Johns Hopkins Medical Institutions and the East Baltimore Community

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Section A

Historical Perspective

Image source: http://www.hopkinsmedicine.org/
Who Is the East Baltimore Community?

- **Demographic**
  - Population between 50,000 to 70,000
  - Reduced with construction of biotech park
- **Poverty, crime, and education**
  - 1/3 below poverty level
  - 1/3 on public assistance
  - 50% of men have had contact with criminal justice system
  - 50% of youth do not graduate high school
- **Assets and strengths**
  - Community’s commitment to improve citizens’ well-being
  - Strong church outreach beyond congregations
  - There are 60 churches within one-half mile of the Johns Hopkins Hospital
Academic Medical Centers

- As a minimum, Johns Hopkins has a medical school and teaching hospital
- Johns Hopkins also has Schools of Nursing and Public Health
- Nationally, there are 126 academic medical centers in the United States
  - Three-quarters are located in poor minority areas
- 1876: Johns Hopkins University founded
- 1889: Johns Hopkins Hospital founded
- 1893: Johns Hopkins Medical School formed
- 1916: Johns Hopkins School of Public Health began
  - Funded by International Board of the Rockefeller Foundation

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Early Tensions

- Medicine and public health
- Social and biologic bases for public health
- Curative and preventive care
- Research-oriented versus practice-oriented education
- Research versus providing mass education to the public
- Research on virology, bacteriology, and epidemiology
Early Efforts to Work with the Community

- Washington County relationship began in the 1920s
  - Was six hours away; now two and a half hours away on the interstate
  - Dr. George Comstock revived the effort in the 1960s
- 1923 plan was for the School of Public Health to operate the Eastern Health District with the City of Baltimore, but ... personalities and money interfered!
  - Dr. C. Hampton Jones, Baltimore City health officer
  - Disliked Rockefeller Family and Sun Oil Company
  - Dr. Huntingdon Williams succeeded Dr. Jones in 1932
**Eastern Health District**

- Established 1932 on Wolfe and Monument Streets
- Successful field studies of surrounding communities
  - 60,000 population
  - Community research
  - Training of public health nurses
  - Physician services for selected conditions
  - Sexually transmitted infections
- New building built after 25 years
  - Four blocks away from main school on Caroline and Monument Streets symbolized the separation
  - Has logos of both Johns Hopkins and the City of Baltimore beside the doors
- NIH funding shifted focus away from community work to more national and international research
Civil Rights

- 1968 assassination of the Reverend Martin Luther King
- Baltimore riots surrounded Johns Hopkins medical campus
- Academic/community discussion, or “charrette” created the East Baltimore Development Corporation
  - 18 community members
    and two physicians from Hopkins
  - Purpose: housing, community and economic development
  - Also had a health and social services focus
  - Clarence “Du” Burns, first CEO of the corporation, became mayor of Baltimore, so had a political dimension also
East Baltimore Medical Center

- Located on Aisquith Street
- Opened in 1971 by East Baltimore Community Corporation with guidance from Hopkins
- Funded by Office of Economic Opportunity
- Currently part of the Johns Hopkins Medical Institutions
Community Health Advocates

- Initial training for community health workers from the surrounding community
- Trained 12 in a one-year program to work with doctors and nurses in the health center
- Training included how to assist in the health center; also included home monitoring and home care methods
- Intent was to link the care provided in the health center with the care provided at home
- However, those community outreach skills were never utilized by the incoming medical director
  - The medical director was not a part of the planning
  - He did not feel a part of the process
  - The community health advocates were not able to use all the skills they had
The “Heart, Body, and Soul Project” developed community health workers linked with community organizations—such as churches, hospitals, and other community centers. Volunteers and medical students were trained to conduct blood pressure monitoring out in the community. Community health workers functioned as:

- Health educators and care monitors
- Helpers to navigate the system

State health department was suspicious and conducted randomized trials of nurse-supervised services to provide evidence of their efficacy.
CURE: Clergy United for Renewal of East Baltimore

- Over 200 churches belonged; 30-40 active members
- Vision for community renewal
  - Crime prevention and vacant lot clean-up
  - Renewal of Body, Heart and Spirit
- Smoking cessation specialists in churches were trained
  - At a CURE meeting to improve opportunities for home ownership, researchers argued that people needed to be healthy to be retained in jobs
  - CURE:
    - Presented the researcher’s proposal to a group prayer meeting
    - Prayed
    - Appointed a leader
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What Hopkins Learned

- Through Heart, Body, and Soul, researchers learned how to perform collaborative research with the churches.
- They had frank conversations with the community about the need, utility, and benefit of randomized trials.
- This brought up latent hostility from the community.
  - For many years, the community had been subjects for Johns Hopkins research projects.
- Community members resented grants which gave more to the researchers than to the community groups.
Trust Relationships Evolved over Time

- One strategy was to have the research result in small service projects to meet community needs and strengths
- Students, faculty, and community members all learn together; responding to each other’s educational needs
  - Students go out into the community to learn
  - Faculty respond to requests for information
  - Community members serve as guest lecturers in class
- In tobacco control, there was mutual learning
  - The community became more informed
“Lack of Knowledge Is Killing My People”

- Formed basis for other programs
  - Asthma
  - Diabetes
  - Cancer
- Partnerships are sustained over time
- Partnerships ebb and flow
  - Either side gets busy and loses touch
Factors on the Academic Side

- The community still perceives a “disconnect”
- The students want to be out in the community
- Faculty face competing demands
  - Time is stated as a factor but may not be the reason
  - Many do not have the skills and commitment
Academic Priorities

- Priorities are different in academic medical centers
- Johns Hopkins has leveraged 1.6 billion dollars in the community
- The Johns Hopkins Hospital formed a community outreach office in the early 1990s to build partnerships
In 1993, the Historic East Baltimore Community Action Coalition was formed as a non-profit
  - Focus on employment and housing opportunity
Political factions can impede the success of partnership efforts
  - They can also facilitate partnerships
In 1998, Johns Hopkins University formalized a council
  - 65 individuals were brought together
  - Might have been more inclusive than it was
  - Led to forming the Urban Health Institute
1990: JHSPH created the InterAction Community Outreach Program
  - Work-study students ran the program
  - 2001: full-time staff hired
  - January, 2005: became SOURCE supporting SOM, SON, and JHSPH: The Community Service and Service-Learning Center
Urban Health Institute

- Over one and a half years, the Council prepared a report and a plan
- Initial priorities
  - Substance abuse prevention
  - Substance abuse treatment
  - Urban Health Institute to coordinate Hopkins action
    
  - Initial focus on community-based participatory research
    - Student training
    - Faculty developed proposals
- First interim director moved away
- Now on third director, still listening to the community

http://www.jhsph.edu/urbanhealth
Summary: Learning from History

- This section has provided anecdotes about
  - Hopkins’ historical relationship with its community
  - Examples of projects which succeeded or not
  - Ideas about the important factors in partnerships
- The next section will address “lessons learned”
  - What works and doesn’t work
  - Why things can be very tough