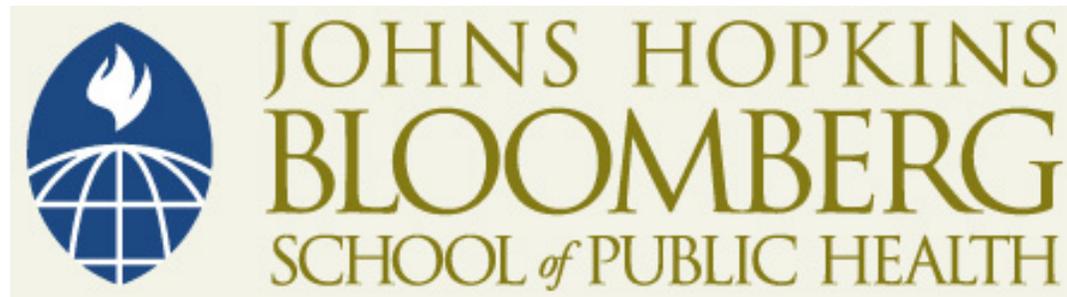


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SCHOOL *of* PUBLIC HEALTH

Johns Hopkins Medical Institutions and the East Baltimore Community

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Section A

Historical Perspective

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



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

Heart, Body, and Soul

- 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
 - 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

1990s Collaboration

- 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
 - ▶ <http://www.jhsph.edu/urbanhealth>
- 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

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