

**LOYOLA UNIVERSITY MARYLAND**

**The Deficits, Assets, and Initiatives in Baltimore City**

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## Executive Summary

This report interprets the strengths and flaws of Baltimore City's response to community issues, specifically those affecting the Govans neighborhood. Building a comprehensive account with IMRaD format, each team member explored a different resource in Baltimore: access to mental health care, quality of mental health care, access to nutritional food, and the role of faith communities providing support.

Within Greater Govans and Baltimore City, there seems to be an abundance of clinics, mental health centers containing experienced clinical counselors, and therapists. However, according to a Johns Hopkins assessment of mental health related analysis contains data showing a much greater need of mental health services that is higher than the National Average. Using data to understand the demographic background and healthcare we begin to see a racial disparity as well as obstacles of residents who live in the Greater Govans and Baltimore City. The question is not, "Why aren't residents using these resources?", but rather "Do they even have access to these resources?"

Baltimore mental health providers struggle to deliver effective treatments due to limited state funding and underdeveloped programs. In response, Behavioral Health System Baltimore (BHSB) provides funding and staff training regarding systematic racism to ensure quality care for Baltimore's multicultural clientele. Govans' population consists largely of people of color, so "quality care" resembles therapists exploring the psychological impact of racial injustice. This idea of "quality care" for multicultural clients stems from Dr. Helms' WRID and D. and D.W. Sue's REC models, which outline a therapist's multistep process of building racial self-awareness. This process, encouraged by BHSB's staff training, eliminates cultural biases interfering with clinical work and improves the therapist-client dynamic.

Food insecurity describes a situation where an individual does not have consistent, or any, access to healthy food options for a reasonable price. This issue continues to affect Baltimore residents, including those residing in Govans, with African Americans and children are the most likely to be affected. Inconsistent access to healthy options has negative effects on a person's health, contributing to obesity and other diet-related diseases.

Faith communities are one of the anchors that support the Govans and Greater Baltimore community. Places of devotion and worship have the advantage of a long-established history in the community in comparison to other support organizations. Their dedication to the community through the decades offers a space where families grow and change yet still return to the places of worship. The faith communities in the Govans neighborhood have many support systems that assist residents with paying bills, finding jobs, providing food and shelter, and offering technical skills classes. The long-established faith communities of Govans work together and they reach a much larger audience with pooled resources. These communities provide internal support to the residents and parishioners struggling in the area.

After extensive research through official city reports, scholarly journals, articles, and books, we conclude that despite clear remnants of systemic racism in Baltimore and Govans, various initiatives strive to improve the city.

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## 1: INTRODUCTION (VC, VG)

This report provides a comprehensive account detailing the assets and deficits of the Greater Govans overall support system and its impact among its demographic for the *Govans Heritage and Community Action* (Govans Heritage) webpage, which can be accessed at [govansheritage.org](http://govansheritage.org). See Figure 1 for further details about the location of Govans in Baltimore. The focus of this report is the accessibility of resources in Baltimore and more specifically in Govans, and we have targeted four different subtopics: 1) access to mental health services 2) quality of mental health services; 3) food access; 4) faith communities.

Our Methods, Results, and Discussion sections are divided into these four subsections. To conduct our research, we used secondary sources such as scholarly books, articles, and official city reports, in addition to our primary sources, such as peer-reviewed journal articles. These sources are further explained in the Methods section. In the Results section, we detail our findings. The Discussion section connects our findings to our research questions, and we discuss how these findings apply to Govans on a larger scale in our Conclusion Section.

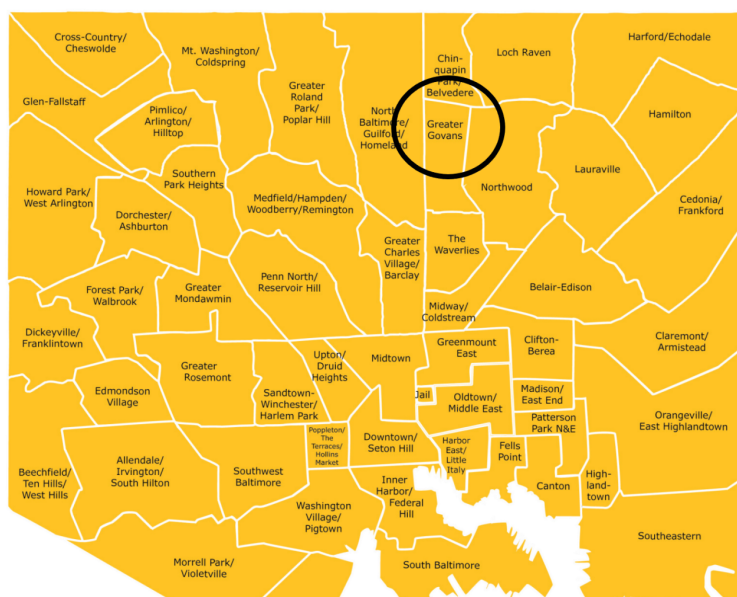


Figure 1: A map of Baltimore City neighborhoods, with Greater Govans circled for reference.

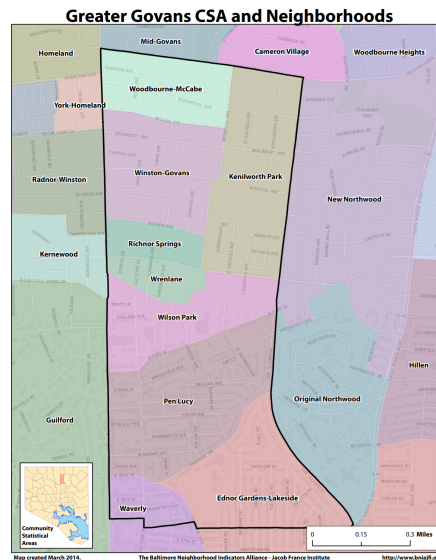


Figure 2: A closer look at the communities forming the Greater Govans neighborhood, including: Woodbourne-McCabe, Winston-Govans, Richnor Springs, Wrenlane, Wilson Park, Kenilworth Park, Pen Lucy, and the Northern parts of Waverly and Ednor Gardens-Lakeside.

## SECTION 2: METHODS (VC, VG, EB)

Using primary and secondary research, we anticipate answering the following primary research question: what is the history of community frameworks, including their deficits and assets, surrounding Baltimore and Govans? Because we have divided our findings into four different subtopics, each will attempt to answer a secondary research question:

- 1) Access to Mental Health: Are there barriers or obstacles regarding access to mental health services within the Govans Community in Baltimore? If so, what are they and how can they be overcome?
- 2) Quality of Mental Health Services: To what extent are Govans mental health facilities cognizant and attentive to the needs of their culturally diverse population?
- 3) Food access: How has Baltimore and Govans addressed accessibility to healthy and affordable food for its residents?
- 4) Faith communities: How do faith communities serve as anchors to residents of the Govans neighborhood?

We anticipate that our report will become part of the *Govans Heritage* website so that the information we synthesized will be available to a wider audience of future students as well as community members, teachers, and leaders. This report is a thorough discussion of the steps we took from beginning to end of the research process. If the report is approved for use on the website, it will be split according to section topics to make the information more accessible.

This report has been a semester-long endeavor. Beginning in January, the Service-Learning Team began its work at the GEDCO CARES Career Connection. Due to the COVID-19 outbreak, the team suspended its involvement in person-to-person service. Instead, the team is using this time to construct, edit and revise a comprehensive research report of the Govans community.

## **Access to Mental Health Services**

### *Official Published Reports*

We chose the “Baltimore City 2017 Neighborhood Health Profile” because there was information regarding the demographic background within the area. At a deeper lens, the “2018 Community Health Needs Assessment” from the Johns Hopkins Hospital and Bayview Medical Center gives us much needed information around the access to the mental health services. In this official report, there is important information regarding substance abuse or mental health services the community does have access to. In another report, the Behavioral Health System Baltimore (BHSB) released the “FY 2018 Activities, Behavioral Health Indicators and System Utilization” detailing some of the crisis related resources Baltimore does have. The BHSB includes some of their main goals with having a well-established and full functioning behavioral health crisis response system.

### *Resources*

Listed within the link are treatment centers located in the Govans area that are available to Baltimore residents. The importance of this resource is to establish the notion that there are many resources.

### *Scholarly Articles*

Poverty wreaks havoc upon the lives of the most vulnerable and makes certain aspects of their lives difficult. Ofonedu et al. 2016, published an article called, “Understanding Barriers to Initial Treatment Engagement among Underserved Families Seeking Mental Health Services” and its researchers looked at some of the issues regarding having access to important mental health services within Baltimore. These scholarly articles provide evidence-based research to help us understand the socio-economic disparity that comes with having access to mental health services. Walrath et. al 2004 published an article titled, “Understanding Expanded School Mental Health Services in Baltimore City. Behavior Modification” to shed some light on some of the issues related to the Mental Health Services within the school system in Baltimore city.

## **Quality of Mental Health Facilities**

### *Official Published Reports*

We chose the “Baltimore City 2017 Neighborhood Health Profile” published by the Baltimore City Health Department because it compares health statuses between neighborhoods, so we obtained specific demographic information about Greater Govans. The document helps us better understand which races dominate the Greater Govans region so that we have an accurate and comprehensive depiction of the area.

A section of our report analyzes the experiences—positive or not—of Baltimore residents of color when utilizing local mental health facilities, so we sought information that illustrates those internal challenges and developments realistically.

The Behavioral Health System Baltimore (BHSB) works to guarantee two goals: ensuring privately and publicly funded mental health and substance abuse services are both available and working efficiently throughout Baltimore City. In February 2019, BHSB published their annual report, “Fiscal Year (FY) 2018 Activities, Behavioral Health Indicators and System Utilization,” detailing their ongoing mission to financially support newly emerging behavioral health programs and monitor their efficiency. The document presents insight about the current challenges that Baltimore mental health providers face in clinical settings and how said challenges are handled. BHSB implements quality control measures that ensure staff are professionally trained and prepared to treat multicultural patients.

#### *Scholarly Books*

Since this section of the report emphasizes the therapist-client dynamics amid cultural differences, we strive to understand which clinical settings work best for multicultural clients. We chose the book *Counseling the Culturally Diverse* by D.W. and D. Sue because it contains an essential section titled, “White Racial Identity Development.” This section explains Dr. Helms’ 1988 White Racial Identity Model, a multistage process reflecting to what extent a white person understands their own privilege. In a clinical setting, the level of awareness that a white counselor exudes affects the quality of the multicultural patient’s experience.

Not all therapists in Baltimore City and Govans, however, are white; therefore, we address cultural awareness levels in the clinical setting among two people of color. Another chapter from *Counseling the Culturally Diverse* titled, “Racial, Ethnic, Cultural (REC) Identity Attitudes in People of Color” examines a similar multistage process called the Racial, Ethnic and Cultural Identity Development Model. Their model functions to combat internalized racism among both clients and therapists of color. Therapists of color may, under a less sophisticated understanding of their own racial identity, exhibit biased generalizations toward their multicultural clients and thus harm their therapist-client dynamic.

#### **Food Access**

##### *Webpages*

The Govans Farmers’ Market webpage was used to gain information about the initiative by Loyola University Maryland to support the opportunity for local produce to be sold and purchased by Govans residents.

##### *News Articles*

A news article titled, “Loyola University Maryland’s FreshCrate program brings fruits, veggies to food deserts in Baltimore,” by Megan Knight further focused on Loyola’s attempt to provide residents of Govans with access to fresh produce through a program called FreshCrate. The article details a corner store that participates in the program and how Loyola is able to provide the produce. This article provided information about Loyola’s efforts to help alleviate the community’s food access issue.



Erick Trickey, a writer for *Politico*, wrote the article: “How Baltimore is Experimenting Its Way Out of the Food Desert.” This provided an abundance of information about food deserts in Baltimore and the effects of an absence of healthy food options. The article also focuses on a few examples of how the city is attempting to combat the issue. This was useful in providing background information on the topic as well as initiatives taken by multiple programs in the city to work towards a solution.

#### *Official Published Reports*

Baltimore City published a Food Policy Task Force Report in 2009 that offered recommendations compiled by many professionals from varying disciplines and careers. The advice offered in this report aimed to solve issues surrounding food access in various parts of Baltimore. This report provides the first outward attempt of the Baltimore City government to focus on food accessibility and attempt to address the issue.

The food environment report from 2015 provided baseline statistics about the prevalence of food deserts in Baltimore City and in District 4, where Govans is located. These statistics created a food environment profile and documented the areas that needed to be addressed within this district. These findings were able to be compared with the food environment report from 2018.

A neighborhood profile was conducted on the Greater Govans area in 2017 and provided information about the percentage of residents in this neighborhood who live in a food desert. This finding was important for this report because it provided a statistic that only focused on the Greater Govans neighborhood, which has proved somewhat difficult.

Baltimore City’s Food Environment Report from 2018 provided the most up to date information on the status of food accessibility in Baltimore and for District 4. As previously stated, this could be compared with the findings of the 2015 report to determine any progress as well as what areas still need improvement.

#### *Scholarly Journal Articles*

Pamela J. Surkan and her research team at Johns Hopkins conducted a study to determine the impact of the *Eat Right – Live Well!* (ERLW) program. The study compares supermarket sales from one that has implemented ERLW and one that has not, the control. Both of the supermarkets are located in low-income neighborhoods in Baltimore with similar socioeconomic demographics. The study provides information about methods that could potentially increase the amount of healthy food purchased at supermarkets in low-income areas, thus increasing the amount of healthy food consumed among residents.

A study conducted by Laura K. Cobb and her research associates used 118 food stores around Baltimore to compare the availability of healthy food in 2006 versus 2012. The main purpose of this study was to determine if more healthy food became available, and stayed available, after a 2009 WIC (a Special Supplemental Nutrition Program for Women, Infants, and Children) policy change required an increased amount of healthy food items in stores authorized to accept WIC. The findings in this study apply to Baltimore as a whole rather than specifically Govans but show the impact of policy changes on food availability, which could help drive future policy adjustments.

## Faith Communities

### *Webpages*

Blue Water Baltimore is an organization that takes a holistic approach to cleaning Baltimore waterways. Its webpage is relevant to the discussion about faith communities because it contains information about how and why Govans Presbyterian Church contributed to the health and wellness of the Baltimore environment. This source provided external information about the concrete development programs that Govans Presbyterian claims to participate in. Not only does it verify the parish's community involvement, but it provides photographs of the community involvement that are not present on the parish website.

The Govans Presbyterian Church website provided insight into the goals and resources of one of the four faith establishments directly on the York Road corridor, serving the Govans neighborhood. The site gave a brief description of the history of the parish. This webpage provides significant information about the resources that Govans Presbyterian offers to its parishioners and Baltimore residents. Govans Presbyterian's web page describes the organizations it partners with, and how their parish contributes to each organization's goal for community development.

St. Mary of the Assumption is the second of four parishes located on the York Road corridor which serves the Govans community. Its website provides details about its history in Baltimore. The far-reaching strengths of this parish described on its website exemplify how faith communities are a strong anchor for Baltimore residents. St. Mary also houses GEDCO CARES Career Connection in its basement.

The Govans-Boundary United Methodist Church is an outer-rim parish that serves Methodist parishioners from within and without the Govans neighborhood. The website offers various contact methods to reach representatives at the church.

Shepherd's Heart Missionary Baptist Church is located on the York Road corridor and serves the Govans community. Its website provides a detailed history of the parish and its faith leaders, along with information regarding community outreach and other affiliations.

The United Church of Love in Govans has strong community ties and partnerships with its parishioners. Their Facebook page provides contact information and a brief mission statement, but more importantly many details regarding community events.

### *News articles*

In 1997, the business and real estate section of the *Baltimore Sun* featured an article by Dewitt Bliss about the Govans community. The article provides significant community insight on the importance of faith communities in the betterment of Govans.

### *Scholarly books*

The book by George F. Bragg titled *History of the Afro-American Group of the Episcopal Church* is a historical collective containing detailed accounts of the Govans community faith

systems. While the overarching focus of this book is about predominantly African American parishes and faith communities, its sections on the Govans and Baltimore community provide detailed support to show that parishes are community anchors.

### *Reports*

The ULI Advisory Services Technical Assistance Panel Report titled “Revitalizing the York Road Corridor” is a document that portrays an asset and deficit view on the communities surrounding the corridor. The report provides specific information regarding what upholds the communities on this corridor, and what residents, trustees, and business owners among others should do to promote economic and social development. It uses plain language to convey its message and it classifies faith communities as “anchors,” thus supporting my hypothesis.

## SECTION 3: RESEARCH FINDINGS

The following reports the findings for each subtopic from the various resources explored. While these findings indicate social problems in Baltimore and Greater Govans, they also show that attempts are being made to mediate the present issues. In addition, a lack of accessible and quality resources has been found to be directly connected to racial injustices. Lastly, the findings show the importance of faith communities and their impact on residents.

### Access to Mental Health Services

*“Baltimore City 2017 Neighborhood Health Profile” from Baltimore City Health Dpt.*

According to the Baltimore City 2017 Neighborhood Health Profile, for Greater Govans indicate that up to 34.5 percent of residents make up to \$24,999 and the rest of the overall population make (over 64 percent) make more than that. According to the Federal Poverty any family of 4 who makes \$25,100 annually does meet the guideline for being considered living in poverty. According to the same data, over 30 percent of families who live in Govans have a much higher poverty rate than than the overall Baltimore City Area. Families in these scenarios are at risk for having much less access to certain services which include health care services, and even mental health services (Baltimore City Health Dpt., 2017). The data showing household income are shown in figure 3 below (Baltimore City Health Dpt., 2017). The data showing family poverty rate are shown in figure 4 below (Baltimore City Health Dpt., 2017).

**8. Household Income Distribution**  
The household income distribution of Greater Govans compared to Baltimore City overall.

	Greater Govans	Baltimore City
Median Household <sup>1</sup> Income	\$36,531	\$41,819
Percentage of all households in Greater Govans whose annual household income is in the following range: <sup>2</sup>		
Up to \$24,999	34.5%	32.2%
\$25,000-\$39,999	18.5%	15.4%
\$40,000-\$59,999	17.6%	16.5%
\$60,000-\$74,999	10.9%	8.9%
\$75,000 and over	18.5%	27.0%

Figure 3: Household Income Percentages within Govans and Baltimore City.

**10. Family Poverty Rate**

The percentage of families with children under 18 years in Greater Govans that have an income below the poverty level compared to Baltimore City overall.

	Greater Govans	Baltimore City
Percentage of families in poverty	30.5%	28.8%

Source: American Community Survey (2011-2015 5-year estimates).

Figure 4: Poverty Rate within Greater Govans and Baltimore City

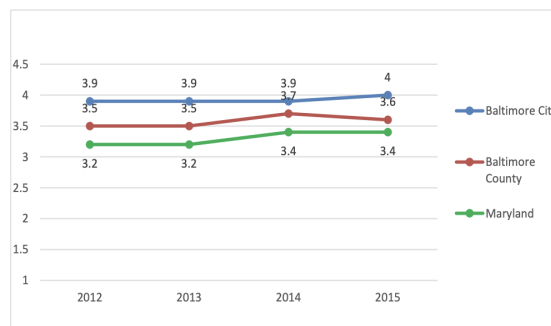
*BHSB’s “Fiscal Year (FY) 2018 Activities, Behavioral Health Indicators and System Utilization.”*

According to the Activities, Behavioral Health Indicators and System Utilization from 2018, located on page indicate some of the crisis response systems in place for mental health. This system aims to acknowledge some of the key components of Baltimore's system integrated mental health and substance use disorder services. These “services” include a Crisis, Information, and Referral (CI&R) Line; mobile crisis teams; residential crisis beds and withdrawal management services. While there is a system in place to provide the best kind of services to Baltimore residents, how are these services able to be used by those who are living in poverty. Over 60 percent of Baltimore residents from Govans are able to afford and able to cover for these types of amazing resources for mental health (BHSB’s, 2018).

*Johns Hopkin Hospital “2018 Community Health Needs Assessment”*

Some of these findings within the 2018 Community Health Needs Assessment from John Hopkins are staggering. The chart below indicates the area in which there is a greater need for mental health services in figure 5. These numbers are indicative of the number of mentally unhealthy days, with Baltimore city having slightly higher numbers than Baltimore county and even within the state itself. Roughly the average of mentally unhealthy days are close to four while the state of Maryland just has around 3. With regard to other areas such as in Baltimore County and even in the state itself, show a much less need for mental health services. The average number of mentally unhealthy days are shown in figure 5 below (John Hopkins Community Health Needs Assessment, 2018).

Chart 11: Average number of mentally unhealthy days reported in past 30 days (age-adjusted)

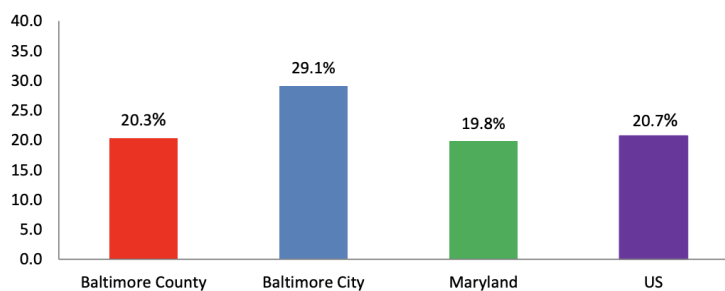


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2015

Figure 5: Johns Hopkins Community Health Need detailing Average Mentally Unhealthy Days.

Within the BHSB document , they indicate large number resources, and protocols within the year of 2018, but John Hopkin indicates a much greater need of help. The 2018 Community Health Needs Assessment (Chart 12) indicated that 29.1 percent of Baltimore City residents reported they lacked the social or emotional support they needed. Relative to the other numbers from the data you see there is almost a .10 percent difference. (John Hopkins Community Health Needs Assessment, 2018) The lack of emotional support within Baltimore County, Maryland, and even in the U.S are within the same area. These numbers are 20.3 percent in Baltimore County, 19.8 percent in Maryland, and 20.7 percent in the U.S. Data for lack of emotional support are shown in figure 6 below (John Hopkins Community Health Needs Assessment, 2018). The data showing the lack of social support or emotional support is detailed below in figure 6 (John Hopkins Community Health Needs Assessment, 2018).

Chart 12: Lack of Social or Emotional Support

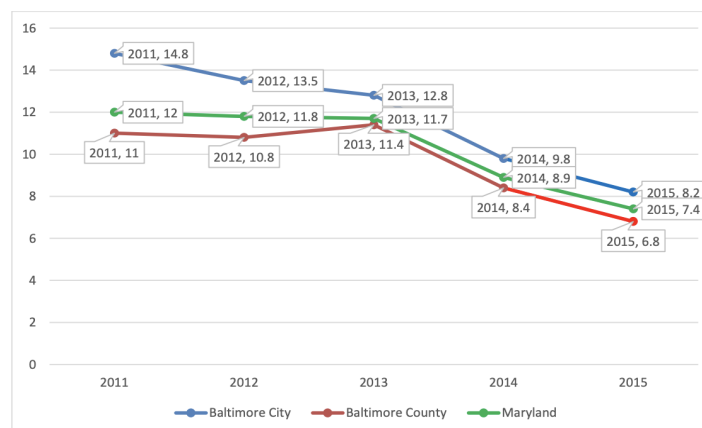


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2012

Figure 6: Johns Hopkins Community Health Need for Percentage of Support Needed.

Given that 30 percent of the residents in Govans and roughly 28 percent of Baltimore City are living in poverty, that means there is a possibility that residents aren't able to afford the resources. Under the BHSB document, they report many resources that are really useful to residents within the area. The uninsured population for certain ages are located below in figure 7 below (John Hopkins Community Health Needs Assessment, 2018).

Chart 23: Uninsured Population Aged 18-64 years (2011 to 2015)



Source: U.S. Census Bureau, Small Area Health Insurance Estimates 2017

Figure 7: Johns Hopkins Community Health Need for Uninsured Population.

In the above chart 23, the total of insured residents within the Baltimore resident are higher than that of Baltimore City and even the State. Over the course of a couple of years you see there is a steady decline of people who are uninsured. Given the data in the last couple of years, there is a steady decline of insured Baltimore residents within the area. The numbers are much higher for people who are living in Baltimore City, and relatively could also mean that mental health services are not covered as well. Given the climate with the lack of mental health services within Baltimore City there is also the likely chance that residents are not able to receive services unless they are in a crisis. Many of these crises can look like hospitalizations, arrest, or when they are unfortunately a danger to themselves and others.

*“Factors Associated with Mental Health Services Use Among the Disconnected African-American Young Adult Population” by Maulik PK, Mendelson T, Tandon SD*

In a study conducted by Maulik, Mendelson and Tandon, they studied certain factors that are associated with mental health services use among the young, adult population within the Baltimore City area. The results indicated that “participants were more likely to have received mental health services in correctional facilities than in community- or school-based contexts” In the end of findings illustrate the need to develop seamless mental health services for vulnerable young adults in multiple contexts, including the criminal justice system. (Maulik PK, Mendelson T, Tandon SD, 2011)

### **Quality of Mental Health Facilities**

Data from official city reports indicate that Greater Govans is largely a black neighborhood facing socio-economic difficulties. Despite these circumstances, BHSB works to ensure that Baltimore and Govans residents receive proper mental health care by funding treatment programs and holding multicultural counseling training sessions. These sessions follow the principles of psychological models--WRID and REC--regarding racial self-awareness development for therapists.

The 2017 Neighborhood Health Profile compares demographic and health-related information between Baltimore City and the Govans neighborhood. According to the statistics shown in Figure 2, 90.4% of the Govans population is black, significantly more than Baltimore City’s 62.8%. Baltimore City, encompassing a variety of neighborhoods, has a smaller black population because many neighborhoods within it are predominantly white. Greater Govans, on the other hand, is one of the predominantly black neighborhoods.

The Baltimore City Health Department measured all neighborhoods based on a Hardship Index using six indicators: housing, poverty, unemployment, education level, income level, and dependency. The index ranges from 100 being the most hardship to 1 being the least. The Govans region scored a 57, while Baltimore City scored a 51 (BCHD, 2017).

Throughout their FY 2018 document, BHSB details the innovative opportunities which arose for mental health services as well as their current project’s progress and challenges. The sections we examined meticulously--challenges, quality, equity and inclusion--underline the fluctuating quality of mental health services.

The principal barrier to achieving comprehensive mental health services is limited funding sources (BHSB 2019). With limited funding available, a provider has fewer chances to increase or improve their services. Opportunities for further training, certifications, or open positions are cut short, so staff members and counselors are not equipped to provide the best support possible. When services are first introduced, it's difficult to advance them for long term use with limited funding. Support services require continuous development—and, in turn, funding—to become substantial, reliable, quality tools for treatment.

Against the larger picture of other necessary expenses, mental health services simply are not a priority to state and local administrations. Authorities are unlikely to allocate large sums of money in that direction, so providers must find alternate, sustainable sources from public and private grants. Much of BHSB's work involves implementing effective fund management so that providers function on a value-based payment model (BHSB 2019). In other words: should providers implement effective and impactful care services, they prove that the funds needed to do so are expenses worth including in the budget.

In 2017, BHSB established the Quality Council to discuss quality concerns and draft subsequent solutions with providers. Currently, the clinical assessments are not holistic nor uniform across the board—instead, some test for Substance Abuse Disorders, others test for mental health disorders, and some do neither or both. Such solutions include:

- refining internal processes, protocols, tools, and measurements for better financial use
- revising clinical assessments using ASAM Patient Placement Criteria to make them more accurate and therefore put to better use (BHSB 2019).

To hold providers accountable, BHSB monitored those solutions' subsequent growth by conducting 157 site visits to both mental health and substance abuse providers in 2018 (BHSB 2019).

BHSB remains committed to making mental health services as inclusive as possible for its multicultural client population. Given Baltimore's history of institutionalized racism, providers must recognize those vastly different experiences between therapists and clients before trying to help. Since 2017, BHSB has held numerous intensive training events (BHSB 2019) to promote equity and inclusion within Public Behavioral Health Services:

- October 2017: full-day staff training to increase knowledge and awareness of realities of racism on personal and systemic levels
- January-February 2018: multi-session training to teach staff ways to embed equity and anti-oppression theories into their daily work activities
- June 2018, *Paving the Road for Behavioral Health Equity Conference*: taught staff to tailor services to clients' language and cultural preferences; encouraged advancing and equalizing healthcare service quality.
- June 2018: *Undoing Racism Workshop*: training to educate staff, providers and community partners about the origins of racism, its persisting internalization and societal presence, and ways it can be undone. The workshop emphasized remaining accountable and knowledgeable of the community's racial history to combat instances of oppression.

Based on Helms' White Racial Identity Model (WRID), D.W. and D. Sue pursue the general question, "what does it mean to be white?" in their book, *Counseling the Culturally Diverse*. White people inherit their racial and ethnic biases from inevitable ethnocentric monoculturalism conditioning, believing that white culture is the default. Seeing white culture as omnipresent evades the meaning of whiteness--holding unearned privilege and setting the standard for what "normal" culture is without considering others. This oblivious mindset is called the invisible veil (Sue 2019) because it allows the white person to assert their privilege without realizing. Although all white people do not show themselves as deliberate racists, racism stems from ignoring internal prejudice and choosing to be colorblind.

Especially dangerous about the invisible veil is its capacity in clinical settings. It is disheartening to be a person of color having to confide in a race-neutral, white counselor because any race-related concerns go unheard. Although white people have inherent biases, they must unlearn these biases to work toward the *non racist white identity*. To address these concerns, the WRID indicates the white person's six stages of internal racial development:

1. Contact (phase one, unlearning racism): the white person is oblivious to the reality/presence of racism in society and refuses to see color/cultural differences.
2. Disintegration: the white person feels conflicted facing a racial moral dilemma.
3. Reintegration: to resolve their internal conflict, the white person justifies the dilemma by idealizing their own race and blaming others. By retreating to white supremacy ideals, the white person begins to acknowledge racial disparity.
4. Pseudo-Independence (phase two, defining a *nonracist white identity*): the white person expresses an external desire for racial equality, but this claim is superficial; the white person believes people of color achieve equality by assimilating to white cultural standards.
5. Immersion/Emersion: confronting one's biases through further exploration, the white person works to understand the relationship between whiteness and racism. Instead of trying to change people of color, they consider redefining white culture.
6. Autonomy: in this stage, the white person acknowledges how they may be racial perpetrators. Rather than becoming defensive, they work to unlearn biases, value diversity and acknowledge the realities of racism.

In another chapter of *Counseling the Culturally Diverse*, D.W. and D. Sue examine how socio-political messages—daily underrepresentation, stereotypes, microaggressions and imbalanced power dynamics, to name a few—from a dominant culture negatively impact a person of color's self-perception. These messages reinforce the idea that multicultural characteristics are undesirable or inferior to those of the dominant culture (often white, but not always) and that POC should strive to resemble said culture. Raised under the impression that the dominant culture is superior, internalized racism—absorbing racist messages from society as one's own beliefs—manifests in how POC view themselves and people of their own race as well as those of different races/ethnicities and the dominant group (Sue 2019).



We have previously discussed the impact of the racially unaware white therapist, but equally necessary is understanding the racial awareness of therapists of color. D.W. and D. Sue’s Race, Ethnicity and Culture Identity Development Model examines the multistage process that racial minority groups undergo to unlearn internalized racism:

1. **Conformity:** POC assimilate to and mimic the dominant culture while rejecting their own heritage. Yearning to be part of the dominant culture, POC consider themselves as an “exception” to their race.
2. **Dissonance:** In this more gradually occurring status, a POC encounters a situation—discrimination or meeting more self-aware POC—where they are not accepted by the dominant society despite their attempts. This rejection challenges the POC’s belief system, and a sense of distrust grows toward the dominant group.
3. **Resistance and Immersion:** A POC becomes increasingly receptive and open to embracing aspects of their own heritage (out of both admiration and guilt) while actively rejecting the dominant culture out of anger and resentment. The individual develops a strong “us vs. them” attitude, feeling brainwashed and used by the dominant society.
4. **Introspection:** In this status, a POC questions their clear-cut thought process to define themselves proactively: are *all* majority group members necessarily “bad”? Are *all* members of my minority group necessarily “good”? A sense of discomfort emerges as they work to craft an integrated, multicultural identity against pressures from both majority and minority group members.
5. **Integrative Awareness:** POC in this status have resolved previous discomforts, integrating their own heritage and the dominant culture for a stronger sense of security and autonomy. They are open-minded enough to discern acceptable and unacceptable aspects of both cultures, and they work to combat oppression among all ethnic groups.

**TABLE 11.1 The R/CID Model**

Phases of minority development model	Attitude toward self	Attitude toward others of the same group	Attitude toward others of a different marginalized group	Attitude toward dominant group
Status 1—Conformity	Self-deprecating or neutral due to low race salience	Group-deprecating or neutral due to low race salience	Discriminatory or neutral	Group-appreciating
Status 2—Dissonance	Conflict between self-deprecating and group-appreciating	Conflict between group-deprecating views of minority hierarchy and feelings of shared experience	Conflict between dominant-held and group-deprecating	Conflict between group-appreciating and group-deprecating
Status 3—Resistance and immersion	Self-appreciating	Group-appreciating experiences and feelings of culturocentrism	Conflict between feelings of empathy for other minority	Group-deprecating
Status 4—Introspection	Concern with basis of self-appreciation	Concern with nature of unequivocal appreciation	Concern with ethnocentric basis for judging others	Concern with the basis of group deprecation
Status 5—Integrative awareness	Self-appreciating	Group-appreciating	Group-appreciating	Selective appreciation

Source: Atkinson, D. R., Morten, G., & Sue, D. W. (1998). *Counseling American minorities: A cross-cultural perspective* (5th ed.). Boston, MA: McGraw-Hill. Copyright © 1998 McGraw-Hill. All rights reserved. Reprinted by permission.

Figure 8: The table represents the Racial/Cultural Identity Development Model statuses in relation to the POC’s four perceptions: self, others of the same group, others of a different minority group, and the dominant group.

With both the WRID and REC models, there lies the Racial Identity Interaction Theory, which considers the relationships that a therapist and client can have based on their racial awareness statuses.

- If the therapist and client identify on the same or similar status, their relationship is “parallel” or harmonious.
- If the therapist is on a less mature status than the client, then their relationship is “regressive” and frustrating for the client.
- If the client is on less mature status than the therapist, then their relationship is “progressive” as the therapist can guide the client further toward racial awareness.

## Food Access

### *Vulnerable Groups*

Twenty-three percent of Baltimore residents experience food insecurity, meaning that at times they lack access to nutritious, affordable food options, while a fourth of Baltimoreans live in a food desert (Misiaszek, Buzogany, & Freishtat, 2018; Buczynski, Freishtat, & Buzogany, 2015). The exact definition of a food desert provided in the 2015 Baltimore City Food Environment report is, “an area where the distance to a supermarket or supermarket alternative is more than ¼ mile, the median household income is at or below 185% of the Federal Poverty Level, over 30% of households have no vehicle available, and the average Healthy Food Availability Index (HFAI) score for all food stores is low” (Buczynski et al., 2015).

A little over 13% of low-income families experience food insecurity, and children are more likely than adults to be affected (Iyer et al., 2009; Buczynski et al., 2015). African Americans are more likely to reside in a food desert than other racial groups (Buczynski et al., 2015). While only four percent of white neighborhoods rank in the lowest category of available healthy food, 43% of African American neighborhoods were placed in this category (Iyer et al., 2009). White neighborhoods had a higher proportion of supermarkets than neighborhoods where the majority of residents are black (Iyer et al., 2009).

In the 4th district of Baltimore city, which encompasses the Govans neighborhood as well as surrounding neighborhoods, a little over nine percent of African Americans in this district live in a food desert compared with only about one percent of white residents (Buczynski et al., 2015).

### *Health*

In an article published in 2020, Erick Trickey explains that along with the effort it takes to get to a grocery store for many living in a food desert, since grocery stores are typically sparse, the produce is usually overpriced, making this option unappealing to many people. However, the food offered in many corner stores and convenience stores is high in sugar, fats, and more unhealthy ingredients. Food insecurity and food deserts in Baltimore do not describe situations in which no food is available at all – in fact, there is a lot of food, but not *healthy* food.

This inability to conveniently access healthy food options contributes to obesity, diabetes, and high blood pressure. In Baltimore, half of the low-income citizens are obese, with food access being a factor contributing to their weight (Trickey, 2020). Over a third of Baltimoreans are

obese, with another third being overweight (Iyer et al., 2009). Between 2002 and 2007, obesity among adults from Baltimore was 26% higher than obesity among adults from the rest of the state of Maryland (Iyer et al., 2009). Baltimore has a higher prevalence of obesity, diabetes, and high blood pressure compared to the rest of Maryland (Buczynski et al., 2015).

### *Developments*

In 2009, the level of healthy food required in stores that were authorized to accept WIC benefits increased, meaning that these stores had to increase the number of items such as vegetables, beans, whole grains, and more. Laura K. Cobb and her research team conducted a study in 2015 focused on the impact of policy change on food access, and more specifically how the 2009 WIC policy change affected healthy food availability in stores around Baltimore. They also looked into the changes in food availability in relation to store type and neighborhood demographics. The team looked into three parts of a neighborhood's demographic: racial breakdown, median income, and car ownership.

The research team found an increased level of healthy food available from 2006 to 2012. Neighborhoods with more than 60% black residents had the lowest healthy food availability scores. Stores in neighborhoods where the majority of residents were white had a lower increase in healthy food availability than stores located in neighborhoods where the majority of residents were black. Also, the availability of healthy food increased more during the six years in areas where less residents owned a car compared to neighborhoods where more than 75% of residents were car-owners. Cobb and her team concluded that the 2009 policy change contributed to the increases in healthy food availability throughout neighborhoods in Baltimore. Stores that were authorized to accept WIC benefits had a greater change in healthy food availability than stores that did not participate in the program (Cobb et al., 2015).

Looking closer at Govans, in 2015, District 4 had 15 corner stores, 19 convenience stores, and only one supermarket. Five community gardens were present and one farmers' market, and there were 31 food assistance sites available. The two main food desert factors affecting residents were that 96% percent of them lived more than  $\frac{1}{4}$  mile from a supermarket, and 63% of stores in the area have a low HFAI score, meaning that availability of healthy food in these areas is low. Both of these percentages are above the city average by at least five percent, as shown in Figure 10 (Buczynski et al., 2015).

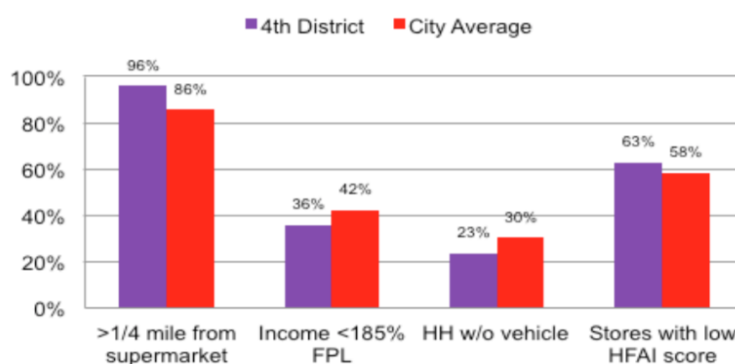


Figure 9: A graph displaying the percentages of District 4 in comparison to the city average for the main components of a food desert in 2015 (Buczynski et al., 2015).

A 2018 report of Baltimore’s Food Environment led by Caitlin Misiaszek and her team replaced the term food desert with the phrase “Healthy Food Priority Area” due to the negative connotations associated with the previous term. At this time, District 4 had 15 small grocery and corner stores, 7 convenience stores, and one supermarket. Four community gardens and one farmers’ market are present, as well as 62 food assistance sites.

In 2018, 94% of residents lived more than ¼ mile from a supermarket, which is nine percent higher than the city average. Also, 78% of residents lived in an area with a low HFAI score. This percentage is five percent higher than the city average. These percentages are displayed in Figure 11. Six percent of residents in District 4 lived in a Healthy Food Priority Area compared to 23% in the entire city. Of the African Americans living in the 4th district, 8% live in a Healthy Food Priority Area compared with 2% of white people (Misiaszek et al., 2018).

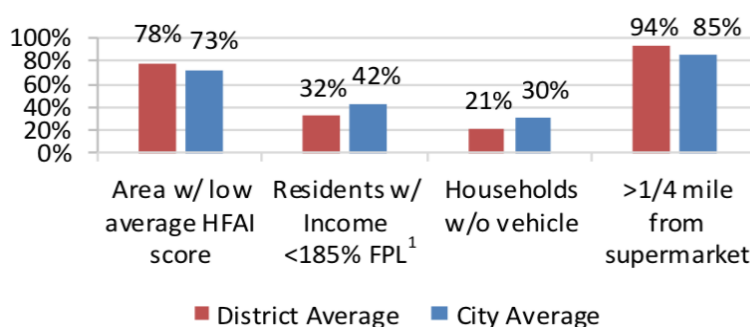


Figure 10: A graph displaying the percentages of District 4 in comparison to the city average for the main components of a food desert in 2018 (Misiaszek et al., 2018).

### *Initiatives*

Trickey (2020) explains that Baltimore is one of the only cities in the United States to have a full-time food policy director and staff, and many programs around Baltimore are taking initiatives to help relieve the problems caused by inaccessibility to nutritional food. Morgan State is working with Baltimore’s food policy staff to provide inexpensive rides for Baltimoreans to the grocery store. Law students from the University of Maryland are helping markets modify after new restrictions were imposed on which vendors can accept SNAP.

Loyola University Maryland has been involved with multiple aspects surrounding food access among the residents of the Govans neighborhood. The Govans Farmers’ Market webpage details two main initiatives supported by Loyola, one being a farmers’ market. This attracts local farmers and products so that Govans residents have the opportunity to purchase healthy food. The Govans Farmers’ Market also accepts multiple forms of payment, including SNAP, WIC, and FMNP checks, which are all payment methods that could be used by those who need assistance affording food. The second program, FreshCrate, brings fresh produce to five small corner stores along York Road, allowing residents to have access to these products year-round as well as purchase them at reasonable prices (“Govans Farmers’ Market,” n.d.).

In a news article written by Megan Knight (2019), one of the store owners who participates in Loyola’s FreshCrate program, Khawar Jamil, explains that having fresh produce in the store is

great for attracting business and keeping his customers satisfied. Not only is this program helping businesses in the area, but it is offering access to fresh fruits and vegetables for residents of the community. The program works by providing small amounts of fresh produce to the corner stores involved so that they do not have to pay a vendor a charge typically associated with a small order. Through the FreshCrate program, Loyola is taking an initiative to bring healthy food options into the local stores that many Govans residents visit for their food shopping.

Joel Gittelsohn is a professor of public health at Johns Hopkins, and he has researched food insecurity in Baltimore as well as experimented with neighborhoods to expand their healthy options. He has found that each neighborhood needs to be approached uniquely and that starting smaller is more effective than trying to tackle the entire problem and system in one go. Gittelsohn has also found that previously there has been little incentive for corner store and convenience stores owners to offer fresh produce since it goes bad quicker and they were unsure of the demand. To solve this issue, Gittelsohn and his team have been working to lower the financial risk of investing in more produce for small businesses (Trickey, 2020).

Initiatives are not solely tackling food access, but also helping to create a stronger community. A non-profit produce stand, Fresh at the Avenue, is supporting local urban farmers by purchasing their products to sell. One of these urban farms is Strength to Love, which has already sold around one thousand pounds of produce to Fresh at the Avenue. Allowing residents to buy local produce helps instill a sense of pride and community with their neighbors (Trickey, 2020).

Pamela J. Surkan and her research team conducted a study in 2015 analyzing the effect of supermarket intervention on the sales of healthy food items in low-income neighborhoods in Baltimore. The researchers explain that very little research, at the time of this report in 2015, had been done on the effects of supermarket interventions despite the large role of supermarkets with regard to food accessibility. The Eat Right – Live Well! (ERLW) program used in the study had been established prior to this study, making it ideal for the researchers to use in their comparison to a supermarket that had no healthy food interventions.

The ERLW program used multiple different intervention techniques to aid shoppers with access to healthy food, recognition of healthy food, and locating these items. From 2010 to 2011, before the intervention was implemented in the supermarket, the percent of sales of healthy food decreased by 12.3%, while it decreased by 15.9% for the control supermarket. During the ERLW intervention program, from 2011 to 2012, the percent of sales of healthy food increased by 10.8% in the experimental supermarket, yet still continued to decrease in the control supermarket by 9.3%. The researchers concluded that the ERLW program impacted the increased sales of healthy food items (Surkan et al., 2015).

## **Faith Communities**

### *Bluewater Baltimore*

Bluewater Baltimore is an environmental community group that advocates for clean waterways in Baltimore. The article posted on their website focused on how the Govans Presbyterian Church funded a stormwater project with the ultimate goal of producing a bioretention facility. The purpose of this project is to eventually hold back stormwater using naturally growing

biodiversity. By holding back stormwater, the biodiversity will prevent pollutants from reaching waterways and further polluting them.

### *The Baltimore Sun*

The *Baltimore Sun* featured a piece on the Govans community in 1997 in its Business and Real Estate section. The purpose of the article was presumably to highlight the strengths of the community, and to motivate Baltimore residents to consider moving to the location. Written by Dewitt Bliss, the article details the history of “Govanstowne.” During the late 18th century, Govanstowne was a rural neighborhood off the York Turnpike. By the 19th century, Govanstowne was a suburban community connected to town by a streetcar. Govanstowne was adopted into Baltimore City in 1918, and the neighborhood did not adjust its name to “Govans” until the early 1950s. According to Bliss’s community interviews, Govans was a neighborhood filled with local business owners who were born in the same area, who lived in the location for their entire lives. Bliss later detailed that local businesses were one of the anchors that cemented residents in Govans.

According to Bliss, the Govans faith community played an active part in the neighborhood starting around the mid-19th century. Bliss named St. Mary of the Assumption Catholic Church and Govans Presbyterian Church along with others in a list that described who helped fund and support community development initiatives. Both of the aforementioned parishes supported the repurposing of the Govans Hotel to accommodate senior citizens in a series of independent apartments. This group of churches later developed into a very early version of GEDCO. A resident of Govans noted that the churches felt a responsibility to serve their parishioners and their neighborhood. Various GEDCO members later helped create CARES, an offshoot of GEDCO founded in 1994 to provide food for residents in need, and to provide emergency funding for residents in need of prescriptions, or to prevent eviction or utility cut off. The parishes focused on improving residential and commercial parts of Govans in order to care for the community as a whole.

### *The History of the Afro-American Group of the Episcopal Church*

George F. Bragg was a community activist who rallied to establish support systems for African American citizens across the East Coast of America. His educational, ecumenical, and spiritual leadership are distinguishing factors among parish leaders. His work eventually led him to publish several historical and political collections. *The History of the Afro-American Group of the Episcopal Church* is a scholarly source that is relevant to today's discussion about faith communities in the Govans neighborhood.

According to Bragg, Baltimore was a location which experienced an influx of faith groups beginning in the 19th century. The St. James and the A.M.E. churches are two examples of parishes that sought a permanent home in the Baltimore City community. As their connection with the City grew stabler, their participation in community organization grew. Parishes benefited the community by starting men’s groups, schools, orphanages, food drives and other critical support systems.

Bragg discussed how Baltimore produced a series of successful and well known clergymen such as William Levington, Eli Worthington Stokes and Harrison Holmes Webb who promoted community organizations and missionary churches to expand from Baltimore to all over the region. The St. James First African Church in Baltimore set an example for future African American church leaders up and down the East Coast as it promoted the spiritual growth of clergymen like Harrison Holmes Webb.

Bragg also discusses St. Mary's Home for Boys, the original orphanage for young Irish immigrants which later turned into a parish, and is still functional in Govans today. Bragg's piece about the African American faith network served as a historical justification for the strong community ties that churches on the York Road corridor still uphold today.

### *The ULI Baltimore York Road Technical Assistance Panel Report*

The ULI Baltimore York Road TAP (Technical Assistance Panel) Report regarding the revitalization of the York Road corridor is a document that clearly outlines a plan to refurbish the corridor. The Govans community is one of the several neighborhoods that encompass this area, however this community has a large bearing on the continuing successes within the area. The report specifically discusses "anchor" institutions in Govans that support community development, especially parishes that have historically served the location. Listed under the "Strengths and Opportunities" heading, the report lists community anchors such as GEDCO, Loyola University Maryland and the Govanstowne Business Association. These organizations (and those that support them) provide the community with residential, commercial, and spiritual support which enrich the neighborhood and promote community growth. The plan to revitalize the corridor uses the "Zipper" model to demonstrate how businesses, neighborhoods and institutions must draw together for the greater good of the community. Faith communities have and will hold a significant responsibility to foster connectedness between the institutions in the corridor.

### *Govans Presbyterian Church*

Formerly named Union Chapel, in October 1844 the parish started serving Baltimore residents. The chapel became a full Presbytery church in 1846 when it became a member of the Presbytery of Baltimore. Govans Presbyterian is also a member of the PCUSA, a mainline Protestant denomination in the United States. PCUSA is the largest Presbyterian denomination and it is known for its progressive stance on Christian doctrine. This parish is also a member of the Mid-Atlantic Synod. This involvement in regional and national organizations shows the connection that this church has to its faith community, and the power it can gather to support the people in the most need. This church declares itself as a "More-Light Church," which means that it is welcoming to people of all races, genders, and sexual orientations. Readers and parishioners can infer from this statement that the church supports all parishioners, and has strong community ties.

Since 1844, Govans Presbyterian Church has become part of many advocacy groups in order to fulfill their mission for local and international service. The Govans Presbyterian Church has longstanding relationships with many community organizations that support the development of the Govans neighborhood. The parish is involved with the TAMFS (That All May Freely Serve), GEDCO (Govans Ecumenical Development Corporation), and ICJS (Institute for Islamic

Christian and Jewish Studies) for ecumenical, spiritual and scholarly development. They also support Govans neighborhood organizations such as Soul Kitchen, Govans Neighborhood Food Drive, Woodberry Crossing, Peace Study Center, Central Maryland Ecumenical Council, Gay and Lesbian Community Center (Youth Program), MD Center for Veterans Education and Training, and the Govans Community Garden. The various neighborhood support groups provide for residents in need of food, education, moral and spiritual assistance, and veterans assistance. The organizations listed above care for the whole person, meaning the parish hopes to support personal growth in all areas of life. Govans Presbyterian Church also helps develop the surrounding environment. In addition to creating several organizations to serve various needs in the community, their support groups are interconnected. The Govans Community Garden initiative provides fresh fruits and vegetables for the Soul Kitchen and the Food Drive.

#### *St. Mary of the Assumption Catholic Church*

Founded in 1849, St. Mary calls itself the “Mother Church of North Baltimore” due to its extensive history serving the citizens of the area. Originally an orphanage for young Irish boys, Father James Dolan converted the space into a church. The leadership of St. Mary made it possible to establish missionary churches throughout Baltimore. St. Thomas Aquinas in Hampden, and the Immaculate Conception in Towson are offshoots of the original St. Mary parish. The original parish also established similar missionary churches in Texas and Mt. Washington. Like Govans Presbyterian, St. Mary participates in several service and outreach programs. This parish created several of their own committees and programs such as the Peace and Justice committee and Our Daily Bread in order to serve local residents. St. Mary also partnered with external organizations such as St. Vincent de Paul of St. Mary, GEDCO, and Boy Scouts of America.

St. Mary’s original mission to care for young children has by far expanded with hopes to care for community residents of all ages. The Peace and Justice committee is an advocacy group that educates parishioners about peace and justice in the context of the local community. The committee partnered with St. Vincent de Paul of St. Mary to coordinate and sponsor the “Van Outreach” that serves people experiencing homelessness in Baltimore. Our Daily Bread is an organization that contributes to the rectory to feed the hungry in the Baltimore community. St. Vincent de Paul of St. Mary and GEDCO both help sustain residents experiencing difficulty with housing, utilities and other immediate needs. Furthermore, St. Mary hosts Boy Scout weekly meetings.

#### *Shepherd’s Heart Missionary Church*

Shepherd’s Heart Missionary Church is located in Govans. Reverend Doctor Sandra E. Connor leads the parish and is one of the driving forces that organizes community involvement for the church. The community outreach programs that Shepherd’s Heart participates in are proven concrete support systems to help residents get back on their feet. The parish organized a “closet” which provides clothes for individuals in need. The church also hosts a monthly food pantry. Annually, the food pantry donates over 500 bags of food to individuals or families in need. Shepherd’s Heart also sponsors and directs workshops to teach skills such as résumé writing, interview training, computer training, and other specialized skills. While the main goals of the



parish are to provide for the spiritual needs of its parishioners, its supporting organizations provide for physical, technological, emotional and social needs as well.

#### *Govans-Boundary United Methodist Church*

The Govans-Boundary UMC is located on the York Road Corridor and serves residents of the greater Govans community. This parish mainly provides for the spiritual needs of its parishioners. Besides weekly meetings, the church also hosts a weekly Bible Study. The webpage shows several photographs of Govans residents during church sponsored activities and at meetings. The most important photograph on the page shows a group of people sitting on the front steps, each participating in their own activities. This photograph demonstrates the comfort that this parish offers, and the community ties that it is building. While there are not as many concrete examples of the support it offers to Govans, spiritual familiarity and tradition are as important in serving as an anchor in the community.

## **SECTION 4: DISCUSSION**

This section provides an analysis and discussion surrounding the findings reported in the previous section for each topic examined. Each resource indicates systemic deficits, but also that action is being taken to eliminate these issues.

### **Access to Mental Health**

Our initial question, “Are there barriers or obstacles regarding access to mental health services within the Govan Community in Baltimore? If so, what are they and how can they be overcome?”. Our major findings allow us to understand there are major barriers for Govan and Baltimore City residents to not have access to Mental Health services. In our findings, there is constant research to support the fact that there is an issue with Baltimore City and Govan residents who do not have access to mental health services. Under the BHSB, there exists large evidence of systems in place for programs that involve emergency procedures for those who struggle with mental health services. While these services are heavily resourceful, these are not utilized unless they are in a state of “crisis”. Oftentimes these are utilized when people are arrested, hospitalized, where their mental health is extremely compromised. The research from Johns Hopkins shows that there are more people uninsured within Baltimore City as well as people who live in poverty as well.

Govan and Baltimore City residents should be allowed to use these resources when they need them, and not when they are a threat to themselves or others. This leaves one question: what are the barriers to Baltimore and Govan residents receiving essential mental health services? In a study conducted by Maulik PK, Mendelson T., Tandon SD shows that African Americans are more likely to receive mental health services when they are in correctional facilities than in community or even in school. To receive essential mental health services within Baltimore City and possibly Govans, a resident must be admitted into correctional facilities. Lastly, to answer the last question, “How can they be overcome?”, we need to raise awareness. Initiatives, and

programs to allow these residents to receive mental health services in schools, and even begin a campaign to allow mental health services as a free service when needed.

### **Quality of Mental Health Services**

Our discussion analyzes how BHSB's staff training workshops coincide with the multicultural counseling-based ideologies of the WRID and REC models. These models encourage therapists to become self-aware enough to identify racial injustice as a contributor to their client's psychological concerns. By doing so, therapists create a safe environment in which clients of color may voice their problems without the fear of being misunderstood or dismissed.

Throughout our research concerning the quality of mental health services in both Baltimore City and Govans, we compile the above sources to answer one question: to what extent are mental health facilities in the region cognizant and attentive to the needs of their culturally diverse population?

To begin, the 2017 Neighborhood Health Profile reveals that Govans is predominantly black and therefore rich with varying ethnicities and cultures to be carried into therapy. In the clinical setting, racial struggles inevitably coincide with psychological concerns. As their Hardship Index score indicates, Govans faces persistent socio-economic struggles that contribute to a greater demand for mental health services. But are these services adequately funded and developed so that helping professionals are equipped with the proper race-related tools and knowledge to treat clients holistically? Answering these questions requires us to consider how therapists meet multicultural clients' needs through various psychological models.

Janet Helms' WRID model examines how white individuals recognize their inherent privilege and unlearn biases through six stages. In a clinical setting, the initial relationship between a client of color and a white therapist is tense due to racial difference, and the assumption is that white people are ignorant to deeply institutionalized differences. When the white therapist is at an early status like Contact and the client is more self-aware, their relationship is regressive, and the quality of therapy is superficial and frustrating for the client.

Therapists of color may also retain cultural biases in the clinical setting. Researchers D.W. and D. Sue created their REC/ID model to track POC's movement from internalized racism to a more integrated, multicultural identity. Like the WRID model, a therapist of color working in the Conformity or Dissonance statuses likely imposes their own damaging biases—stereotypes about different minority groups or the majority group, for instance—onto their client of color. That therapist's advice reflects themselves more than the client, so the client will still feel unheard and misunderstood. In the most mature Integrative Awareness status, therapists remove that bias and instead demonstrate a selective appreciation and drive to eliminate oppression for all groups.

These psychological models are integral for successful multicultural counseling, but they are nothing if not funded. A lack of funding and, in turn, lack of program development and organization is often the reality for Baltimore mental health providers. These providers receive continuous support from BHSB in managing and collecting funds. Funds are most effectively utilized under reliable treatment programs. To help providers implant the best treatment methods in their community's counselors, BHSB holds training sessions to undo internalized racism and

acknowledge everyone's role—as they have a diverse counseling population—in perpetuating prejudice in clinical settings. Exercising awareness of Baltimore's racial history and one's own biases in therapy seems to be the key to providing successful mental health treatment for multicultural clients.

As the therapist demonstrates sophisticated racial awareness, the client is relieved; they do not need to waste time and energy proving their hardships exist. This healthy dynamic established through cultural awareness and openness improves the counseling quality immensely. The client feels validated and visible because the counselor's previous training experiences make them aware of the realities of racism. Consistent staff training and service-monitoring for counseling efficiency makes BHSB a massive asset in improving Baltimore's mental health facilities. The organization takes measures to ensure that Baltimore helping professionals fully comprehend racism's reverberating impact on their clients through workshops.

### **Food Access**

The findings relating to the accessibility of healthy food items can be looked at through multiple lenses. The first is to highlight some of the deficits still present in food accessibility. Even as recently as the last few years, Govans continues to face difficulty providing healthy and affordable options to their residents.

The two main problems that could be addressed, which were seen in both the 2015 and 2018 food environment report, are that almost all of the residents live more than ¼ mile from a supermarket and the area continues to have low Healthy Food Availability Index (HFAI) scores. While the percentages of residents that live more than ¼ mile from a supermarket stayed almost the same for both District 4 and the city average from 2015 to 2018, this is not the case with HFAI scores. The percentage of low HFAI scores has increased for District 4 and Baltimore from 2015 to 2018, meaning that healthy food availability has decreased.

Another deficit relating to food accessibility is its effect on resident's health. Looking at Baltimore as a whole, from the mid-2000s to the 2015 Baltimore Food Environment Report, the city still has a much larger proportion of individuals suffering from obesity, which is directly influenced by one's diet. Not only is food insecurity an issue within itself, but it also affects the health of the individuals who are affected because they are not able to access healthy food options.

One of the most important lenses food insecurity should be viewed from is a racial one. While food insecurity can affect any individual regardless of their racial background, it is much more likely to affect someone who is black. Almost every source referred to African Americans as being more vulnerable to food insecurity than any other race. These facts allow the problem to be understood through the lens of systemic racism that has plagued Baltimore and exemplify the connection of this to access to resources.

While Baltimore and Govans still need to address issues surrounding food accessibility, many programs are taking initiatives to attempt to reduce the problems. Loyola University Maryland has created the FreshCrate program and runs a farmers' market for part of the year to provide residents of Govans with fresh produce at affordable prices. Morgan State University is helping

to address the problem in another part of Baltimore by finding a way to provide inexpensive rides to the supermarket for those who live too far to walk. Joel Gittelsohn and his team at Johns Hopkins are trying to find a way to reduce the financial risk of investing in produce for small businesses, such as corner stores and convenience stores. In addition, University of Maryland is working to help businesses adjust to new restrictions and requirements relating to SNAP (Trickey, 2020).

More places that offer healthy food options are allowing individuals to use SNAP/EBT/WIC benefits, making these options more accessible to individuals from lower-income households, and as seen in one of the referenced studies, a change in WIC policy led to an increased amount of healthy food across Baltimore (Cobb et al., 2015). Also, Baltimore is one of the only cities to have a full-time food policy director and staff, showing the city's dedication to address food insecurity issues. Lastly, researchers are conducting studies around Baltimore to collect more information and figure out potential approaches to food accessibility problems. While this report has focused on only a few initiatives, there are many across Baltimore working towards making healthy food available to all its residents.

## **Faith Communities**

“Anchors” are organizations or businesses that bring positive change to an area and provide for the needs of residents in the neighborhood. The goal of a community “anchor” is to produce withstanding organizations that will support the community and motivate residents to remain in Govans for most of their lives. Throughout the study of various faith communities, I have discovered that the biggest asset these parishes offer to Govans is interconnectedness. While many have a long history in Baltimore and in the Govans neighborhood, the ever changing urban landscape and demographics of Baltimore City necessitate acceptance of new parishes, support for community organizations, and open communication. The parishes on the York Road corridor in Govans show that these values, if mutually paramount to each establishment, create a strong bond in support of organizations such as GEDCO, or local food pantries, clothing drives, and other community groups. The unity that Govans strives for produces a more healthful and helpful environment for its residents and residents in need.

Govans Presbyterian Church is a clear example of what it means to be an “anchor” as a faith community. This parish capitalizes on its diverse array of community groups and it fosters an environment of interconnectedness. The connectedness of this parish is a model for which the Govans community hopes to follow. Like Govans Presbyterian Church, St. Mary Catholic Church is a parish that thrives on personal relationships. Its strengths lie in the mutual support that internal organizations offer one another with the overarching goal of service. Govans-Boundary United Methodist Church is rich in spiritual support and growth. Their dependable structure is significant in upholding community values and traditions. Shepherd's Heart Missionary Church continues to involve itself in the Govans community through small scale clothing and food drives. The missionary church also offers specialized skill workshops like GEDCO CARES, which support the community's job growth rate.

This report proposed to support the hypothesis that faith communities have a powerful and positive impact on the Govans neighborhood. Based upon the findings from extensive research, it is clear that the hypothesis is correct. Faith communities have historically supported the

Govans area, and they continue to do so today in a myriad of ways. The interconnectedness between parishioners and church leaders, and from denomination to denomination support and lead the Govans community on to progress and stability.

## **SECTION 5: CONCLUSION (EB, AM, VC, VG)**

The purpose of this document was to highlight the assets and areas of growth for residents in Baltimore and the Greater Govans neighborhood by pursuing the question: what is the history of community frameworks, including their deficits and assets, in Baltimore and Govans? Govans faces persistent obstacles such as food deserts, decreased access to mental health treatment and poor quality of mental health treatment. While access to essential resources remains a challenge in the city, community leaders have established many initiatives to attempt to resolve these issues. Faith communities play a significant role supporting initiatives as well and serving as anchors in neighborhoods that are most vulnerable to these resource deficits. Faith communities provide programs such as food and clothing drives, training workshops, and housing or utilities assistance to benefit Govans residents.

The main issue connecting three of the four topics--access to mental health services, quality of mental health services, and food access--shows the prevalence of racial injustice in Baltimore, as well as Govans. Due to Baltimore's long-standing battle with institutional racism, many communities continue to lack proper access to essential resources. Even when Govans residents of color obtain these resources, these services are often inadequate due to underfunded staff training programs. Although efforts by organizations like BHSB function to improve mental health services, stronger efforts are needed to improve both access and quality of these services. Fortunately, the Govans faith community has a strong, historical foundation that continuously builds on its previous progress in support of the neighborhood. Men's and Women's faith groups are supportive outlets which work to uplift the community and parish individuals' health.

Overall, Baltimore City and Govans' residents have endured struggles over the years concerning equity and racial justice that had negative effects on the communities. In response to these growing concerns, Baltimore City's government, as well as organizations and faith communities, push ongoing initiatives to support its most vulnerable citizens.

## References

- 2018 Community Health Needs Assessment. (2018, January 1). Retrieved March 30, 2020, from [https://www.hopkinsmedicine.org/the\\_johns\\_hopkins\\_hospital/about/community\\_health\\_docs/2018-community-health-needs-assessment.pdf](https://www.hopkinsmedicine.org/the_johns_hopkins_hospital/about/community_health_docs/2018-community-health-needs-assessment.pdf)
- Bagnuolo, R. (n.d.). That All May Freely Serve. Retrieved April 6, 2020, from <http://tamfs.org/home-2/>
- Baltimore City Health Department. (2017). *Baltimore City 2017 Neighborhood Health Profile*. Retrieved from [https://health.baltimorecity.gov/sites/default/files/NHP\\_2017\\_-\\_20\\_Greater\\_Govans\\_\(rev\\_6-9-17\).pdf](https://health.baltimorecity.gov/sites/default/files/NHP_2017_-_20_Greater_Govans_(rev_6-9-17).pdf)
- Behavioral Health System Baltimore. (2019). *FY 2018 Activities, Behavioral Health Indicators, and System Utilization* (pp. 30–38). Baltimore, MD.
- Bliss, D. W. (2019, January 30). Older now, and still a beauty Govans remains a quiet charmer off York Road. Retrieved April 5, 2020, from <https://www.baltimoresun.com/business/real-estate/bal-cp-govans-story.html>
- Bragg, G. F. (1922). *History of the Afro-American Group of the Episcopal Church* (1st ed.). Baltimore, MD: Church Advocate Press. Retrieved from <https://docsouth.unc.edu/church/bragg/bragg.html>
- Buczynski, A. B., Freishtat, H., & Buzogany, S. (2015). *Mapping Baltimore City's Food Environment: 2015 Report*. Johns Hopkins Center for a Livable Future. Retrieved from <https://mdfoodsystemmap.org/wp-content/uploads/2015/06/Baltimore-Food-Environment-Report-2015-1.pdf>
- Cobb, L. K., Anderson, C. A. M., Appel, L., Jones-Smith, J., Bilal, U., Gittelsohn, J., & Franco, M. (2015). Baltimore City Stores Increased The Availability of Healthy Food After WIC Policy Change. *Health Affairs*, 34(11), 1849–1857. doi: 10.1377/hlthaff.2015.0632
- Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the Subjects of Race, Ethnicity, and Culture During the Counseling Process. *Journal of Counseling & Development*, 85(4), 401–409. doi: 10.1002/j.1556-6678.2007.tb00608.x
- Fuller, C., Goins, J., Gross, J., Krach, K., Mendes, M., Ngamsnga, K., ... Toure, E. (2017). *Baltimore City 2017 Neighborhood Health Profile: Greater Govans*. Baltimore City Health Department. Retrieved from [https://health.baltimorecity.gov/sites/default/files/NHP\\_2017\\_-\\_51\\_Southwest\\_Baltimore\\_\(rev\\_6-9-17\).pdf](https://health.baltimorecity.gov/sites/default/files/NHP_2017_-_51_Southwest_Baltimore_(rev_6-9-17).pdf)
- GEDCO. (n.d.). Retrieved April 4, 2020, from <https://gedco.org/>

- Google Maps. (n.d.). Retrieved April 5, 2020, from [https://www.google.com/search?rlz=1C1GCEA\\_enUS770US770&tbm=lcl&sxsrf=ALeKk03RbCRDwCx8IPpHZvrmtTZ4vwsXQg:1586218994813&ei=8seLXt2bMbqlytMPqK CbyAg&q=govans+baltimore+churches+&oq=govans+baltimore+churches+&gs\\_l=psy-ab.3..33i299k1.20556.20556.0.21120.1.1.0.0.0.130.130.0j1.1.0....0...1c.1.64.psy-ab..0.1.129....0.fGqp4TTPK7w#rifi=hd:;si:;mv:\[\[39.372542653946745,-76.56373515681152\],\[39.34068722065107,-76.64493098811035\],null,\[39.35661675299622,-76.60433307246093\],14](https://www.google.com/search?rlz=1C1GCEA_enUS770US770&tbm=lcl&sxsrf=ALeKk03RbCRDwCx8IPpHZvrmtTZ4vwsXQg:1586218994813&ei=8seLXt2bMbqlytMPqK CbyAg&q=govans+baltimore+churches+&oq=govans+baltimore+churches+&gs_l=psy-ab.3..33i299k1.20556.20556.0.21120.1.1.0.0.0.130.130.0j1.1.0....0...1c.1.64.psy-ab..0.1.129....0.fGqp4TTPK7w#rifi=hd:;si:;mv:[[39.372542653946745,-76.56373515681152],[39.34068722065107,-76.64493098811035],null,[39.35661675299622,-76.60433307246093],14)
- Govans Farmers' Market. (n.d.). Retrieved March 24, 2020, from <https://govansmarket.weebly.com/>
- Home: Govans-Boundary UMC. (n.d.). Retrieved April 3, 2020, from <https://www.govans-boundaryumc.com/>
- Institute for Islamic Christian Jewish Studies. (n.d.). Retrieved April 4, 2020, from <https://icjs.org/>
- Iyer, S., Sharfstein, J., Farrow, O., Beckford, W., Bell, V., Black, M., ... Thompson, P. (2009). *Baltimore City Food Policy Task Force*. Retrieved from [https://grist.files.wordpress.com/2010/08/baltimore\\_city\\_food\\_policy\\_task\\_force\\_report.pdf](https://grist.files.wordpress.com/2010/08/baltimore_city_food_policy_task_force_report.pdf)
- Knight, M. (2019, April 15). Loyola University Maryland's FreshCrate program brings fruits, veggies to food deserts in Baltimore. *WMAR Baltimore*. Retrieved from <https://www.wmar2news.com/news/region/baltimore-city/loyola-university-marylands-freshcrate-program-brings-fruits-veggies-to-food-deserts-in-baltimore>
- Maulik PK, Mendelson T, Tandon SD. Factors associated with mental health services use among the disconnected African-American young adult population. *The Journal of Behavioral Health Services & Research*. 2011 Apr;38(2):205-220. DOI: 10.1007/s11414-010-9220-0.
- Misiaszek, C., Buzogany, S., & Freishtat, H. (2018). *Baltimore City's Food Environment: 2018 Report*. Baltimore City Department of Planning. Retrieved from <https://planning.baltimorecity.gov/baltimore-food-policy-initiative/food-environment>
- Mission and Social Justice. (n.d.). Retrieved April 4, 2020, from [https://www.govanspres.org/govanspres/mission\\_and\\_social\\_justice](https://www.govanspres.org/govanspres/mission_and_social_justice)
- Saint Mary of the Assumption: Mother Church of North Baltimore. (n.d.). Retrieved April 4, 2020, from <http://www.saintmarygovans.org/>
- Simon, C. (2017, November 30). Breaking New Ground at Govans Presbyterian. Retrieved April 4, 2020, from <https://bluewaterbaltimore.org/blog/breaking-new-ground-at-govans-presbyterian/>
- Sue, D. W., & Sue, D. (2019). *Counseling the Culturally Diverse: Theory and Practice* (8th ed.).

Surkan, P. J., Tabrizi, M. J., Lee, R. M., Palmer, A. M., & Frick, K. D. (2015). *Eat Right - Live Well!* Supermarket Intervention Impact on Sales of Healthy Foods in a Low-Income Neighborhood. *Journal of Nutrition Education and Behavior*, 48(2), 112–120. doi: 10.1016/j.jneb.2015.09.004

Trickey, E. (2020, January 23). How Baltimore Is Experimenting Its Way Out of the Food Desert. *Politico*. Retrieved from <https://www.politico.com/news/magazine/2020/01/23/baltimore-food-desert-policy-100121>

Urban Land Institute . (2018). *Revitalizing the York Road Corridor*. Retrieved from [https://planning.baltimorecity.gov/sites/default/files/ULI Baltimore York Road TAP Report - Final 1.23.14.pdf](https://planning.baltimorecity.gov/sites/default/files/ULI%20Baltimore%20York%20Road%20TAP%20Report%20-%20Final%201.23.14.pdf)

Welcome! (n.d.). Retrieved April 3, 2020, from <http://shepherdsheartmissionary.org/>

York Road Partnership. (n.d.). Retrieved April 4, 2020, from <https://yorkroadpartnership.org/>