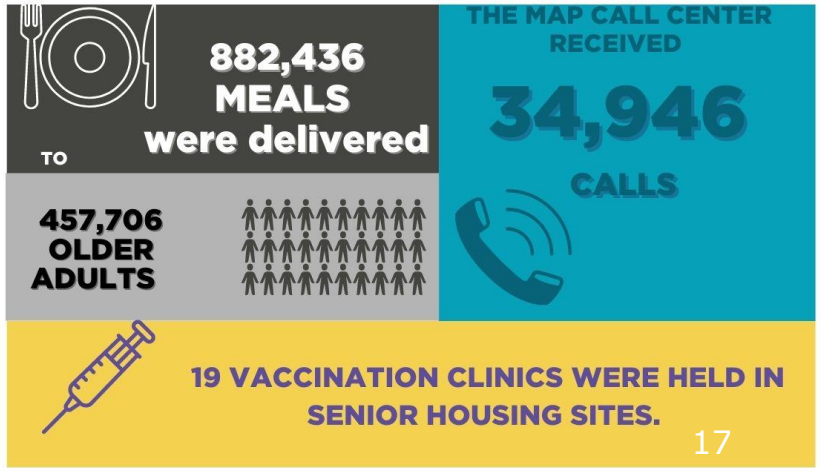
As a part of Baltimore's COVID-19 vaccination strategy, BCHD developed an initiative called VALUE (Vaccine Access and Acceptance Lives in Unity, Engagement, and Education) communities. Populations disproportionately impacted by and/or at increased risk of severe outcomes from COVID-19 disease are defined in ten VALUE communities, including older adults (residents who are 60 years of age or older, residents of nursing homes, assisted living facilities, and senior housing); Latinx; immigrant and refugee communities; the orthodox Jewish community; people experiencing homelessness; pregnant and breastfeeding women; young men; people with disabilities; African Americans, and pediatric residents. Through a series of listening sessions with each VALUE community, the team built an understanding of these communities' questions, concerns, and needs in regard to vaccination. From these sessions, BCHD co-created educational materials with the community and partners; people were recruited to serve as vaccine peer ambassadors; and communications materials, including a VALUE communities neighborhood canvassing toolkit, were developed.

In 2021, the city hired nearly 100 peer ambassadors. Ambassadors were trained by Maryland Institute College of Art (MICA), Morgan State University, and Johns Hopkins International Vaccine Access Center (IVAC) about community messaging, mobilization, and COVID-19. They are then mobilized geographically using real-time vaccination coverage data to neighborhoods with the lowest vaccination rates. Ambassadors use a variety of methods to find and link City residents to vaccination and other city services. These include holding events, educating, canvassing door-to-door, calling and texting, promoting vaccinations and clinics through social media, and dismantling vaccine myths and misperceptions through one-on-one conversation.

IN 2021, OVER 78,000 RESIDENTS HAVE BEEN REACHED THROUGH OUR VALUE COMMUNITY AMBASSADORS.

In addition, a group of individuals from over ten different organizations came together to form the African American/Black Coalition to assist with getting the majority population to 80% vaccinated. Through a collaborative approach, the AA/Black Coalition assisted in achieving COVID-19 goals by reducing cases, improving health outcomes for individuals, and addressing health disparities. The AA/Black Coalition utilized their distinct viewpoints in creating a range of city-wide communication, mobilization, and outreach activities. The purpose of the alliance is to be a culturally affirming group that represents Baltimore's majority population and is in support of BCHD's efforts to foster positive health outcomes in the African American/Black Community.

OLDER ADULTS HAVE BEEN THE POPULATION AT GREATEST RISK DURING THE COVID-19 PANDEMIC. IN 2021:



THE VIRTUAL SUPERMARKET

The Virtual Supermarket Program (VSM) is an innovative approach to addressing food insecurity in Healthy Food Priority Areas. VSM uses online grocery ordering and delivery to bring food to neighborhoods with low vehicle ownership and inadequate access to healthy foods. It enables residents to order groceries where they live and pick up their order in their building with no delivery cost.

This service proved critical during the COVID-19 pandemic by keeping the City's most vulnerable adults out of crowded stores.

9

In 2021, VSM operated in nine senior/disabled buildings

6,500

Provided over 6,500 grocery deliveries

410

Served 410 individuals through a partnership with a local grocery store

THE DIABETES COALITION

BCHD runs the Diabetes Coalition with the goal of coordinating and building synergy among diabetes initiatives in the city.

In 2021, these quarterly meetings were instrumental in developing City-wide partnerships that played a role in BCHD being granted funds to increase the number of VSM sites over the next four years. In 2022, the Diabetes Coalition was funded to develop a city-wide diabetes strategy to coordinate diabetes prevention education, diabetes education and programming, and referrals.

Health Promotion and Disease Prevention

- Virtual Supermarket (VSM) operated in 9 senior/disabled buildings
- VSM provided over 6,500 grocery deliveries and served 410 individuals
- Diabetes Coalition played a role in increasing the number of VSM sites over the next 4 years

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LHIC Update
Baltimore Metropolitan Diabetes Regional Partnership (BMDRP)

Working Group Report out

October 28th, 2022

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Overview of the BMDRP

Baltimore Metropolitan Regional Partnership

UMMC	JHHS

UMMC	UMMC Midtown	JHH	BMC	HCGH	SH

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HSCRC Diabetes Regional Partnership – (2021-2025)

Infrastructure-Building Grant for Two Evidence-Based Programs

- CDC's National Diabetes Prevention Program (DPP)
- ADA's Diabetes-Self-Management Training (DSMT) program

And related **wrap-around services** to ensure success of programs

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Progress since the last LHIC meeting

1. What work have we done?
   - Marketing and promotional collaterals, institutional provider engagement and patient / community outreach
   - Wrap around services offered: SDOH screening, transportation, food access, physical activity engagement
2. What successes and challenges have we faced?
   - Institutional engagement efforts have proven to be successful
   - Ongoing conversations to align with community-based networks, health department and other affiliates
3. What are our next steps and/or next big deadline?
   - Ongoing conversations on external marketing campaign
4. How we can use your help
   - Health department to assist with a city-wide campaign and long-term strategy lower the rates of prediabetes and diabetes related complications within Baltimore City.
   - Collaboration to provide wrap around services (Food, shelter, medication and social support)

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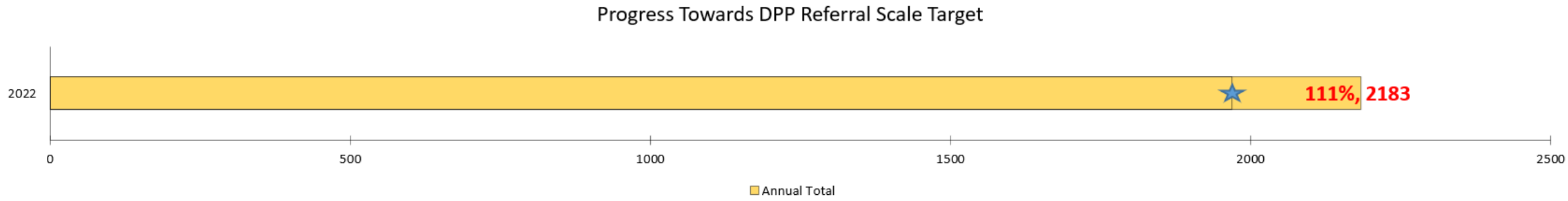
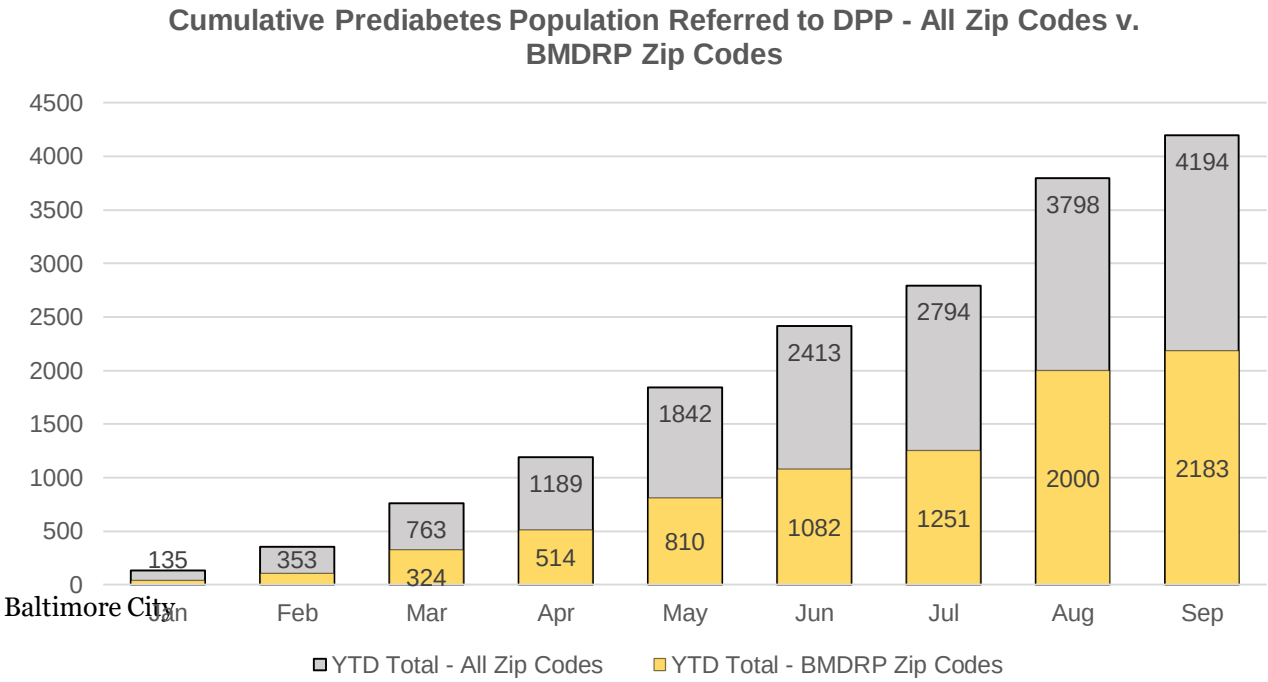
DPP- Scale Target Progress





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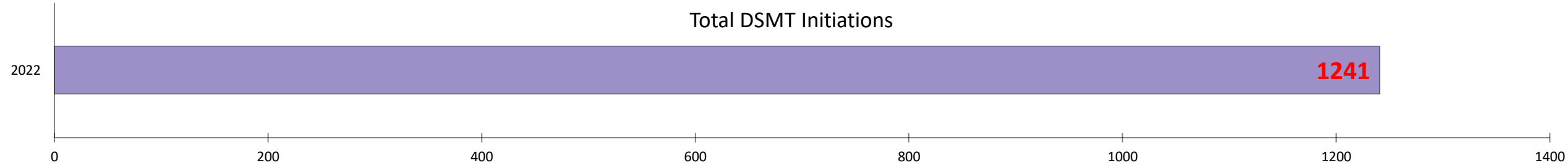
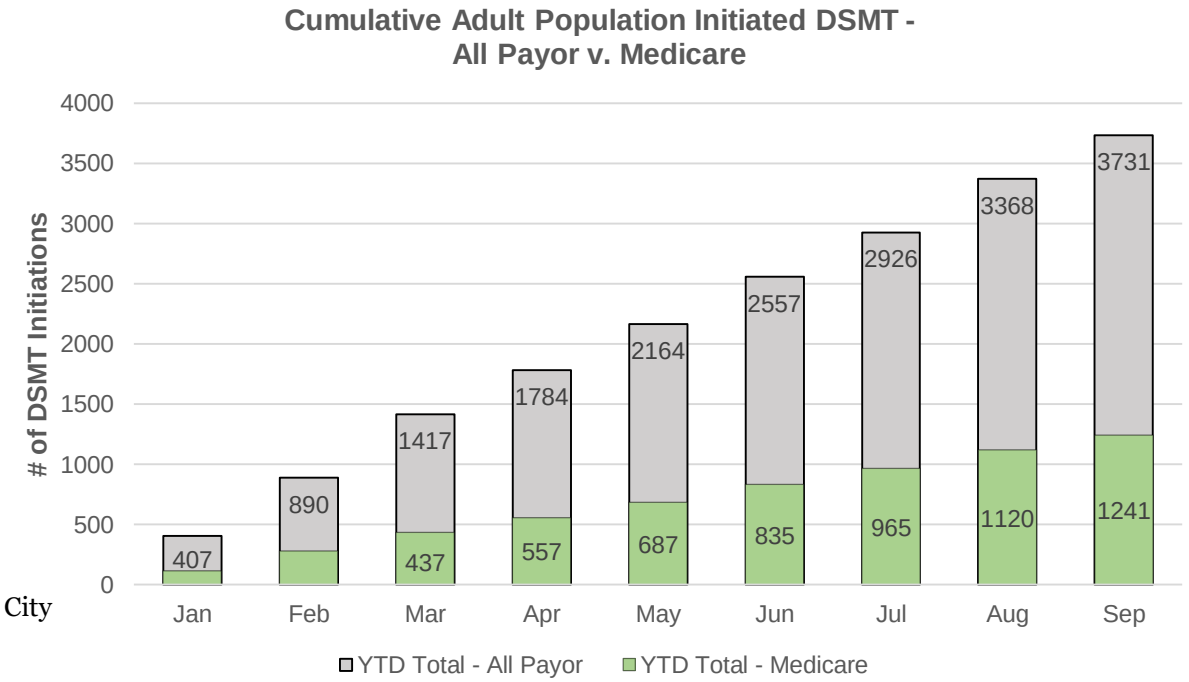
DSMT- Scale Target: Initiation





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Successes & Challenges

Successes 

- ↑in referrals and enrollment
- Expansion of services across Maryland
- UMMC approved as Medicare and Health Choice DPP
- Full recognition of JHHS distance learning program DPP
- Increased provider awareness
- EMR/infrastructure build

Challenges 

- DPP Awareness: Provider & community
- Reaching Medicare beneficiaries
- Limited referrals from BMDRP zip codes
- Delays in external marketing
- Expanding Partnerships
- Addressing long term community needs (SDOH)
- Billing complexity of DSMT in unregulated space & limited reimbursement

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LHIC Update
Saint Agnes & LifeBridge Health Diabetes Collaborative

Working Group Report out

October 28th, 2022

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Ascension Saint Agnes

LIFEBRIDGE HEALTH

Status Update

1. What work has been done since the last LHIC meeting?

2. What successes and challenges have you had since the last LHIC meeting?

3. What are your next steps or next big deadline?

4. What do you need from the other LHIC members?

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Food Access

Food Access Successes and Challenges

Food Access Success

- Expanded internal outreach strategies that resulted in increased physician and referral staff engagement
- Number of participants continue to rise
  - Currently have 206 food access participants
- Maximizing new technology to identify potential food access candidates (CRISP, DPP alert, Tangelo)

Food Access Challenges

- Lack of vendors' access to CRISP Portal to facilitate participant referral
- Potential participants unaware of program eligibility (r/t poor understanding of program)
- Accessibility to participants outside service area zip codes (r/t unawareness of other regional programs)

Vendor Collaborations

Food Partner	Service
Meals on Wheels	12-week prepared/packaged foods
Hungry Harvest	12-week of a fresh produce box
Movable feast	12-week of packaged meals & 1 bag of fresh produce
Food Project	12-week of prepared meals
Giant Foods	20-week $20 dollars allotted for fresh/frozen produce per week ($80/month) Just launched
Tangelo (Nov 28)	14-week grocery box and nutrition support via mobile app (EBT/SNAP benefits eligible)
Virtual Supermarket “Baltimarket” (Dec 1)	Grocery/produce delivery to homebound residents through use of EBT/SNAP

Diabetes Education

DPP Successes and Challenges

- DPP Success
  - The program has four lifestyle coaches (LSC).
  - One LSC is bilingual, and we plan to start a DPP cohort in Spanish in August.
  - We have two part-time fitness instructors.
  - We have adjusted our outreach efforts to target participants in our five assigned zip codes.
  - Using food access as an incentive seems to be helping in getting participants to enroll in DPP.
  - By working with MCO's we have increased our DPP referral numbers.
- DPP Challenges
  - Navigating migration from virtual to in-person.
  - Investment time involved in establishing new community partners.
  - Lack of (significant) progress with awareness of prediabetes and risks.
  - Lack of participant response after initial interest.
  - Lack of program awareness and benefits (physicians).
  - Low physician referral volumes. Barriers to CRISP referral tool access in EMR.

DSMT Successes and Challenges

- DSMT Success
  - Offering group classes on Wednesdays
  - We have three educators who will provide evening appointments
  - Increasing outreach and DSMT educator presence in physician offices.
  - Initial encounters with hospitalized patients then enrolling them in outpatient diabetes education.
  - Return of group DSMT classes at Sinai Hospital
  - Approval of 3rd DSMT provider in target zip codes at GMC. Program launch pending.
- DSMT Challenges
  - Lack of referrals from Medicare patients.
  - No show/cancellation rate approximately 60%.
  - Correcting coding issues to ensure payment and to ensure claims are counted for our grant numbers in CRISP.
  - Credentialing diabetes educators to ensure payment from private insurers.

Collaboration Updates DSMT & DPP

- Increased the number of days of on site DSMT education in physicians' office
  - Catonsville location (from one to two days a week)
- Working with additional locations to have on site DSMT
  - Wilkens Ave
  - DePaul house apartments
  - Primrose apartments
  - Grace Medical Center
- LifeBridge Health conducting physician outreach weekly
- Conducted prediabetes smart alert pilot meeting with CRISP
  - Working to develop a workflow
  - Upon completion of workflow, notification to start smart alerts will be implemented
- Collaboration with Community Partners
  - Senior housing, churches, community centers

Coming Up…

1. Expanding diabetes education and food access to dialysis patients within service area
2. Delivery of DPP education at the Jewish Community Center @ Park Heights
    i. Increase accessibility to education and food access to Jewish community
3. Implement onsite DSMT education at additional medical groups and senior housing facilities.
4. Set up monthly virtual DPP information sessions to elicit participant interest and enrollment.

How LHIC can Support

- Refer patients who are not eligible to your grant service zip codes to appropriate institutions who can service them

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Care Coordination

October Update

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Overview of Care Coordination

Background:

- Health care for most people, especially those with complex needs, requires coordination between multiple providers, specialists, and community services and resources.
- In a multifaceted health system, individuals often move back and forth to different health systems and may leave the hospital prior to getting successfully linked to a resource.
- This can lead to duplication in care, inappropriate levels of care (visiting ER for non-emergencies), and gaps in care. This is confusing for patients and can erode trust.

Care coordination ensures that care from multiple providers and specialists is **patient-centered**, **synchronized**, and **avoids redundant tests and procedures.**

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Care coordination in the LHIC

Our Goal: Improve the City's standard of care coordination

Our Objectives:

1. Develop a community-informed definition of care coordination
2. Reduce 'siloed' patient information through shared information strategy
3. Maintain existing AHC health-related social needs data workflows
4. Develop a strategy for improved reimbursement of care coordination services

Our Team: Steven McGaffigan, Lorena de Leon, Sonya Kirby, Brittany Young, Marc Rabner, and Rashad Stanton

Next Big Milestones:

1. Community-Based Focus Group and
2. Convene meeting on Shared Language and Information Sharing

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Care Coordination Timeline

Key Activities	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Identify and Clarify Focus									
Buy-in and Team Formation	x	x							
Define Components + Focus Group Preparation		x	x	x	x				
Seek and Obtain Funding				x	x	x	x		
Research and Focus Groups					x			x	x
Collect and Summarize Findings					x			x	x
Identify Shared Language									
Convene Stakeholders						x		x	x
Identify Goals							x	x	x

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Focus Group Key Findings

Who	What	Where
• The person providing the services should be relatable, compassionate, and familiar • They must also convey trustworthiness	• Navigating the resource landscape is difficult even for seasoned professionals • Continuous changes require continuous supports	• Care coordination should occur everywhere • In the community, healthcare, CBOs • Meet individuals where they are

Opportunities and Challenges

Challenges:

- Maintaining buy-in
- Funding

Opportunities:

- Most healthcare systems recognize and want to address these issues
- Can build on work of CRISP, MD Primary Care, and Accountable Health Communities

What we need from the LHIC

- Community representation, including youth, people with complex needs, and older adults
- Community Based Organization representation
- Buy-in and support to test ideas at your organization

BALTIMORE CITY HEALTH DEPARTMENT

Social Determinants of Health

October Update

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Social Determinants of Health Work Group

Lead: Dr. Teresa Leslie

Active Members: Vanya Jones, Yvonne Bronner, Keyonna Mayo, Farmer Chippy, Krismir Thomas, Charles Jackson, Rhonda Chatmon, Charlie Nguyen, Hameenat Adekoya, Mark Montgomery, Rashad Stanton, Glenn Smith Jr, Jerome Singletary, Christopher Phelan

Social Determinants of Health Work Group

Our Goal: Improve well-being and health outcomes by addressing social determinants of health (SDoH)

Our Objectives:

1. Improve food access by fostering engagement between farmers and communities
2. Increase knowledge of healthy food through community education
3. Improve economic stability by increasing sustainability of farms

Next Big Milestone:

1. Complete Farmer and Key Stakeholder interviews
2. Collect and share findings and resources

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Our Timeline

Key Activities	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Identify and Clarify Focus									
Buy-in and Team Formation	x	x							
Research, Community & Farmer Interviews		x	x	x	x				
Collect and Summarize Findings					x	x	x		
Identify Shared Goals & Recommendations									
Convene Key Stakeholders					x	x	x	x	
Share Resources and Data via LHIC Website and Social Media							x	x	
Identify Funding Sources									
Meetings with Federal and Local Funders					x	x	x		

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Farmer Interview Key Preliminary Findings

Urban Ag Significant to Community Development

- Farms serve as community centers/hubs…gathering spaces
- Can provide a holistic approach to job development, economic growth and education
- Urban farms can be a source of nutritious food and health education in the community
- Can also work to be a source of employment and economic growth for individuals

Shared Farmer Interest

- Farmers report desire to engage with community, provide information on healthy foods, and sell food locally

Shared Farmer Challenges

- There is not enough funding and/or policy supporting farmers.
- Farmers and those participating in Urban Ag have challenges with staffing, land ownership/lots, and the bureaucracy/red tape of Baltimore City Staffing

Successes of SDOH working group

- Met with 8 Key Stakeholders:
  - CLIA
  - Urban Health Institute
  - BmoreAG
  - No Kid Hungry
  - Dept of Planning
  - UMD AgExtension Center
  - Center for Sustainability
  - USDA
- Conducted Literature Review
- Designed Farmer Survey
- Completed 3 Farmer Surveys (PPHUF, Strengh2Love, The6thBranch)
- Applied for funding for youth representation (with CLIA)

Challenges of SDOH working group

- Maintaining buy-in and engagement
- An apparent disconnect where there are lots of Urban Ag stakeholders, but farmers continue to feel unsupported.

From our work….

- The SDoH working group envisions Urban Ag holistically and significant to the sustainable development of Baltimore City. As such, our approach must be transdisciplinary and interdepartmental. Specifically relating to the SDoH, research illustrates that Urban Ag can contribute to economic stability, work force development, healthy food access, and a general improved lived environment.
- **Opportunities**: Current local, state, and Federal interest and focus on urban agriculture.
- **Barriers**: Farmers need more support from Baltimore City

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What are the next big steps?

- Collect and record all learnings
- Obtain Funding
- Bring together key stakeholders to identify 1-3 shared goals for the city and identify how to track success
- Share information with interested parties
- Continue supporting collaboration and partnership

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What we need from the LHIC

1. Emphasis on the importance of community engagement
2. Support to provide stipends for community member participation
3. Support when seeking funding
4. Food Insecurity/Urban Agriculture policy expertise

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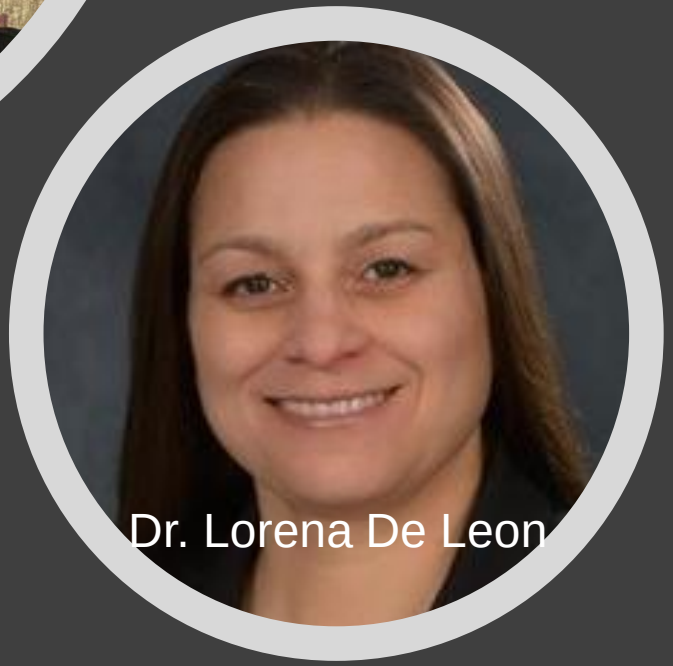

Dr. Lorena De Leon

Sonya Kirby-Edon

Community Spotlight

Thank you, Dr. Leslie, Dr. De Leon and Ms. Kirby-Edon!!

Celebrate a colleague or Share an Update!

BALTIMORE CITY HEALTH DEPARTMENT

Thank You

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